

**Generic Name:** Proton Pump Inhibitors (PPIs)

**Therapeutic Class or Brand Name:** Proton Pump Inhibitors

**Applicable Drugs (if Therapeutic Class):**

Aciphex (rabeprazole), Dexilant (dexlansoprazole), Konvomep (omeprazole/sodium bicarbonate), Nexium (esomeprazole), Prevacid (lansoprazole), Prilosec (omeprazole), and Protonix (pantoprazole), Zegerid (omeprazole/sodium bicarbonate). Policy also applies to any other PPIs not listed.

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

**Non-preferred:** Aciphex (rabeprazole), Dexilant (dexlansoprazole), Konvomep (omeprazole/sodium bicarbonate), Nexium (esomeprazole), Prevacid (lansoprazole), Prilosec (omeprazole), and Protonix (pantoprazole), Zegerid (omeprazole/sodium bicarbonate).

**Date of Origin:** 2/1/2013

**Date Last Reviewed / Revised:** 9/22/2023

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to IV 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 treatment failure with all generic PPIs.
- III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- Extemporaneous compounded solutions, including omeprazole/sodium bicarbonate.
- Concurrent use of rilpivirine.

## OTHER CRITERIA

- Konvomep and Zegerid oral suspensions are considered not medically necessary.

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Eradication of *H. pylori*:
  - 28 tablets/capsules/or equivalent for 14 days only.
- Hypersecretory conditions:
  - > 60 tablets/capsules/or equivalent per 30 days is approvable.
- All other diagnoses:
  - 30 tablets/capsules/or equivalent per 30 days.
  - 60 tablets/capsules/or equivalent per 30 days is approvable with documented treatment failure on a 10 consecutive day trial of once-daily dosing.

## APPROVAL LENGTH

- **Authorization:**
  - *H. Pylori*: one-time approval for 14 days.
  - All other diagnoses: 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. Aciphex. Prescribing information. Eisai Inc; 2022. Accessed August 21, 2023. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/020973s042lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/020973s042lbl.pdf)
2. Dexilant. Prescribing information. Takeda Pharmaceuticals America Inc; 2022. Accessed August 21, 2023. <https://general.takedapharm.com/dexilantpi/>
3. Konvomep. Prescribing information. Azurity; 2022. Accessed August 21, 2023. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/213593s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/213593s000lbl.pdf)
4. Nexium. Prescribing information. AstraZeneca; 2022. Accessed August 21, 2023. <https://www.azpicentral.com/nexium/nexium.pdf#page=1>
5. Prevacid / Prevacid SoluTab. Prescribing information. Takeda Pharmaceuticals America Inc; 2012. Accessed August 21, 2023. <https://content.takeda.com/?contenttype=PI&product=PRVAC&language=ENG&country=GBL&documentnumber=1>

6. Prilosec granules for suspension. Prescribing information. Covis Pharma; 2022. Accessed August 21, 2023. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/022056s025lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/022056s025lbl.pdf)
7. Protonix. Prescribing information. Wyeth Pharmaceuticals Inc; 2022. Accessed August 21, 2023. <http://labeling.pfizer.com/showlabeling.aspx?id=135>
8. Zegerid. Prescribing information. Salix Pharmaceuticals, Inc; 2022. Accessed August 21, 2023. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/021849s019,021636s024lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/021849s019,021636s024lbl.pdf)

**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.