

NYRx Drug Class Coverage Overview: Proton Pump Inhibitors

NYRx Preferred Drugs

Drugs in the *Proton Pump Inhibitors (PPIs)* drug class are included on the [NYRx Preferred Drug List \(PDL\)](#) and are subject to prior authorization (PA) requirements of the [NYRx Drug Utilization Review \(DUR\) Program](#):

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
VII. Gastrointestinal		
Proton Pump Inhibitors (PPIs) ^{F/Q/D}		
Dexilant® ^{DO, BLTG} esomeprazole magnesium Rx capsule lansoprazole Rx capsule omeprazole Rx pantoprazole tablet Protonix suspension ^{BLTG} rabeprazole Zegerid® Rx ^{BLTG}	Aciphex® dexlansoprazole (gen Dexilant) esomeprazole magnesium tablet OTC esomeprazole capsules OTC esomeprazole suspension Konvomep™ lansoprazole Rx ODT Nexium® Rx ^{DO} omeprazole OTC omeprazole/sodium bicarbonate Rx omeprazole/sodium bicarbonate OTC pantoprazole suspension Prevacid® OTC Prevacid® Rx ^{DO} Prilosec® Rx Protonix® tablet	DOSE OPTIMIZATION (DO) <ul style="list-style-type: none"> See Dose Optimization Chart for affected strengths FREQUENCY/QUANTITY/DURATION (F/Q/D) <ul style="list-style-type: none"> Quantity limits: <ul style="list-style-type: none"> Once daily dosing for: <ul style="list-style-type: none"> GERD erosive esophagitis healing and maintenance of duodenal/gastric ulcers (including NSAID-induced) prevention of NSAID-induced ulcers Twice daily dosing for: <ul style="list-style-type: none"> hypersecretory conditions Barrett's esophagitis H. pylori refractory GERD Duration limits: <ul style="list-style-type: none"> 90 days for: <ul style="list-style-type: none"> GERD 365 days for: <ul style="list-style-type: none"> Maintenance treatment of duodenal ulcers, or erosive esophagitis 14 days for: <ul style="list-style-type: none"> H. pylori

Prior Authorization Requirements

Preferred drugs will not require PA if the required coverage parameters are found in the member's Medicaid claim history and the correct Frequency/Quantity/Duration (F/Q/D) limits are met at the time of pharmacy claim submission. Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.

Frequency/Quantity/Duration

All drugs in this class are subject to F/Q/D limitations based on diagnosis. NYRx recognizes diagnosis by the ICD-10 code included in a member's Medicaid claim history. Providers should include all applicable diagnosis codes in a member's EMR and submit their claims promptly to decrease the need to manually obtain PA.

Quantity Limits

Quantity limits are based on FDA labeling and/or compendia-supported use. Quantity limits include:

- Once daily dosing for:
 - GERD
 - erosive esophagitis
 - healing, and maintenance of duodenal/gastric ulcers (including NSAID-induced)
 - prevention of NSAID-induced ulcers
- Twice daily dosing for:
 - hypersecretory conditions
 - Barrett's esophagitis
 - H. pylori
 - refractory GERD

Duration Limits

Duration of treatment is based on FDA labeling and/or compendia-supported use. Duration limits include:

- 90 days for GERD
- 365 days for maintenance treatment of duodenal ulcers or erosive esophagitis
- 14 days for H. pylori

Dose Optimization

The following drugs and strengths are subject to dose optimization limits of one unit per day:

- Dexilant® 30mg capsule
- Nexium® 5mg, 10mg, 20mg packet
- Nexium® 20mg capsule
- Prevacid® DR 15mg capsule

Prior authorization will be required outside of these criteria.

Brand Less Than Generic

The following drugs are subject to the [Brand Less Than Generic \(BLTG\) Program](#):

- Dexilant®
- Protonix® suspension
- Zegerid®

Prescribers should not initiate a prior authorization for the generic equivalent of these drugs. Pharmacies should submit DAW code 9 (Substitution Allowed by Prescriber but Plan Requests Brand).

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the *PPIs* coverage criteria in the [PDL](#) and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should refer to *the PPIs* coverage criteria in the [PDL](#) and incorporate this information when prescribing these drugs for Medicaid members.

Resources

- [NYRx Brand Less Than Generic Program](#)
- [NYRx Drug Utilization Review Program](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Prior Authorization Submission Guide](#)
- [NYRx Standard Prior Authorization Request Form](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.