Non-formulary **lansoprazole (Prevacid®)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented therapeutic failure after an adequate trial, allergy or intolerance to omeprazole
  - *Adequate trial* of omeprazole is defined as 14 day treatment duration of 40 mg/day (e.g., 20 mg p.o. BID).
  - *Intolerance* excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment and do not require medication discontinuation.

  – **AND** –

- Documented therapeutic failure after an adequate trial, allergy or intolerance to pantoprazole.
  - *Adequate trial* of pantoprazole is defined as 14 day treatment duration of 80 mg/day (e.g., 40 mg p.o. BID).
  - *Intolerance* excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment and do not require medication discontinuation.

  – **OR** –

- Dose change only: Patient previously met criteria and is already taking the drug.