

<b>Policy Name:</b>	<b>PPI (Proton Pump Inhibitor) Coverage</b>	<b>Policy#:</b>	<b>1770P</b>
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Proton Pump Inhibitors (PPIs).

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Proton Pump Inhibitors (PPIs) under the benefit if the following criteria are met.

## Criteria

### 1. Criteria for Coverage

- 1.1 Documented trial and failure of at least 14 days in duration or intolerance to omeprazole, AND pantoprazole, AND lansoprazole, AND esomeprazole, AND diagnosis of at least one of the following:
  - Peptic ulcer disease (duodenal, gastric, gastrojejunal) active; maintenance
  - NSAID-induced gastric ulcer - healing; risk reduction for recurrence
  - Stress ulcer/surgical prophylaxis – coverage limited to 3 months
  - Barrett's esophagus
  - Crohn's disease of upper GI tract
  - Erosive esophagitis - active, maintenance, healed
  - Gastric residual reduction
  - Upper gastrointestinal bleeding
  - [\*H. pylori\* treatment\\*](#)
  - Pathological hypersecretory condition [e.g., Zollinger-Ellison Syndrome, multiple endocrine neoplasia type 1 (MEN-1)]
  - Member is post-transplant and/or MD is a transplant specialist
  - Complicated GERD with ulcers or strictures
  - High risk patients on anti-coagulant, anti-platelet, or aspirin therapy
  - Reflux esophagitis associated with GERD moderate to severe with symptoms (treatment, maintenance, screening)
  - Laryngopharyngeal reflux
  - Member is on chronic oral corticosteroid therapy (> 60 days)
  - Member is receiving chemotherapy or radiation therapy for a current cancer diagnosis
    - \*Additional documentation of two concurrent antibiotics that will be used in the treatment regimen combined with the requested PPI as part of the therapy is required. *H. pylori* treatment may include double, triple, and quadruple therapy. Examples of antibiotics include: amoxicillin, clarithromycin, metronidazole or tetracycline
- 1.2 If approved, brand name agents (Dexilant) will be covered at the non-preferred brand tier
- 1.3 No coverage for OTC formulations (such as Prilosec OTC and Prevacid 24HR)
- 1.4 1Lansoprazole ODT is non-formulary because capsules may be opened and sprinkled onto 1

tablespoon of applesauce, Ensure pudding, cottage cheese, yogurt, strained pears, etc

## 2. Quantity Limit

2.1 Esomeprazole has a quantity limit of #60/30 days

## 3. Approval Period

3.1 12 months

### CPT Codes

### HCPCS Codes

### References

1. Wolfe, M. Michael. Overview and comparison of the proton pump inhibitors for the treatment of acid-related disorders. UpToDate. Published online with literature review current through: Feb 2024. Topic last updated January 25, 2024.
2. Yadlapati R, Gyawali CP, Pandolfino JE; CGIT GERD Consensus Conference Participants. AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. Clin Gastroenterol Hepatol. 2022 May;20(5):984-994.e1

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