

# PRIOR AUTHORIZATION CRITERIA

|   |  |
|---|--|
| <b>DRUG CLASS</b>                           | <b>PROTON PUMP INHIBITORS</b>                      |
| <b>BRAND NAME<br/>(generic)</b>             | <b>ACIPHEX<br/>(rabeprazole)</b>                   |
|   | <b>ACIPHEX SPRINKLES<br/>(rabeprazole)</b>         |
|   | <b>DEXILANT<br/>(dexlansoprazole)</b>              |
|   | <b>esomeprazole strontium</b>                      |
|   | <b>NEXIUM<br/>(esomeprazole)</b>                   |
|   | <b>PREVACID<br/>(lansoprazole)</b>                 |
|   | <b>PRILOSEC<br/>(omeprazole)</b>                   |
|   | <b>PROTONIX<br/>(pantoprazole)</b>                 |
|   | <b>ZEGERID<br/>(omeprazole/sodium bicarbonate)</b> |
| <b>Status: CVS Caremark Criteria</b>        |  |
| <b>Type: Post Limit Prior Authorization</b> |  |

## POLICY

### FDA-APPROVED INDICATIONS

| Indication  | AcipHex<br>(rabeprazole)<br><br>AcipHex<br>Sprinkles<br>(rabeprazole) | Dexilant<br>(dexlansoprazole) | Nexium<br>(esomeprazole)<br><br>(esomeprazole<br>strontium) | Prevacid<br>(lansoprazole) | Prilosec<br>(omeprazole) | Protonix<br>(pantoprazole) | Zegerid<br>(omeprazole/<br>sodium<br>bicarbonate) |
|---|---|-------------------------------|---|----------------------------|--------------------------|----------------------------|---|
| Short-term treatment of active duodenal ulcer                           | ✓   |                               |   | ✓                          | ✓                        |                            | ✓   |
| Helicobacter pylori eradication to reduce the risk of ulcer recurrence* | ✓   |                               | ✓   | ✓                          | ✓                        |                            |   |
| Maintenance of healing of duodenal ulcers                               |   |                               |   | ✓                          |                          |                            |   |
| Short-term treatment of gastric ulcer                                   |   |                               |   | ✓                          | ✓                        |                            | ✓   |
| Short-term treatment of symptoms associated with GERD                   | ✓   | ✓                             | ✓   | ✓                          | ✓                        | ✓                          | ✓   |
| Short-term treatment of erosive esophagitis / GERD                      | ✓   | ✓                             | ✓   | ✓                          | ✓                        | ✓                          | ✓   |
| Maintenance healing of erosive  | ✓   | ✓                             | ✓   | ✓                          | ✓                        | ✓                          | ✓   |

|  |   |  |   |   |   |   |                 |
|--|---|--|---|---|---|---|-----------------|
| esophagitis  |   |  |   |   |   |   |                 |
| Pathological hypersecretory conditions                         | ✓ |  | ✓ | ✓ | ✓ | ✓ |                 |
| Short-term treatment of NSAID-associated gastric ulcer         |   |  |   | ✓ |   |   |                 |
| Risk reduction of NSAID-associated gastric ulcer               |   |  | ✓ | ✓ |   |   |                 |
| Risk reduction of upper GI bleeding in critically ill patients |   |  |   |   |   |   | ✓<br>Suspension |

\*The PPI is used in conjunction with antibiotics.

### **COVERAGE CRITERIA (MMT 918-J and 169-J)**

- Proton Pump Inhibitors will be covered with prior authorization when the following criteria are met:
  - The drug is being prescribed for endoscopically verified peptic ulcer disease, frequent and severe symptoms of chronic gastroesophageal reflux disease (GERD), or atypical symptoms or complications of GERD
  - OR**
  - The patient is at high risk for GI adverse events. GI adverse events include, but are not limited to, the following: chronic 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.
  - OR**
  - The drug is being prescribed for Barrett's esophagus as confirmed by biopsy or a hypersecretory syndrome, such as Zollinger-Ellison, confirmed with a diagnostic test

### **REFERENCES**

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