Commercial/Healthcare Exchange PA Criteria

Effective: September 3, 2020

Prior Authorization: pantoprazole suspension

Products Affected: Protonix 40mg delayed-release granules for suspension, pantoprazole sodium 40mg delayed-release granules for suspension

Medication Description: Pantoprazole is a PPI that suppresses the final step in gastric acid production by covalently binding to the (H+, K+)-ATPase enzyme system at the secretory surface of the gastric parietal cell. This effect leads to inhibition of both basal and stimulated gastric acid secretion, irrespective of the stimulus.

Covered Uses:

1. Short-Term Treatment of Erosive Esophagitis Associated with Gastroesophageal Reflux Disease (GERD).
2. Maintenance of Healing of Erosive Esophagitis.
3. Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome.

Exclusion Criteria:

1. Hypersensitivity to pantoprazole or any substituted benzimidazole.
2. Concurrent use with rilpivirine-containing products.

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions:

1. Short-Term Treatment of Erosive Esophagitis Associated GERD: 5 years of age and older
2. Maintenance of Healing of Erosive Esophagitis/ Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration:

1. Short-Term Treatment of Erosive Esophagitis Associated GERD: 8 weeks
2. Maintenance of Healing of Erosive Esophagitis/ Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome: 12 months

Other Criteria:

A. Patient has a diagnosis of Short-Term Treatment of Erosive Esophagitis Associated GERD, Maintenance of Healing of Erosive Esophagitis, or Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome; **AND**

B. Patient has tried and failed, is intolerant, or has a contraindication to AT LEAST two generic preferred proton pump inhibitors (e.g. omeprazole, esomeprazole magnesium, pantoprazole, lansoprazole, rabeprazole); **AND**

C. Patient is unable to ingest solid oral dosage forms due to one of the following:

   i. Oral/motor difficulties; **OR**

ii. Dysphagia

References:

1. Protonix® [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals, Inc.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/3/2020