



Dear Healthcare Provider,

This letter provides important information about **Prevacid OTC (lansoprazole)** and its use for FDA approved indication in relation to IEHP policy/criteria. Prevacid 24 Hour[®] (OTC) was approved by the FDA in May of 2009 and is available as 15 mg capsule. As of November 18, 2009 Prevacid OTC has been added to the IEHP formulary as a STEP EDIT.

---IEHP Formulary Criteria---

1. Step 1: Failure of Prilosec OTC (40 mg/day) is required for at least one (1) month; then
2. Step 2: Failure of Prevacid OTC (30 mg/day) is required for at least one (1) month; then
3. If member fails all steps (1-2), a non-formulary PPI may be tried

Prescriptions for Prevacid 30 mg should be written as: Prevacid OTC 15 mg Two Capsules QD

Please note that IEHP policy/procedures do not recognize the use of MD provided “drug samples”, when determining whether criteria has been met.

Formulary Proton Pump Inhibitors	Non-Formulary Proton Pump Inhibitors
<ul style="list-style-type: none"> • Prilosec OTC (omeprazole) • Prevacid OTC (lansoprazole) † 	<ul style="list-style-type: none"> • AcipHex (rabeprazole) • Kapidex (dexlansoprazole) • Nexium (esomeprazole) • Protonix (pantoprazole)

†Restricted use after failure of Prilosec OTC. PER must be submitted for approval.

We welcome any recommendations and comments regarding the formulary. Please call us at (909) 890-2067, with your questions and/or suggestions.

Sincerely,

Inland Empire Health Plan
Pharmaceutical Services Department