



## Proton Pump Inhibitor Program Description

ConnectiCare has made many changes to Proton Pump Inhibitor coverage over the last few years. Below, please see the current prior authorization criteria for coverage of proton pump inhibitors.

**Dexilant is covered for members aged 16 and older only if the following prior authorization criteria is met:**

1. Intolerance or treatment failure of a two week trial of any one of the following: Prilosec OTC, Zegerid OTC, Prevacid 24 HR, Lansoprazole, Pantoprazole or Omeprazole  
**AND**
2. A copy of the physician chart note documenting the intolerance or treatment failure of one of the above must be supplied for review if a prescription claim can not be found.

**Nexium, Aciphex, prescription Prevacid, brand name Prilosec, brand name Protonix, and prescription Zegerid, are covered for members aged 16 and older only if the following prior authorization criteria is met:**

1. Intolerance or treatment failure of a two week trial of Prilosec OTC, Omeprazole **or** Zegerid OTC **and** Pantoprazole **and** Prevacid OTC **or** Lansoprazole **and** Dexilant  
**AND**
2. If claim history not available, a copy of the physician chart note documenting the intolerance or treatment failure of all 4 of the above named medications must be supplied for review.

Please refer to chart below for copayment tiers if above step protocols have been met. Deductibles may apply, please see your benefit summary.

<b>Drug</b>	<b>Copayment Tier</b>
Prilosec OTC	1
Omeprazole	1
Prevacid OTC	1
Zegerid OTC	1
Pantoprazole	1
Dexilant	3
Lansoprazole	2
Protonix	3
Rx Prevacid	3
Rx Zegerid	3
Aciphex	3
Nexium	3
Rx Prilosec	3