

PHC Step Therapy Criteria

Drug(s):	<p>Proton Pump Inhibitors Dexilant (Kapidex), Lansoprazole or Zegerid</p>
Process:	<p>Prescription entered for processing by pharmacy for Kapidex, Lansoprazole or Zegerid.</p> <p>Step 1- Review history for use of <u>BOTH</u> formulary preferred generic Proton Pump Inhibitors Omeprazole (Prolisec) <u>AND</u> Pantoprazole (Protonix)</p> <p>Step 2- If there is no history of <u>BOTH</u> Omeprazole (Prilosec) <u>AND</u> Pantoprazole (Protonix), claim rejects, patient must first try and fail <u>BOTH</u> preferred formulary generic proton pump inhibitors</p> <p>Step 3- If there is history of <u>BOTH</u> formulary generic PPI's, then Dexilant (Kapidex), Lansoprazole or Zegerid would process at their respective formulary copay</p>
Exception:	<p>If doctor substantiates that none of the first line drugs is right for the patient due to their medical condition, or if the patient has already tried and failed both first line drugs more than 4 months ago, he/she may request an exception to the formulary. To file a request, doctor should complete and submit a Coverage Exception Request Form.</p> <p>Computer assisted forms can be accessed online at www.PHCcares.com in the pharmacy section of the portal.</p> <p>If the request for an exception to our formulary is approved, we will continue to cover the requested drug without interruption.</p> <p>Please fax the Coverage Exception Request Form to Envision Pharmaceutical Services at 1-866-250-5178 or mail to Envision Pharmaceutical Services 2181 E. Aurora Rd. Twinsburg, OH 44087.</p>
Duration Of Approval:	Lifetime of member under current Member ID