

Proton Pump Inhibitors Quantity Limit

Medications

CT, GA, IN, MO, OH, KY, ME, VA, NV, NH, NY, WI	CO, CA		Quantity Limits and allowed overrides
<u>Preferred PPI (No PAB Required)</u> Omeprazole Pantoprazole	<u>Preferred PPI (No PAB Required)</u> Omeprazole	<u>Strengths</u> 10mg, 20mg, 40mg caps 20mg, 40mg tablets	For all PPI's: Quantity limit = 1 dose/day Increased Dosing up to 2 doses/day is approvable if the individual does not respond after a 30-day trial of once daily dosing. Increased Dosing of 2 per day for 14 days only may be approved for a diagnosis of: h. pylori, for eradication Increased Dosing beyond 2 doses/day is approvable for: <ul style="list-style-type: none"> ▪ Hypersecretory syndromes (Zollinger-Ellison syndrome, multiple endocrine adenomas, or systemic mastocytosis) ▪ Laryngeal, esophageal or gastric cancer ▪ Scleroderma or limited scleroderma (CREST syndrome) **see further information under Override section below
<u>Preferred PPI (PAB Required)</u> Lansoprazole	<u>Preferred PPI (PAB Required)</u> Lansoprazole	15mg, 30mg capsules	
<u>Non-Preferred PPI (PAB Required)</u> Dexilant (dexlansoprazole) Esomeprazole Nexium Suspension (esomeprazole)		30mg, 60mg capsules 20mg, 40mg capsules 2.5mg, 5mg, 20mg, 40mg packets	

Approval Duration

A. Preferred PPI quantity override:	Lifetime
B. Preferred PPI (PAB required):	3 months
C. Preferred PPI (PAB required) quantity override:	3 months
D. Non-Preferred PPI:	3 months
E. Non-Preferred PPI quantity override:	3 months
F. If PAB criteria is met AND <ul style="list-style-type: none"> • The requesting physician is a gastroenterologist or board certified in gastroenterology OR <ul style="list-style-type: none"> • The individual has any one of the following diagnosis: [Structural GERD (erosive esophagitis, Barrett's Esophagus, esophageal strictures, acid-induced asthma, scleroderma or limited scleroderma (CREST Syndrome)) or Hypersecretory Syndromes (Zollinger-Ellison, multiple endocrine adenomas, or systemic mastocytosis.) or laryngeal, esophageal, or gastric cancer]: 	1 year

If Prior Authorization of Benefits criteria for a preferred agent, where PAB is required, or non-preferred agent are met, the following criteria will apply for quantity supply:

- If the individual was on a preferred agent at a dose of 2 per day, then the quantity limit may be overridden on the preferred agent, where PAB is required, to 2 per day
- If the individual was on a preferred agent at a dose of 1 per day, then they must first try once daily dosing of the preferred agent, where PAB is required, prior to going to BID dosing
- If the individual was on a preferred agent, where PAB is required, at a dose of 2 per day, then the quantity limit may be overridden on the non-preferred agent to 2 per day
- If the individual was on a preferred agent, where PAB is required, at a dose of 1 per day, then they must first try once daily dosing of the non-preferred agent prior to going to BID dosing