

Pharmacy Hot Tip: Proton Pump Inhibitors

Your Summit Community Care patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Summit Community Care provider website at <https://arkansas.magellanrx.com/provider/docs/rxinfo/PDL.pdf>. The *PDL* is subject to change quarterly.

| Therapeutic class | Preferred products¹ | Nonpreferred products² |
|--------------------------|--|--|
| Proton Pump Inhibitors | Omeprazole (Prilosec) rx only <ul style="list-style-type: none"> • 10 mg DR capsules • 20 mg DR capsules • 40 mg DR capsules Pantoprazole (Protonix) <ul style="list-style-type: none"> • 20 mg tablets • 40 mg tablets | Dexlansoprazole (Dexilant) Esomeprazole (Nexium) <ul style="list-style-type: none"> • Capsule • Packet³ Esomeprazole/Naproxen (Vimovo) Lansoprazole (Prevacid) <ul style="list-style-type: none"> • Capsules • ODT Omeprazole (Prilosec) <ul style="list-style-type: none"> • DR tablets • Packet • Suspension Omeprazole/Sodium Bicarbonate (Omeppi or Zegerid) Pantoprazole (Protonix) <ul style="list-style-type: none"> • Suspension Rabeprazole (Aciphex) |

1 Preferred proton pump inhibitors are covered up to 93 days of therapy per year for all recipients age 15 months or older. Additional therapy may be approvable for certain conditions. Please refer to the criteria document found on our website for more information.

2 All branded products in this category are nonpreferred.

3 Brand Nexium packet may be approved for less than 7 years of age or 7 years of age and older with documented history of NPO within the past 365 days.

If you have questions regarding this *Hot Tip*, call Provider Services at **1-844-462-0022**.