

Protonix[®] (Brand Only)
Step Therapy Coverage Review and Quantity Duration Limits

To Initiate a Coverage Review, Call 1 800 753-2851

Coverage Review
<p>➤ <i>Protonix[®]</i> (brand only) requires coverage authorization. The proton pump inhibitors (PPIs) omeprazole, <i>Prilosec OTC[®]</i>, omeprazole OTC, <i>Prevacid 24HR[®] OTC</i> and <i>Nexium[®]</i> do not require coverage authorization prior to first use.</p>

What Is Step Therapy Coverage Review?
<p>This program promotes generic, OTC and certain brand medications as first-line therapy.</p>

Rationale for Coverage Authorization
<p>To provide coverage for <i>Protonix[®]</i> (brand only) in situations where the physician provides clinical support for this nonpreferred drug via a coverage review process.</p> <p><u>Please Note:</u> If coverage for <i>Protonix[®]</i> is approved, this coverage is provided for a duration of therapy of up to 90 days in a 180-day period without further coverage review. Coverage for a longer duration of therapy for the treatment of GERD, PUD, NSAID-related ulcer prevention, steroid-related ulcer prevention and hypersecretory conditions is determined through a coverage review process.</p>

Benefit Design
<p>The PPIs omeprazole, <i>Prilosec OTC[®]</i>, omeprazole OTC, <i>Prevacid 24HR[®] OTC</i> and <i>Nexium[®]</i> are covered without requiring a coverage review for first use. Please note that all PPIs except <i>Prilosec OTC[®]</i>, omeprazole OTC and <i>Prevacid 24HR[®] OTC</i> are subject to plan quantity limitations.</p>

Coverage Authorization Criteria
<p>➤ Benefit coverage is provided for patients who are taking the drug <i>Plavix[®]</i> (clopidogrel) along with <i>Protonix[®]</i>.</p> <p>➤ Benefit coverage is provided for patients who have exhibited intolerance (i.e., sensitivity, drug allergy, adverse effect) to all preferred PPIs. The preferred PPIs are omeprazole, <i>Nexium[®]</i>, <i>Prilosec OTC[®]</i>, omeprazole OTC and <i>Prevacid 24HR[®] OTC</i>.</p> <p>➤ Benefit for <i>Protonix[®]</i> is approved for 12 months. Additionally a prior authorization is required for PPI therapy that exceeds 90 days per 180-day period.</p> <p><i>Coverage for therapy beyond 90 days per 180-day period is provided for situations in which the prescriber indicates that PPI therapy is being used for any of the following conditions:</i></p> <p>➤ Severe or atypical GERD with other related disorders such as erosive esophagitis, laryngopharyngeal reflux or other supra-esophageal symptoms (e.g., chronic cough, asthma), symptomatic hiatal hernia, esophageal stricture</p> <p>➤ Moderate GERD with daily and disabling symptoms after the patient has had an inadequate response to one high-dose H2 receptor antagonist after at least a 30-day trial</p> <p>➤ Prevention of peptic ulcer disease (PUD) in patients at risk for ulcer formation (e.g., for NSAID-induced ulcers).</p> <p>➤ Corticosteroid-related ulcer prevention</p> <p>➤ Barrett's esophagus</p> <p>➤ Treatment of a hypersecretory condition (e.g., Zollinger-Ellison syndrome), PUD, when not a candidate for <i>H. pylori</i> eradication therapy (e.g., already treated), and trial of H2RA is not an acceptable alternative for the patient</p> <p>➤</p> <p>➤ Benefit approved for up to 12 months, depending on diagnosis</p>

