Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Implementation Information:

1.0 Under the supervision of the Clinical Pharmacy Management (CPM) Director, the CPM staff is responsible for the development of guidelines and criteria for use by the Medical Department.

2.0 Staff utilizing this procedure is monitored via individual departmental audit tools.

3.0 On an annual basis or more often when indicated, the Medical Department Procedures are reviewed by medical staff for the purpose of developing, revising, or archiving:

3.1 Medical Department staff has access to the Medical Department Procedure Manual and receives notice from management when procedures are developed, revised, or archived.

Background Information:

Reference Statement

- Guidelines are compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.
Medical Department Procedure Manual

Section: Chapter 7A Prescription Medication Prior Authorization

Title: Progressive Medication Program for Proton Pump Inhibitors (PPIs)

Background Information, continued:

Medication Summary
- **Nexium (esomeprazole)** is the S-isomer of omeprazole. It is a proton pump inhibitor and is approved for healing and maintenance of erosive esophagitis, for symptomatic gastro-esophageal reflux disease (GERD), to reduce the risk of NSAID-Associated Gastric Ulcer, for use in combination with antibiotics to eradicate *Helicobacter pylori* in Members with active and/or prior duodenal ulcer and for hypersecretory conditions including Zollinger-Ellison Syndrome.
- **Dexilant (dexlansoprazole)** is the R-enantiomer of lansoprazole. It is a proton pump inhibitor approved for healing and maintenance of erosive esophagitis and for symptomatic gastro-esophageal reflux disease (GERD).

Coverage Guidelines
- Member must be eligible and have applicable benefit coverage.
- Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.

Additional Information
- AvMed’s Clinical Pharmacists are licensed by the State of Florida.
- AvMed’s Medical Directors are Board Certified physicians licensed by the State of Florida.
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Section: Chapter 7A Prescription Medication Prior Authorization

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Title: Progressive Medication Program for Proton Pump Inhibitors (PPIs)

Procedure:

1.0 Request for initial therapy with; Dexilant, Protonix packets, or Prevacid Solutabs requires documentation from the Member’s medical records maintained by the requesting independent practitioner’s office verifying the following:

1.1 Member has documented esophagitis, gastro-esophageal reflux disease, or duodenal ulcer; OR
1.1 Member has documented Zollinger-Ellison Syndrome confirmed by one (1) of the following diagnostic labs:
   1.1.1 Fasting serum gastrin concentration; or
   1.1.1 Secretion stimulation test; or
   1.1.1 Gastric acid secretion studies; OR
1.1 Member is critically ill and requires stress gastritis prophylaxis;

AND the following criteria depending on line of business:

1.2 For Commercial Members only, documented inadequate response to a one (1) month trial of at least two (2) of the following generic proton pump inhibitor products: omeprazole-containing product (prescription omeprazole, omeprazole OTC, Prilosec OTC, or Zegerid OTC); a lansoprazole-containing product (prescription lansoprazole or Prevacid OTC); and pantoprazole;

1.2 For MDC Members only, documented inadequate response to a one (1) month trial of ANY of the following:
   3.2.1 omeprazole (prescription omeprazole, Omeprazole OTC, Prilosec OTC, or OR
   3.2.1 lansoprazole (Prevacid); OR
   3.2.1 pantoprazole (Protonix); AND

1.3 If Member meets all of the above criteria, Dexilant, Nexium or Prevacid Solutabs may be approved for one (1) year with quantity limit of #30/30 days:

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Title: Progressive Medication Program for Proton Pump Inhibitors (PPIs)

References:


