

PROTON PUMP INHIBITORS (PPIs)

Applies To:

dexlansoprazole capsule (DEXILANT)
 esomeprazole 40mg capsule (NEXIUM)
 esomeprazole strontium capsule
 esomeprazole packet for suspension (NEXIUM PACKET)
 lansoprazole 30 mg orally disintegrating tablet (PREVACID SOLUTAB)
 omeprazole-sodium bicarbonate capsule (ZEGERID)
 omeprazole-sodium bicarbonate packet (ZEGERID PACKET)
 omeprazole-sodium bicarbonate recon suspension (KONVOMEPE)
 rabeprazole sprinkle (ACIPHEX SPRINKLE)

Diagnoses Considered for Coverage:

- Erosive esophagitis
- Non-erosive gastroesophageal reflux disease (GERD)
- Duodenal or Gastric ulcers
- Pathological hypersecretory conditions including Zollinger-Ellison Syndrome

Coverage Criteria:

1. For member new to Blue Shield (within the past 6 months), approve if:
 - Started and stabilized on the medication prior to joining Blue Shield, **and**
 - Being used for a covered diagnosis, **and**
 - Dose does not exceed FDA label maximum.

2. For all non-preferred or non-formulary PPIs, approve if:

| Drug | Coverage Criteria |
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| lansoprazole ODT 30mg (Prevacid Solutab) Prevacid solutab 30 mg ODT esomeprazole 10 mg, 20 mg, and 40 mg powder packet (Nexium) Nexium 10 mg, 20mg, 40mg | <ul style="list-style-type: none"> • Dose does not exceed quantity limit per day, and • Inadequate response, intolerable side effect, or contraindication to both omeprazole capsule (Prilosec) AND lansoprazole capsule (Prevacid). |

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| <p>powder packets</p> <p>omeprazole/sodium bicarbonate suspension powder (Zegerid)</p> <p>Zegerid powder</p> <p>Konvomep (omeprazole-sodium bicarbonate) recon suspension</p> | |
| <p>dexlansoprazole (Dexilant) Dexilant</p> <p>esomeprazole 40 mg capsule (Nexium) Nexium 40 mg capsule</p> <p>omeprazole/sodium bicarbonate capsule (Zegerid) Zegerid capsule</p> <p>Omeppi capsule</p> | <ul style="list-style-type: none"> • Dose does not exceed quantity limit per day, and • Patient is \geq 18 years old: Inadequate response, intolerable side effect, or contraindication to ALL the following: <ul style="list-style-type: none"> • rabeprazole tablet (Aciphex) • omeprazole capsule (Prilosec) • lansoprazole capsule (Prevacid) • pantoprazole tablet (Protonix) OR • Patient is < 18 years old: Inadequate response, intolerable side effect, or contraindication to ALL the following: <ul style="list-style-type: none"> • omeprazole capsule (Prilosec) • lansoprazole capsule (Prevacid) |
| <p>Nexium 2.5 mg and 5 mg powder packet</p> | <ul style="list-style-type: none"> • Dose does not exceed quantity limit per day, and • Patient current weight is no more than 7.5 kg. |
| <p>Aciphex 5 mg sprinkle capsule</p> <p>rabeprazole 10 mg sprinkle capsule (Aciphex)</p> | <ul style="list-style-type: none"> • Dose does not exceed quantity limit per day, and • Inadequate response, intolerable side effect, or contraindication to omeprazole capsule AND lansoprazole capsule. |

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| Aciphex 10 mg sprinkle capsule | |
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Coverage Duration: one year

Effective Date: 5/31/2023