

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Proton Pump Inhibitors

This criteria was recommended for review by a MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCN for esomeprazole (21432) to the Drugs Requiring PA table

Removed GCNs for Aciphex Sprinkle (34468, 34467) and Zegerid (26632, 26634, 26633, 26635) from the Drugs Requiring PA table – products discontinued

Updated references



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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ACIPHEX DR 20 MG TABLET	94639
DEXILANT DR 30 MG CAPSULE	16305
DEXILANT DR 60 MG CAPSULE	16306
DEXLANSOPRAZOLE DR 30 MG CAP	16305
DEXLANSOPRAZOLE DR 60 MG CAP	16306
ESOMEPRAZOLE DR 10 MG PACKET	99389
ESOMEPRAZOLE DR 20 MG PACKET	98030
ESOMEPRAZOLE DR 40 MG PACKET	98031
ESOMEPRAZOLE MAG DR 20 MG CAP	12867
ESOMEPRAZOLE MAG DR 40 MG CAP	12868
ESOMEPRAZOLE MAG DR 20 MG TAB	26111
ESOMEPRAZOLE SODIUM 20 MG VIAL	24483
ESOMEPRAZOLE SODIUM 40 MG VIAL	21432
KONVOMEF 2-84 MG/ML ORAL SUSP	52842
LANSOPRAZOLE DR 15 MG CAPSULE	01697
LANSOPRAZOLE DR 30 MG CAPSULE	01698
LANSOPRAZOLE ODT 15 MG TABLET	18992
LANSOPRAZOLE ODT 30 MG TABLET	18993
NEXIUM DR 10 MG PACKET	99389
NEXIUM DR 2.5 MG PACKET	33128

Drugs Requiring Prior Authorization	
Label Name	GCN
NEXIUM DR 20 MG CAPSULE	12867
NEXIUM DR 40 MG CAPSULE	12868
NEXIUM DR 20 MG PACKET	98030
NEXIUM DR 40 MG PACKET	98031
NEXIUM DR 5 MG PACKET	33135
OMEPRazole DR 10 MG CAPSULE	92989
OMEPRazole DR 20 MG CAPSULE	04348
OMEPRazole DR 20 MG TABLET	22228
OMEPRazole DR 40 MG CAPSULE	92999
OMEPRazole MAG DR 20.6 MG CAP	28664
OMEPRazole MAG DR 20 MG TABLET	08454
OMEPRazole-BICARB 20-1100 CAP	26632
OMEPRazole-BICARB 20-1680 PKT	26634
OMEPRazole-BICARB 40-1100 CAP	26633
OMEPRazole-BICARB 40-1680 PKT	26635
PANTOPRAZOLE SOD DR 20 MG TAB	95976
PANTOPRAZOLE SOD DR 40 MG TAB	40120
PANTOPRAZOLE DR 40 MG SUSP PKT	99418
PREVACID 15 MG SOLUTAB	18992
PREVACID 30 MG SOLUTAB	18993
PREVACID DR 30 MG CAPSULE	01698
PROTONIX 40 MG SUSPENSION	99418
PROTONIX DR 20 MG TABLET	95976
PROTONIX DR 40 MG TABLET	40120

Drugs Requiring Prior Authorization	
Label Name	GCN
PROTONIX IV 40 MG VIAL	13025
RABEPRAZOLE SOD DR 20 MG TAB	94639

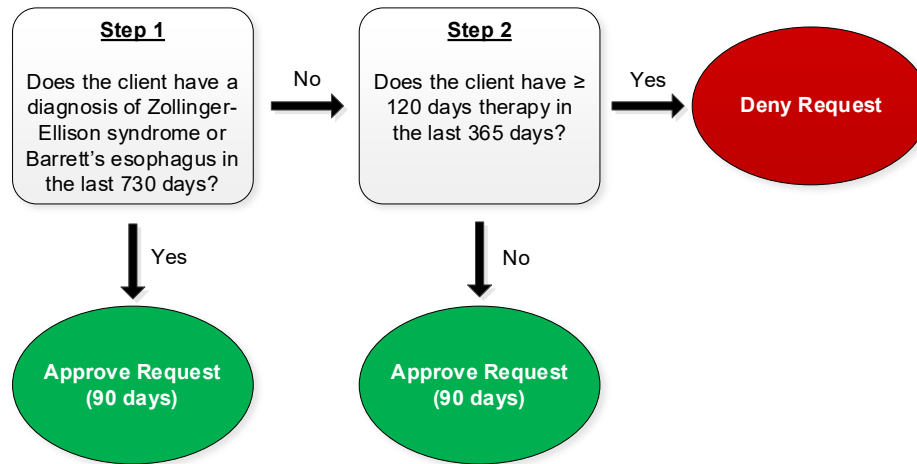
**Proton Pump Inhibitors****Clinical Criteria Logic**

