



Aciphex (rabeprazole), Dexilant/Kapidex (dexlansoprazole), Prevacid (lansoprazole), Protonix (pantoprazole), Zegerid (omeprazole/sodium bicarbonate)

Background

Omeprazole (Prilosec, generics) and esomeprazole (Nexium) are DoD’s preferred Uniform Formulary agents in the Proton Pump Inhibitor (PPI) class. These two medications have a long record of safety and efficacy and are the most cost effective choices in this class for both DoD and for beneficiaries. Aciphex, Dexilant [*formerly Kapidex*], Prevacid, Protonix, and Zegerid are non-formulary.

In order to promote use of omeprazole and Nexium, step therapy/prior authorization requirements apply to Aciphex, Dexilant [*formerly Kapidex*], Prevacid, Protonix, and Zegerid. TRICARE coverage of these agents depends on whether you meet step therapy/prior authorization criteria.

What is Step Therapy?

Step therapy involves prescribing a safe, cost effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred drugs are only prescribed if the preferred medication is ineffective or poorly tolerated.

Aciphex, Dexilant [*formerly Kapidex*], Prevacid, Protonix, and Zegerid will only be approved for first time users after they have tried one of the preferred agents on the Department of Defense (DoD) Uniform Formulary: omeprazole or Nexium. Beneficiaries who filled a prescription for any PPI during the last 180 days will not be affected by step therapy requirements and won’t have to switch medications.

Patients receiving Omeprazole or Nexium

You will be able to continue to receive omeprazole or Nexium. Both are available at the generic cost share.

Patients currently receiving Aciphex, Dexilant [*formerly Kapidex*], Prevacid, Protonix, and Zegerid

If you have filled a PPI prescription through your TRICARE benefit during the previous 180 days, you will be able to continue to receive Aciphex, Dexilant [*formerly Kapidex*], Prevacid, Protonix, and Zegerid at the non-formulary (Tier 3) cost share.

Cost shares for patients currently receiving Aciphex, Dexilant [*formerly Kapidex*], Prevacid, Protonix, and Zegerid

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Generic omeprazole	Generic cost share applies	\$0	\$0
Nexium	Generic cost share applies	\$0	\$0
Aciphex, Dexilant [<i>formerly Kapidex</i>], Prevacid, Protonix, and Zegerid	Non-formulary cost share applies	Non-formulary cost share applies	Non-formulary

Zegerid			
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1. Generic (Tier 1) cost share applies

Patients starting treatment with Aciphex, Dexilant [formerly Kapidex], Prevacid, Protonix, and Zegerid

You must have tried omeprazole or Nexium in the previous 180 days in order for TRICARE to cover a prescription for Aciphex, Dexilant [formerly Kapidex], Prevacid, Protonix, and Zegerid, unless you meet prior authorization criteria.

Cost shares for patients starting treatment with Aciphex, Dexilant [formerly Kapidex], Prevacid, Protonix, and Zegerid

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Generic omeprazole	Generic cost share applies	\$0	\$0
Nexium	Generic cost share applies	\$0	\$0
Aciphex, Dexilant [formerly Kapidex], Prevacid, Protonix, and Zegerid	Must try Nexium or generic omeprazole ³		
<ol style="list-style-type: none"> 1. Generic (Tier 1) cost share applies 2. Prevacid will be automatically covered for patients younger than 12 years of age regardless of whether they have tried omeprazole or Nexium in the last 180 days. 3. Or meet prior authorization criteria 			

Prior Authorization Criteria

The following criteria were established by the DoD P&T Committee at their May 2007 meeting. The prior authorization form for these medications is available on the [TRICARE Pharmacy Prior Authorization page](#). The effective date is 16 Apr 2008 (updated April 2010 for Dexilant).

Step Therapy / Prior Authorization Criteria for Aciphex, Dexilant [formerly Kapidex], Prevacid, Protonix, and Zegerid

TRICARE will NOT cover Aciphex, Dexilant [formerly Kapidex], Prevacid, Protonix, and Zegerid for new patients—defined as patients who have not filled at least one prescription for a PPI in the previous 180 days at any DoD Pharmacy point of service— UNLESS the patient meets one of the following criteria:

1. The patient has tried omeprazole or Nexium (esomeprazole) and had an inadequate response.
2. The patient has tried omeprazole or Nexium (esomeprazole) and was unable to tolerate it due to adverse effects.
3. Treatment with omeprazole or Nexium (esomeprazole) is contraindicated (e.g., hypersensitivity; moderate to severe hepatic insufficiency).

Criteria approved through the Uniform Formulary decision-making process (13 Feb 2008 and 21 Oct 2009).

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