

POLICY NAME	PPI (Proton Pump Inhibitor) Coverage	POLICY #	1770P
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Criteria

Criteria for Coverage

- ☐ 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
- ☐ If approved, brand name agents (Dexilant) will be covered at the non-preferred brand tier
- ☐ No coverage for OTC formulations (such as Prilosec OTC and Prevacid 24HR)
- ☐ 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