



**Proton Pump Inhibitor (PPI)
Effective November 26, 2018**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.

Third-Line: Third-line medications will pay if the member has filled second-line medications as described below or a third-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE	THIRD-LINE
omeprazole Rx capsules pantoprazole tablets	lansoprazole 15mg & 30mg capsules Nexium 24HR OTC 20mg capsules omeprazole/sodium bicarbonate OTC capsules 20 mg rabeprazole tablets (compare to Aciphex)	Aciphex sprinkles capsules (rabeprazole) Dexilant (dexlansoprazole) capsules Nexium packets for suspension Prevacid ODT Prilosec packets for suspension Protonix packets for suspension

Note: Prilosec & omeprazole OTC tabs, Zegerid (omeprazole/sodium bicarbonate) (Rx) caps and packets, & esomeprazole strontium caps, & Nexium (Rx) caps are a 'Plan Exclusion'.



If a member does not meet the initial step therapy requirements, then approval of a second-line or third-line medication will be granted if the member meets the following criteria:

Lansoprazole capsules

1. Patient is currently pregnant, or breastfeeding **AND**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of pantoprazole

OR

1. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of both of the following medications:
 - a. Omeprazole
 - b. Pantoprazole

Nexium 24HR OTC 20mg capsules, omeprazole/sodium bicarbonate OTC capsules (Compare to Zegerid OTC), rabeprazole tablets

1. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of both of the following medications:
 - a. Omeprazole
 - b. Pantoprazole

Dexilant (dexlansoprazole)

1. Patient is currently pregnant, or breastfeeding **AND**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of both of the following medications:
 - a. Pantoprazole
 - b. Lansoprazole

OR

1. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of ALL the following medications:
 - a. Omeprazole
 - b. Pantoprazole
 - c. Lansoprazole
 - d. Nexium 24 HR OTC

Prevacid ODT and Protonix Suspension packets

1. Patient has an inability to swallow tablets/capsules **AND**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of both of the following medications:
 - a. Omeprazole
 - b. Lansoprazole

OR

1. Patient is currently pregnant, or breastfeeding **AND**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of both of the following medications:
 - a. Pantoprazole
 - b. Lansoprazole

OR



1. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of ALL the following medications:
 - a. Omeprazole
 - b. Pantoprazole
 - c. Lansoprazole
 - d. Nexium 24 HR OTC

Prilosec Suspension packets, Nexium packets for suspension, and Aciphex sprinkles capsules (rabeprazole)

1. Patient has an inability to swallow tablets/capsules **AND**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of both of the following medications:
 - a. Omeprazole
 - b. Lansoprazole

OR

1. Patient has had a documented inadequate response, side effect, allergy, or contraindication to a trial of ALL the following medications:
 - a. Omeprazole
 - b. Pantoprazole
 - c. Lansoprazole
 - d. Nexium 24 HR OTC

Please note: omeprazole caps and lansoprazole caps can be opened and mixed with applesauce

Limitations

1. Approvals will be granted for 36 months

References

1. Prilosec OTC (omeprazole) [prescribing information]. Cincinnati, OH: P & G Health; received April 2018
2. Prilosec (omeprazole) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; August 2018
3. Protonix Oral (pantoprazole) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; June 2018.
4. Zegerid (omeprazole and sodium bicarbonate) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North American LLC; June 2018.
5. Prevacid and Prevacid SoluTab (lansoprazole) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals; June 2018
6. AcipHex (rabeprazole) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc; January 2018.
7. Dexilant (dexlansoprazole) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America Inc; June 2018.

Review History

09/29/03 – Updated
12/19/05 – Updated
11/27/06 – Updated
3/28/07 – Bi-weekly drug file update;
11/27/07 – Updated
01/02/08 – pantoprazole



02/14/08 – drug file omeprazole tabs
04/28/08 – omep OTC tabs
06/19/08 – Nexium gran
08/04/08 – delete OTC omep tabs
08/26/08 – omep 40mg caps
01/05/09 – omep caps QL
04/27/09 – Updated
11/02/09 – Kapidex
11/23/09 – lansoprazole/Prevacid OTC
03/16/10 – per plan call with MM - cover Prevacid OTC
04/26/10 – Updated
05/12/10 – omep Rx <16 age
10/04/10 – plan direction: omep 40mg & lansop Rx
11/08/10 – Lansoprazole ODT
04/25/11 – remove Protonix tabs)
08/01/11 – Added ages in table
11/18/11 – Cover Prevacid ODT x 6mo
03/19/12 – lansoprazole OTC 15mg;
04/23/12 – Reviewed
11/26/12 – open omeprazole Rx coverage
04/15/13 – generic launch Zegerid OTC 20 mg
07/01/13 – Remove Prilosec OTC benefit; pregnancy approvals to 2 yrs
11/25/13 – Reviewed
04/16/14 – Aciphex Sprinkles & Aciphex tabs generic
06/23/14 – lansoprazole 30mg Rx & Nexium OTC
08/04/14 – Nexium OTC coverage prior to Rx Nexium exclusion
10/01/14 – Nexium Rx & lansoprazole (Rx) 30mg caps exclusion; Nexium OTC required trial
10/22/14 – Remove Prevacid OTC brand from 2nd-line
11/24/14 – lansoprazole Rx to 2nd-line
11/23/15 – Reviewed
11/20/17 – Updated
11/26/18 – Updated

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