Non-Formulary Prior Authorization guideline for Proton Pump Inhibitors (PPIs)

Formulary:
First-lansoprazole
First-omeprazole
Lansoprazole
Lansoprazole Orally Disintegrating Tablet (ODT)
Nexium OTC
Omeprazole
Pantoprazole
Prevacid Over-The-Counter (OTC)
Prilosec Over-The-Counter (OTC)
Rabeprazole

Non-Formulary:
Aciphex Sprinkle
Dexilant
Esomeprazole
Nexium granules/suspension
Omeprazole-sodium bicarbonate
Prevacid SoluTabs
Prilosec granules
Protonix Granules

Authorization guidelines

Dexilant, esomeprazole Rx (prescription), and Omeprazole/Sodium-Bicarbonate may be authorized when the following criteria are met:

A. Trial and failure of at least three (3) formulary PPIs
B. Trial and failure of at least one formulary PPI at double-the usual starting dose:
   1. Omeprazole 40mg
   2. Nexium OTC 40mg
   3. Lansoprazole 30mg
   4. Pantoprazole 40mg
   5. Rabeprazole 40mg

Aciphex Sprinkle, Nexium granules (suspension), Prilosec granules, or Protonix granules may be authorized when the following criteria are met:

A. Member is unable to swallow capsules or tablets or is using feeding tube for medications
B. Contraindication or intolerance to both First-omeprazole and First-lansoprazole

Last Review: 8/2018
Previous PARP Approval: 9/2017
Current PARP Approval: 9/2018
High Dose Proton Pump Inhibitors (PPIs) may be authorized if the following criteria are met

A. Provider submits rationale for high dose (such as member has unsatisfactory or partial response to once daily dosing, night-time symptoms, severe erosive esophagitis, stricture, Zollinger-Ellison)

B. Requests for high dose non-formulary Proton Pump Inhibitors (PPI’s) require use of a formulary Proton Pump Inhibitor (PPI) at high dose

Additional Information
These products are NOT covered for members with the following criteria:

- Use not approved by the FDA; AND
- The use is unapproved and not supported by the literature or evidence as an accepted off-label use.

Approval Duration

Initial Approval:
- Once daily non-formulary (NF): Indefinite
- Severe erosive esophagitis, stricture, Zollinger-Ellison: Indefinite
- All Others: 12 months

Renewal:
- Once daily non-formulary (NF): Indefinite
- Severe erosive esophagitis, stricture, Zollinger-Ellison: Indefinite
- All Others: 12 months

- Requirement for high dose (non-formulary and formulary agents):
  - Response to therapy and rationale for continuing high dose OR
  - Failure of once daily dosing after completion of high dose course

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional
capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member’s family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

References

3. Fass R, Murthy U, Hayden CW, et al. Omeprazole 40 mg once a day is equally effective as lansoprazole 30 mg twice a day in symptom control of patients with gastro-oesophageal reflux disease (GERD) who are resistant to conventional-dose lansoprazole therapy-a prospective, randomized, multi-centre study. Aliment Pharmacol Ther. 2000; 14: 1595-1603.