



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Proton Pump Inhibitors

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Policy Number: 030

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to these medications and can be found in Medical Policy [#621A](#).

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

*Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and criteria below are met.

##- NOTE: As of 1/1/2019 Proton Pump Inhibitors are a Benefit Exclusion for any member which is 18 years or older unless an account has purchased a Rider.

We may cover **Omeprazole, Pantoprazole, Lansoprazole 30mg, Lansoprazole ODT,** and **Rabeprazole 20mg** without prior authorization within Quality Care Dosing limits found in [Policy 621](#).

We may cover **Esomeprazole** or **Dexlansoprazole** when **ALL** of the following criteria are met:

- There has been previous treatment failure with or contraindication to Omeprazole **AND** Pantoprazole **AND** Lansoprazole 30mg **AND** Rabeprazole 20mg

Note: Omeprazole, Pantoprazole, Lansoprazole and Rabeprazole all dosage forms are included unless specifically called out.

If approved the Prior Authorization will be granted for up to one(1) year.

We may cover all other Proton Pump Inhibitors (Aciphex[®]*, Aciphex[®] Sprinkle[™]*, Dexilant[™]*, Nexium[®]40mg*, Nexium packets*, Omeprazole/sodium bicarbonate 40mg, Omeprazole/sodium bicarbonate 20mg, Omeppi 40mg, Prevacid 30mg[®]*, Prevacid[®] solutabs* Prilosec[®]*, Prilosec suspension*, Protonix[®]*, Zegerid[®] 40mg*, and Zegerid packets*) when **ALL** of the following criteria are met:., and

- There has been previous treatment failure with or contraindication to omeprazole **AND** pantoprazole **AND** lansoprazole **AND** rabeprazole **AND** esomeprazole.

If approved the Prior Authorization will be granted for up to one (1) year.

*Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and step criteria below are met.

We may cover **Yosprala** (aspirin and omeprazole) or **Aspirin/Omeprazole** for a documented diagnosis of **Secondary prevention of cardiovascular and cerebrovascular events** when **ALL** of the following criteria are met:

- The member has tried and failed Omeprazole plus OTC aspirin and there must be evidence of a BCBSMA paid claim for omeprazole by the patient.

AND

- The member has tried and failed pantoprazole plus OTC aspirin and there must be evidence of a BCBSMA paid claim for pantoprazole by the patient.

AND

- The member has tried and failed lansoprazole plus OTC aspirin and there must be evidence of a BCBSMA paid claim for lansoprazole by the patient.

AND

- The member has tried and failed rabeprazole plus OTC aspirin and there must be evidence of a BCBSMA paid claim for rabeprazole by the patient.

If approved the Prior Authorization will be granted for up to one (1) year.

We do not cover the above listed medications unless the above therapy criteria are met.

We do not cover Nexium® (esomeprazole) 20mg, Prilosec OTC®, Prevacid® (lansoprazole) 15mg, Omeppi 20mg, Zegerid 20mg capsules or omeprazole/sodium bicarbonate 20mg capsules as these medications are available without a prescription (over the counter) and by pharmacy benefit, non-prescription products are excluded from benefit coverage.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts Clinical
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

| | Outpatient |
|---------------------------------------|--|
| Commercial Managed Care (HMO and POS) | Prior authorization is required . |
| Commercial PPO and Indemnity | Prior authorization is required . |

Policy History

| Date | Action |
|--------|---|
| 4/2022 | Updated to add Authorized Generic of Dexilant(dexlansoprazole) to the policy. |

| | |
|----------------|---|
| 2/2020 | Updated to include Aspirin/Omeprazole to the policy. |
| 1/2019 | Updated to add Exclusion note & remove Omeprazole/Syrspend Suspension. |
| 6/2018 | Updated to add Lansoprazole ODT. |
| 9/2017 | Updated to add Omeppi 40mg and to clarify criteria for Lansoprazole & Rabeprazole. |
| 6/2017 | Updated address for Pharmacy Operations. |
| 01/2017 | Updated Criteria for Branded PPIs. |
| 10/2016 | Updated to Include Yosprala criteria. |
| 4/2016 | Updated to remove First Products which were discontinued. |
| 8/2015 | Updated Request Form title. |
| 3/2015 | Updated to include two First Suspensions without PA. |
| 10/2014 | Updated to include No PA for Omeprazole and pantoprazole. Also to exclude Nexium 20mg because available OTC. |
| 2/2014 | Updated ExpressPAt language, added Eesomeprazole, Omeprazole/Syrspend Suspension, Aciphex® Sprinkle™, and rabeprazole. |
| 6/2012 | Updated 6/12 to include coverage for pantoprazole as a Step 1 product. |
| 11/2011-4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |
| 10/2011 | Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements. |
| 3/2011 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 1/2011 | Updated to update pantoprazole criteria and to add coverage criteria for omperazole/sodium bicarbonate. |
| 1/2011 | Updated to reflect name change of Kapidex™ to Dexilant™ and to include coverage criteria for omeprazole/sodium bicarbonate: newly released generic of Zegerid®. |
| 11/2010 | Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements. |
| 3/2010 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 1/2010 | Updated to remove step therapy language and to implement new prior authorization criteria. Lansoprazole and Prevacid® 15mg moved to benefit exclusion. |
| 11/2009 | Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements. |
| 3/2009 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy |
| 8/2009 | Updated to include Kapidex™ as a Step 3 medication for Standard formulary and Blue |
| 1/2009 | Updated for Medicare Advantage formulary. |
| 9/2008 | Updated to include generic pantoprazole on Step 2, movement of Prevacid® to Step 2, |
| 1/2008 | Updated approval criteria to require previous treatment or paid claim point of sale criteria |
| 11/2007 | Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ |
| 3/2007 | Updated to include Step 3 criteria for Prevacid and consolidation of Omeprazole into Step |
| 11/20/2005 | New policy, effective 11/20/2005, describing covered and non-covered indications. |

References

1. Prilosec® [package insert]. Wilmington, DE: AstraZeneca LP; July 2006.
2. Prevacid® [package insert]. Lake Forest, IL: TAP Pharmaceuticals Inc.; November 2003.
3. Protonix® [package insert]. Philadelphia, PA: Wyeth Laboratories; February 2004.
4. Aciphex® [package insert]. Teaneck, NJ: Eisai Inc., and Titusville, NJ: Janssen Pharmaceuticals Inc, August 2003.
5. Kapidex™ [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; August 2009.
6. Nexium® [package insert]. Wilmington, DE: AstraZeneca LP; March 2003.
7. Omeprazole delayed-release capsules [package insert]. Mequon, WI: Kremers Urban, Inc.; 2003.
8. Zegerid® [package insert]. San Diego, CA: Santarus.; December 2004
9. Aciphex® Srinkle™ [package insert]. Wood Cliff Lake, NJ: Eisai Inc., and Titusville, NJ: Janssen Pharmaceuticals Inc, March 2013.

Endnotes

A. Based on the recommendations of the Blue Cross Blue Shield of MA Pharmacy and Therapeutics committee meeting 5/12/2009 & 9/15/2009.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>