

# PROTON PUMP INHIBITORS (PPI) BHP MEDICAID COVERAGE



MEDICATION	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Dexlansoprazole (Dexilant®)	DR capsule	30mg, 60mg	PA
<b>*Esomeprazole (Nexium®)</b>	DR capsule	20mg, 40mg	PA
Nexium®	Packets	10mg, 20mg, 40mg	PA
**Nexium 24HR® OTC	DR capsule	22.3mg (20mg base equivalent)	Covered, MDD: 2 per day
<b>*Lansoprazole (Prevacid®)</b>	DR capsule	15mg	Covered, MDD: 4 per day
		30mg	Covered, MDD: 1 per day
First-Lansoprazole®	Suspension	3mg/mL	PA
**Prevacid 24HR® OTC	DR capsule	15mg	Covered
Prevacid SoluTab®	ODT	15mg, 30mg	PA
<b>*Omeprazole (Prilosec®)</b>	DR capsule	10mg, 20mg, 40mg	Covered, MDD: 1 per day
First-Omeprazole®	Suspension	2mg/mL	Covered, 300mL per 30 days
Syrspend SF Omeprazole®	Suspension	2mg/mL	Covered, 300mL per 30 days
Prilosec®	Packet	2.5mg, 10mg	PA
**Prilosec OTC®	DR tablet	20.6mg (20mg base equivalent)	Covered, MDD: 4 per day
Omeprazole magnesium*	DR capsule	20.6mg (20mg base equivalent)	Covered
<b>*Pantoprazole (Protonix®)</b>	DR tablet	20mg	Covered, MDD: 1 per day
		40mg	Covered, MDD: 2 per day
Protonix®	Packet	40mg	PA
<b>*Rabeprazole (Aciphex®)</b>	DR Tablet	20mg	PA
Aciphex®	Capsule sprinkle	5mg, 10mg	PA
<b>Combination Products</b>			
<b>*Omeprazole/ Sodium Bicarbonate (Zegerid®)</b>	Capsule	20/1100mg, 40/1100mg	PA
	Powder for suspension	20/1680mg, 40/1680mg	Covered
**Omeprazole/ Sodium Bicarbonate (Zegerid OTC®)	Capsule	20/1100mg	Covered, MDD: 2 per day

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

\*Generic equivalent available

\*\*Available over the counter

**ABBREVIATIONS:** DR = delayed-release, MDD = max daily dose, ODT = oral disintegrating tablet, OTC = over the counter, PA = prior authorization required