1. Does the client have a [diagnosis of Zollinger-Ellison syndrome or Barrett's esophagus](#) in the last 730 days?
☐ Yes – Approve (90 days)
☐ No – Go to #2
2. Does the client have greater than or equal to ($\geq$) 120 days therapy in the last 365 days?
☐ Yes – Deny
☐ No – Approve (90 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Table 1 (diagnosis of Zollinger-Ellison syndrome or Barrett's esophagus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E164	ZOLLINGER-ELLISON SYNDROME
K2270	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA
K22710	BARRETT'S ESOPHAGUS WITH LOW GRADE DYSPLASIA
K22711	BARRETT'S ESOPHAGUS WITH HIGH GRADE DYSPLASIA
K22719	BARRETT'S ESOPHAGUS WITH DYSPLASIA UNSPECIFIED



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Clinical Criteria References

1. Aciphex Prescribing Information. Wixom, MI. Waylis Therapeutics LLC. July 2023.
2. Dexilant Prescribing Information. Cambridge, MA. Takeda Pharmaceuticals America, Inc. February 2025.
3. Esomeprazole DR Prescribing Information. Piscataway, NJ. Camber Pharmaceuticals, Inc. January 2025.
4. Konvomep Prescribing Information. Woburn, MA. Azurity Pharmaceuticals, Inc. April 2024.
5. Lansoprazole DR Prescribing Information. Nashville, TN. Advanced Rx Pharmacy of Tennessee, LLC. December 2024.
6. Nexium Prescribing Information. Warren, NJ. Haleon US Holdings LLC. March 2024.
7. Omeprazole DR Prescribing Information. Meijer, Inc. January 2025.
8. Omeprazole and sodium bicarbonate Prescribing Information. Nashville, TN. Westminster Pharmaceuticals, LLC. January 2024.
9. Protonix DR Prescribing Information. Mahwah, NJ. Lifestar Pharma LLC. June 2023.
10. Rabeprazole Prescribing Information. Bridgewater, NJ. Amneal Pharmaceuticals LLC. November 2023.
11. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on August 11, 2025.
12. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on August 11, 2025.
13. Micromedex [online database]. 2025. Available at www.micromedexsolutions.com. Accessed on August 11, 2025.
14. Bergsland, E. (2025). Management and prognosis of the Zollinger-Ellison syndrome (gastrinoma) Post, TW (Ed), UpToDate.
15. Yadlapati R, Gyawali P, Pandolfino JE. AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. Clin Gastro and Hep 2022;20:984-994



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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
01/26/2018	Initial publication and presentation to the DUR Board
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
03/10/2021	- New GCNs added to PA drug table: omeprazole mag DR 20mg tablet (GCN 08454) - Generic drugs added to PA drug table: esomeprazole packets (GCN 98030 and 98031), lansoprazole ODT tablets (GCN 18992 and 18993) and pantoprazole sodium 40mg vial (GCN 13025)
01/12/2022	- Annual review by staff - Added GCNs for dexlansoprazole (16305, 16306) to drug table - Update references
02/17/2022	Added GCN for esomeprazole (26111) to drug table
02/16/2024	- Annual review by staff - Added GCN for Konvomep (52842) - Updated references
01/17/2025	- Annual review by staff - Added GCN for pantoprazole (99418) to drug table - Removed GCN for Prevacid (01697) from drug table – drug has been discontinued - Updated references
08/29/2025	- Annual review by staff - Added GCN for esomeprazole (21432) to the Drugs Requiring PA table - Removed GCNs for Aciphex Sprinkle (34468, 34467) and Zegerid (26632, 26634, 26633, 26635) from the Drugs Requiring PA table – products discontinued

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	Updated references