

Zegerid®
Step Therapy Coverage Review and Quantity Duration Limits
To Initiate a Coverage Review, Call 1 800 753-2851

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

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

Rationale for Coverage Authorization
To provide coverage for <i>Zegerid®</i> in situations where the physician provides clinical support for this nonpreferred drug via a coverage review process.
<u>Please Note:</u> If coverage for <i>Zegerid®</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.

Benefit Design
The PPIs omeprazole, <i>Prilosec OTC®</i> , omeprazole OTC, <i>Prevacid 24HR®</i> OTC 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®</i> OTC are subject to plan quantity limitations.

Coverage Authorization Criteria
<ul style="list-style-type: none"> ➤ Benefit coverage is provided for patients who are taking the drug <i>Plavix®</i> (<i>clopidogrel</i>) along with <i>Zegerid®</i>. ➤ 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®</i> OTC. ➤ Benefit for <i>Zegerid®</i> is approved for 12 months. Additionally a prior authorization is required for PPI therapy that exceeds 90 days per 180-day period. <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> <ul style="list-style-type: none"> ➤ 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 ➤ 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 ➤ Prevention of peptic ulcer disease (PUD) in patients at risk for ulcer formation (e.g., for NSAID-induced ulcers). ➤ Corticosteroid-related ulcer prevention ➤ Barrett's esophagus ➤ 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

➤ Benefit approved for up to 12 months, depending on diagnosis