

Quick Reference Drug List:

Gastro Agents



Peach 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 **Envolve Pharmacy Solutions:**

Prior Authorization Phone: 866-399-0928

Prior Authorization Fax: 866-399-0929

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Proton Pump Inhibitors (PPI's)				
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	No	PA Required
Nexium 24 HR Clear Mini®	Esomeprazole Magnesium	DR Caps: 20mg	No	PA Required
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) and QL: 2 per day (40mg only)

Quick Reference Drug List: Gastro Agents

Prior Authorizations should be sent to **Envolve Pharmacy Solutions:**
 Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 866-399-0929



DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Protonix Granules®	Pantoprazole	DR Granules for Susp: 40mg	No	PA Required
PPI's Combinations				
Protonix Granules®	Pantoprazole	DR Granules for Susp: 40mg	No	PA Required
Zegerid®	Omeprazole/Sodium Bicarbonate	Caps: 20mg/1100mg, 40mg/1100mg Powder for Susp: 20mg-1680mg, 40mg-1680mg	No	PA Required
Omeclamox-Pak®	Omeprazole/Clarithromycin/Amoxicillin	Caps/Tabs: 20mg-500mg-500mg	No	PA Required
Prevpac®	Lansoprazole/Clarithromycin/Amoxicillin	Caps/Tabs: 30mg-500mg-500mg	No	PA Required
Vimovo®	Naproxen/Esomeprazole	DR Tabs: 20mg-375, 20mg-500mg	No	PA Required
Yosprala®	Omeprazole/Aspirin	DR Tabs: 40mg-81mg, 40mg-325mg	No	PA Required
H2 Antagonists				
Tagamet®	Cimetidine	Tabs: 200mg, 300mg, 400mg, 800mg Sol: 300mg/5mL	Yes	None
Pepcid®	Famotidine	Tabs: 10mg, 20mg, 40mg Susp: 40mg/5mL	Yes	None

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