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 Dexilant for at least 4 weeks and failed.

**Criteria for use for children for oral packet for oral suspension** *(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.
- Unable to take a solid oral dosage form

**Criteria for quantity over 1 per day** *(in addition to all other criteria):*

- Must have a clinically documented medical need for the increased quantity (including, but not limited to, increased dose, frequency, or duration).
- Must have tried and failed the standard approved dosing, frequency, and duration.

**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:

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

FCHP Pharmacy and Therapeutics Committee approval: ________________________________

Date: ______________________

Adopted: 11/18/04

Updated: 06/10/09, 12/9/09, 1/11/13