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.
**Prior Authorization Information**

<table>
<thead>
<tr>
<th>Prior Authorization</th>
<th>Pharmacy Operations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Prior Authorization</td>
<td>Tel: 1-800-366-7778</td>
</tr>
<tr>
<td>☐ Step Therapy</td>
<td>Fax: 1-800-583-6289</td>
</tr>
<tr>
<td>☒ Quality Care Dosing</td>
<td>Policy last updated</td>
</tr>
</tbody>
</table>

- **Pharmacy (Rx) or Medical (MED) benefit coverage**
  - ☒ Rx
  - ☐ MED

**Policy applies to Commercial Members:**
- Managed Care (HMO and POS),
- PPO and Indemnity
- MEDEX with Rx plan
- Managed Major Medical with Custom BCBSMA Formulary
- Comprehensive Managed Major Medical with Custom BCBSMA Formulary
- Managed Blue for Seniors with Custom BCBSMA Formulary

**To request for coverage:** Physicians may call, fax, or mail the attached form *(Formulary Exception/Prior Authorization form)* to the address below.

**Blue Cross Blue Shield of Massachusetts**
**Pharmacy Operations Department**
25 Technology Place
Hingham, MA 02043

**Individual Consideration:** Policy for requests that do not meet clinical criteria of this policy, see section labeled *Individual Consideration*

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We may cover **Omeprazole**, **Pantoprazole**, **Lansoprazole** 30mg, **Lansoprazole ODT**, **Rabeprazole** 20mg, and **FIRST-OMEPRA SUS** 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™*, *Konvomep (omeprazole/sodium bicarbonate) 2-84mg/ml oral susp*, *Nexium®40mg*, *Nexium packets*, Omeprazole/sodium bicarbonate 40mg, Omeprazole/sodium bicarbonate 20mg, Omeprazole + Syrspan*, 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 or previous treatment, 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 or previous treatment, 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 or previous treatment, 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 or previous treatment.

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

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>4/2023</td>
<td>Updated to add Omeprazole + Syr spend® and Konvomep™ to the Policy as non-preferred.</td>
</tr>
<tr>
<td>2/2023</td>
<td>Updated to add FIRST-OMEPRA SUS to policy at parity with Omeprazole.</td>
</tr>
<tr>
<td>4/2022</td>
<td>Updated to add Authorized Generic of Dextilant(dexlansoprazole) to the policy.</td>
</tr>
<tr>
<td>2/2020</td>
<td>Updated to include Aspirin/Omeprazole to the policy.</td>
</tr>
<tr>
<td>1/2019</td>
<td>Updated to add Exclusion note &amp; remove Omeprazole/Syr spend Suspension.</td>
</tr>
<tr>
<td>6/2018</td>
<td>Updated to add Lansoprazole ODT.</td>
</tr>
<tr>
<td>9/2017</td>
<td>Updated to add Omeppi 40mg and to clarify criteria for Lansoprazole &amp; Rabeprazole.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>01/2017</td>
<td>Updated Criteria for Branded PPIs.</td>
</tr>
<tr>
<td>10/2016</td>
<td>Updated to Include Yosprala criteria.</td>
</tr>
<tr>
<td>4/2016</td>
<td>Updated to remove First Products which were discontinued.</td>
</tr>
<tr>
<td>8/2015</td>
<td>Updated Request Form title.</td>
</tr>
<tr>
<td>3/2015</td>
<td>Updated to include two First Suspensions without PA.</td>
</tr>
<tr>
<td>10/2014</td>
<td>Updated to include No PA for Omeprazole and pantoprazole. Also to exclude Nexium 20mg because available OTC.</td>
</tr>
<tr>
<td>2/2014</td>
<td>Updated ExpressPath language, added Esomeprazole, Omeprazole/Syr spend Suspension, Aciphex® Sprinkle™, and rabeprazole.</td>
</tr>
<tr>
<td>6/2012</td>
<td>Updated 6/12 to include coverage for pantoprazole as a Step 1 product.</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
</tr>
</tbody>
</table>

1/2011 Updated to update pantoprazole criteria and to add coverage criteria for omeprazole/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®.


1/2010 Updated to remove step therapy language and to implement new prior authorization criteria. Lansoprazole and Pracid®/Prevacid® 15mg moved to benefit exclusion.


8/2009 Updated to include Kapidex™ as a Step 3 medication for Standard formulary and Blue

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


3/2007 Updated to include Step 3 criteria for Prevacid and consolidation of Omeprazole into Step


References

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: