



Prior Authorization Approval Criteria

Nexium (esomeprazole)

Generic name: Esomeprazole

Brand name: Nexium

Medication class: Proton pump inhibitors

FDA-approved uses: Erosive or ulcerative gastroesophageal reflux disease, GERD symptoms, duodenal ulcers, and hypersecretory conditions.

Usual dose: 20-40mg/day

Duration of therapy: Indefinite

Criteria for use (bullet points below are all inclusive unless otherwise noted):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient’s medical records.
- Must have at least one of the following clinically diagnosed conditions:
 - GERD symptoms and disease
 - Hypersecretory GI disease
 - Duodenal ulcers
 - On high dose steroids or NSAID and have failed therapy with H2antagonists.
- Must have tried over the counter Prilosec (omeprazole) for at least 4 weeks and failed.
- Must have tried over the counter Prevacid (Lansoprazole) for at least 4 weeks and failed.
- Must have tried Kapidex for at least 4 weeks and failed.

Contraindication:

- Hypersensitivity to a specific proton pump inhibitor.

Not approved if:

- The patient does not meet the above stated criteria
- The patient has any contraindications to the use of proton pump inhibitors

Notes:

Non-covered PPIs	Covered alternative medications
lansoprazole (generic Prevacid) omeprazole (generic Prilosec) pantoprazole (generic Protonix) Prevacid Prilosec Protonix Zegerid	Prilosec OTC—42 tablets for a \$5 copay (over-the-counter product) Prevacid 24 HR—42 tablets for a \$5 copay (over-the-counter product) omeprazole OTC generic—42 tablets for a \$5 copay (over-the-counter product) Kapidex—Tier 3, quantity limit of 30/month

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 11/18/04

Updated: 06/10/09, 12/9/09