



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 [#621](#).

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. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. 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** 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

If all criteria are met, length of approval will be one 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 all criteria are met, length of approval will be one 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) 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.

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

Manage Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express Path which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

Policy History

Date	Action
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 ExpressPAtH language, added Esomeprazole , 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 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®.
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.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf