

# Quick Reference Drug List:

## Acid Suppressant Agents



**P**each State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. **Generic products are preferred.**

Prior Authorizations should be sent to **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
<b>Proton Pump Inhibitors (PPI's)</b>				
Aciphex®	Rabeprazole	DR Tabs: 20mg	No	PA Required
Aciphex Sprinkle®	Rabeprazole	DR Caps: 5mg, 10mg	No	PA Required
Dexilant®	Dexlansoprazole	DR Caps: 30mg, 60mg	Yes	ST
Dexilant SoluTab®	Dexlansoprazole	DR ODT: 30mg	No	PA Required
Esomeprazole Strontium®	Esomeprazole Strontium	DR Caps: 49.3mg	No	PA Required
Esomep-EZS®	Esomeprazole Magnesium	Kit: 20mg	No	PA Required
Nexium®	Esomeprazole Magnesium	DR Caps: 20mg, 40mg	No	PA Required
Nexium Suspension®	Esomeprazole Magnesium	DR Powder for Susp: 2.5mg, 5mg, 10mg, 20mg, 40mg	No	PA Required
Nexium 24 HR®	Esomeprazole Magnesium	DR Caps: 20mg	Yes	QL: 2 caps per day
Nexium 24 HR Clear Mini®	Esomeprazole Magnesium	DR Caps: 20mg	Yes	QL: 2 caps per day
First-Omeprazole®	Omeprazole	Compounding Kit: 0.18mg, 0.3mg, 0.6mg	No	PA Required
Prilosec®	Omeprazole	DR Caps: 10mg, 20mg, 40mg DR Tabs: 20mg	Yes	QL: 2 caps per day (capsules only) QL: 1 tab per day (20mg tabs only)
Prilosec Granules®	Omeprazole	Granules for Susp: 2.5mg, 10mg	No	PA Required
Prilosec OTC®	Omeprazole	DR Caps: 20mg	Yes	QL: 2 caps per day
Prevacid®	Lansoprazole	DR Caps: 15mg, 30mg	Yes	QL: 4 caps per day (15mg only)
Prevacid 24 HR®	Lansoprazole	DR Caps: 15mg	Yes	QL: 4 caps per day
Prevacid SoluTab®	Lansoprazole	DR ODT: 15mg, 30mg	No	PA Required
Protonix®	Pantoprazole	DR Tabs: 20mg, 40mg	Yes	QL: 1 per day (20mg only) QL: 2 per day (40mg only)

## Quick Reference Drug List: Gastro Agents

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DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Protonix Granules <sup>®</sup>	Pantoprazole	DR Granules for Susp: 40mg	No	PA Required
<b>PPI's Combinations</b>				
Konvomep <sup>®</sup>	Omeprazole/Sodium Bicarbonate	Powder for Susp: 2mg/84mg	No	PA Required
Omeclamox-Pak <sup>®</sup>	Omeprazole/Clarithromycin/Amoxicillin	Caps/Tabs: 20mg-500mg-500mg	No	PA Required
Prevpac <sup>®</sup>	Lansoprazole/Clarithromycin/Amoxicillin	Caps/Tabs: 30mg-500mg-500mg	No	PA Required
Talicia <sup>®</sup>	Omeprazole/Amoxicillin/Rifabutin	DR Caps: 10mg/250mg/12.5mg	No	PA Required
Vimovo <sup>®</sup>	Naproxen/Esomeprazole	DR Tabs: 20mg-375, 20mg-500mg	No	PA Required
Yosprala <sup>®</sup>	Omeprazole/Aspirin	DR Tabs: 40mg-81mg, 40mg-325mg	No	PA Required
Zegerid <sup>®</sup>	Omeprazole/Sodium Bicarbonate	Caps: 20mg/1100mg, 40mg/1100mg Powder for Susp: 20mg-1680mg, 40mg-1680mg	No	PA Required
<b>H2 Antagonists</b>				
Tagamet <sup>®</sup>	Cimetidine	Tabs: 200mg, 300mg, 400mg, 800mg Sol: 300mg/5mL	Yes	None
Pepcid <sup>®</sup>	Famotidine	Tabs: 10mg, 20mg, 40mg Susp: 40mg/5mL	Yes	None
<b>Potassium-Competitive Acid Blocker Combination</b>				
Voquenza Triple Pak <sup>®</sup>	Amoxicillin/Clarithromycin/Vonoprazan	Caps/Tabs: 500mg/500mg/20mg	No	PA Required
Voquenza Dual Pak <sup>®</sup>	Amoxicillin/Vonoprazan	Caps/Tabs: 500mg/20mg	No	PA Required

AL=Age Limits, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, G=Gram, GL=Gender Limit, IM=Intramuscular, Inh=Inhaler, Inj=Injection, LA= Long-Acting, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, S= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TR=timed Release, XL= Extended Release, XR=Extended Release

*For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com)*