Non-formulary rabeprazole capsules (AcipHex Sprinkle) will be covered on the prescription drug benefit when the following criteria are met:

**Criteria for new therapy coverage and stable or new member coverage:**

- Patient has a diagnosis of gastroesophageal reflux disease (GERD)
  - AND -
- Patient is one to eleven years old
  - AND -
- Inadequate response or allergy/intolerance to all the following:
  - Omeprazole (2 mg/mL oral suspension or oral capsules)
  - Lansoprazole (3 mg/mL oral suspension or oral capsules)
  - Pantoprazole (pantoprazole packet or tablet)
  - Prevacid Solutab (if did not tolerate lansoprazole oral suspension but was responding to medication)