



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Proton Pump Inhibitors Post Limit Page: 1 of 3

Effective Date: 10/12/2023 Last Review Date: 10/2023

Applies to: Illinois Florida Florida Kids
 New Jersey Maryland Michigan
 Pennsylvania Kids Virginia Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Proton Pump Inhibitors Post Limit under the patient's prescription drug benefit.

Indication	AcipHex (rabeprazole)	AcipHex Sprinkles (rabeprazole)	Dexilant (dexlansoprazole)	Konvomep (omeprazole/ sodium bicarbonate)	Nexium (esomeprazole) Esomeprazole strontium	Prevacid (lansoprazole)	Prilosec (omeprazole)	Protonix (pantoprazole)	Zegerid (omeprazole/ sodium bicarbonate)
Short-term treatment active duodenal ulcer	✓					✓	✓		✓
H. pylori eradication reduce risk ulcer relapse	✓				✓	✓	✓		
Maintenance healing duodenal ulcers						✓			
Short-term treatment gastric ulcer				✓		✓	✓		✓
Short-term treatment symptoms GERD	✓	✓	✓		✓	✓	✓	✓	✓
Short-term treatment erosive esophagitis / GERD	✓		✓		✓	✓	✓	✓	✓
Maintenance healing erosive esophagitis	✓		✓		✓	✓	✓	✓	✓
Pathological hypersecretory conditions	✓				✓	✓	✓	✓	
Short-term treatment NSAID-gastric ulcer						✓			
Risk reduction of NSAID-gastric ulcer					✓	✓			



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Risk reduction upper GI bleed critically ill				✓						✓ Suspension
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Description:

Applicable Drug List:

- Rabeprazole
- Dexlansoprazole
- Esomeprazole Strontium
- Esomeprazole
- Lansoprazole
- Omeprazole
- Pantoprazole
- Omeprazole-Sodium Bicarbonate

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for any of the following: A) Barrett’s esophagus as confirmed by biopsy, B) Hypersecretory syndrome, such as Zollinger-Ellison, confirmed with a diagnostic test
- OR
- The requested drug is being prescribed for any of the following: A) Endoscopically verified peptic ulcer disease, B) Frequent and severe symptoms of chronic gastroesophageal reflux disease (GERD), C) Atypical symptoms or complications of GERD
- OR
- The patient is at high risk for gastrointestinal (GI) adverse events
[Note: Risk factors for serious GI adverse events include, but are not limited to, the following: chronic nonsteroidal anti-inflammatory drug (NSAID) therapy, history of peptic ulcer disease and/or GI bleeding, treatment with oral corticosteroids, treatment with anticoagulants, poor general health status, or advanced age.]

Approval Duration and Quantity Restrictions:

Approval:

12 months



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Quantity Level Limit:

Reference Formulary for drug specific quantity level limits

References:

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18. Lanza FL, Chan F, Quigley E, et al. Guidelines for Prevention of NSAID-Related Ulcer Complications. *Am J Gastroenterol* 2009; 104: 728-738.