MEDICATION POLICY:

Proton Pump Inhibitors

Generic Name: Proton Pump Inhibitors

Therapeutic Class or Brand Name: Proton Pump Inhibitors

Applicable Drugs (if Therapeutic Class): Esomeprazole (generic), Lansoprazole (generic), Omeprazole (generic), Pantoprazole (generic), and Rabeprazole (generic). Aciphex® (rabeprazole), Dexilant® (dexlansoprazole), Nexium® (esomeprazole), Prevacid® (lansoprazole), Prilosec® (omeprazole), and Protonix® (pantoprazole). Omeprazole/Sodium Bicarbonate (generic), Zegerid® (omeprazole/sodium bicarbonate). Policy also applies to any other Proton Pump Inhibitors not listed.

GPI Code: 4927002000, 4927002510, 4927004000, 4927006000, 4927007010, 4927007610, 4999600260

Preferred: Esomeprazole (generic), Lansoprazole (generic), Omeprazole (generic), Pantoprazole (generic), and Rabeprazole (generic)

Non-preferred: Aciphex® (rabeprazole), Dexilant® (dexlansoprazole), Nexium® (esomeprazole), Not Medically Necessary: Omeprazole/Sodium Bicarbonate (generic), Zegerid® (omeprazole/sodium bicarbonate).

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 12/23/2019

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria ____ are met)

I. Documented diagnosis of one of the following A through G:

A. Gastroesophageal reflux disease (GERD).

B. Erosive esophagitis.

C. Gastric ulcers.

D. Risk reduction of NSAID-associated gastric ulcer.

E. Duodenal ulcers.

F. Eradication of *H. pylori*.

G. Hypersecretory conditions

II. Non-preferred PPIs require documented trials and failures of all generic PPIs.

EXCLUSION CRITERIA

- No compounded solutions will be approved, including omeprazole/sodium bicarbonate.
- Omeprazole/Sodium Bicarbonate (generic) and Zegerid® are considered not medically necessary.
- Patients receiving rilpivirine-containing products.

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Eradication of H. pylori:
  - 2 tablets/capsules or equivalent per day for 14 days only.
- Hypersecretory conditions:
  - Increased dosing beyond 60 tablets/capsules or equivalent per 30 days is approvable.
- All other diagnoses:
  - Up to 30 tablets/capsules or equivalent per 30 days.
  - Up to 60 tablets/capsules or equivalent per 30 days is approvable if the patient does not respond after a 10 consecutive day trial of once daily dosing.

Approval Length

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective..

Appendix

N/A

References

1. Medi-Span.
2. https://www.azpicentral.com/nexium/nexium.pdf#page=1.
3. http://www.azpicentral.com/prilosec/prilosec.pdf.
4. http://general.takedapharm.com/content/file/pi.pdf?applicationcode=66b0b942-e82b-46ad-886a-f4aa59f33c&filetypecode=PREVACIDPI.
5. http://labeling.pfizer.com/showlabeling.aspx?id=135.
6. http://us.eisai.com/-/media/Files/Aciphex/aciphexpi.pdf.
7. https://www.dexilant.com/PI.aspx.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
12/23/2019	1. **Deleted** "https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/PPI.pdf, blue.regence.com/trgmedpol/drugs/dru039.pdf, and http://blue.regence.com/trgmedpol/drugs/dru101.pdf." **under References**
6/14/2018	1. **Deleted** "blue.regence.com/trgmedpol/drugs/dru039.pdf" http://blue.regence.com/trgmedpol/drugs/dru101.pdf ." **Added** "http://www.aetna.com/products/rxnonmedicare/data/2013/GI2013/ppi.html". Under References. 2. **Deleted** "require documented trials and failures of 2 generic PPIs" .Added "require documented trials and failures of all generic PPIs" **under Prior Authorization Criteria**
11/21/2017	1. **Added** "Not Medically Necessary: Omeprazole/Sodium Bicarbonate (generic), Zegerid® (omeprazole/sodium bicarbonate)" **under Applicable Drugs.** 2. **Added** "4999600260" following **GPI Code**. 3. **Added** "Omeprazole/Sodium Bicarbonate (generic) and Zegerid® are considered not medically necessary" and "Patients receiving rilpivirine-containing products" **under Exclusion Criteria.** 4. **Updated** "http://www1.astrazeneca-us.com/pi/Nexium.pdf" to "https://www.azpicentral.com/nexium/nexium.pdf#page=1", "http://www1.astrazeneca-us.com/pi/Prilosec.pdf" to "http://www.azpicentral.com/prilosec/prilosec.pdf", "http://www.aciphex.com/PDF/aciphexpi.pdf" to "http://us.eisai.com/-/media/Files/Aciphex/aciphexpi.pdf" **under References.**
6/17/2016	1. Fixed formatting of tracked changes made on 6/1/16.
6/1/2016	1. **Changed** "Preferred: Lansoprazole (generic), Nexium (esomeprazole), Omeprazole (generic), Pantoprazole (generic), and Rabeprazole (generic); Non-preferred: Aciphex (rabeprazole), Dexilant (dexlansoprazole), Prevacid (lansoprazole), Prilosec (omeprazole), Protonix (pantoprazole); Policy also applies to any other Proton Pump Inhibitors not listed" to "Preferred: Esomeprazole (generic), Lansoprazole (generic), Omeprazole (generic), Pantoprazole (generic), and Rabeprazole (generic); Non-preferred: Aciphex (rabeprazole), Dexilant (dexlansoprazole), Nexium (esomeprazole), Prevacid (lansoprazole), Prilosec (omeprazole), Protonix (pantoprazole); Policy also applies to any other Proton Pump Inhibitors not listed" under Applicable Drugs.
7/10/2015	1. **Changed** "Preferred, no prior authorization required: Lansoprazole (generic), Nexium® (esomeprazole), Omeprazole (generic), Pantoprazole (generic), and Rabeprazole (generic); Non-preferred, prior authorization required: Aciphex® (rabeprazole), Dexilant® (dexlansoprazole), Prevacid® (lansoprazole), Protonix® (pantoprazole)" to "Preferred: Lansoprazole (generic), Nexium® (esomeprazole), Omeprazole (generic), Pantoprazole (generic), and Rabeprazole (generic); Non-preferred: Aciphex® (rabeprazole), Dexilant® (dexlansoprazole), Prevacid® (lansoprazole), Prilosec® (omeprazole), Protonix® (pantoprazole); Policy also applies to any other Proton Pump Inhibitors not listed" **under Applicable Drugs**.

	2. **Changed** "II. Non-preferred PPIs require documented trials and failures of or contraindications to ALL preferred PPIs, given at maximum doses (Lansoprazole, Nexium®, Omeprazole, Pantoprazole, and Rabeprazole). Requests for a non-preferred PPI must include documentation from chart notes showing ALL of the following A through E: A. Date of trial initiation for each preferred PPI; B. Length of trial for each preferred PPI; C. Dose(s) tried for each preferred PPI; D. Daily dosage level of medication for each preferred PPI; E. Detailed explanation of the nature of each failure for each preferred PPI" to "II. Non-preferred PPIs require documented trials and failures of TWO preferred PPIs" **under Prior Authorization Criteria.** 3. **Removed** "Non-preferred PPIs may be considered medically necessary when treatment with all of the preferred PPIs, given at maximum doses, have been ineffective, contraindicated, or not tolerated" and "Ineffective treatment is defined as gastric-peptic symptoms (such as heartburn) not resolved after ten consecutive days of treatment" **from Other Criteria.** 4. **Changed** "For Omeprazole 20mg: up to 60 tablets/capsules or equivalent per 30 days; Increased dosing up to 120 tablets/capsules or equivalent per 30 days is approvable if the patient does not respond after a 10 consecutive day trial of 2 tablets/capsules or equivalent per day daily dosing; Increased dosing beyond 120 tablets/capsules or equivalent per 30 days is approvable for hypersecretory conditions; For all other PPIs: up to 30 tablets/capsules or equivalent per 30 days; Increased dosing up to 60 tablets/capsules or equivalent per 30 days is approvable if the patient does not respond after a 10 consecutive day trial of once daily dosing; Increased dosing of 2 tablets/capsules or equivalent per day for 14 days only may be approved for eradication of H. pylori; Increased dosing beyond 60 tablets/capsules or equivalent per 30 days is approvable for hypersecretory conditions" to "Eradication of H. pylori: 2 tablets/capsules or equivalent per day for 14 days only; Hypersecretory conditions: Increased dosing beyond 60 tablets/capsules or equivalent per 30 days is approvable; All other diagnoses: Up to 30 tablets/capsules or equivalent per 30 days; Up to 60 tablets/capsules or equivalent per 30 days is approvable if the patient does not respond after a 10 consecutive day trial of once daily dosing" **under Quantity/Days Supply Restrictions.** 5. **Updated** "http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Proton_Pump_Inhibitors.pdf" to "https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/PPI.pdf" under **References.** 6. **Removed** "http://www.bcbsga.com/provider/noapplication/providerservices/downloadforms/notertiary/pw_a092487.pdf (link no longer valid)" **under References.**
2/11/2014	1. **Adapted policy to new format**. 2. **Added** "Rabeprazole (generic)" **to Applicable Drugs** under "Preferred, no prior authorization required". 3. **Removed** "Kapidex" **from Applicable Drugs**. 4. **Added missing GPI codes**. 5. **Added** "Risk reduction of NSAID-associated gastric ulcer" **as a covered diagnosis**. 6. **Added** "Rabeprazole" to list of preferred PPIs **on criterion II under Prior Authorization Criteria**.

	7. **Changed Quantity/Days Supply Restrictions** to allow increased doses for inadequate response after a 10 consecutive day trial, *H. pylori* eradication, and hypersecretory conditions. 8. **Updated references** to include other policies, Medi-Span, and package inserts.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.