

MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
4/15/2012	07/15/2015	05/15/2014
Author		
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Non-Preferred Proton Pump Inhibitors (PPIs)

B. BACKGROUND

CareSource will employ, at its discretion, drug utilization management programs (i.e., prior authorization) to ensure appropriate and safe use of medications.

The PPI category has three unique generic products available; utilization of the available generic products should be exhausted prior to moving to a brand name PPI unless the prescriber can demonstrate medical necessity.

C. POLICY

CareSource will review prior authorization requests for the use of medications and consider the use to be medically necessary when the following criteria have been met for situations as listed below.

To obtain coverage for a non-preferred tablet or capsule PPI (Nexium, Dexilant, or Rabeprazole (Aciphex), including Vimovo, the following criteria must be met when clinically appropriate:

1. Member has tried omeprazole 40mg per day for 4 weeks; and
2. Member has tried pantoprazole 40mg per day for 4 weeks; and
3. Member has tried lansoprazole 30mg per day for 4 weeks

To obtain coverage for a non-preferred unique method of delivery PPI (Prevacid Solutab, Nexium Granule packets, Aciphex SprinkleCaps, Zegerid Powder pacs) the following criteria must be met when clinically appropriate:

1. Member has tried appropriate lower cost formulary trials as listed below
AND
2. The provider submits a clinical reason why the requested non-formulary PPI is needed when the formulary options have failed

Trials per Group	Age under 18	Age 18 and older	Pregnancy	On Clopidogrel (Plavix)
Medication				
Nexium Capsule Rabeprazole (Aciphex) Tablet Dexilant Capsule Quantity Limit = 30/30	30 day trial of EACH formulary drug at maximum dosing [omeprazole (based on child's weight) and THEN lansoprazole (30mg daily)]	a 30 day trial each of omeprazole, pantoprazole, and then lansoprazole at maximum dosing	a one month trial of maximum dosing of each preferred agent pantoprazole and THEN lansoprazole	a one month trial of maximum dosing of each preferred agent pantoprazole and lansoprazole
Prevacid Solutab	LANSOPRAZOLE CAPSULES (which can be opened and sprinkled on 1 tablespoon of applesauce or emptied into 60mls of apple, orange, or tomato juice) or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION	LANSOPRAZOLE CAPSULES (which can be opened and sprinkled on 1 tablespoon of applesauce or emptied into 60mls of apple, orange, or tomato juice) or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION	LANSOPRAZOLE CAPSULES (which can be opened and sprinkled on 1 tablespoon of applesauce or emptied into 60mls of apple, orange, or tomato juice) or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION	LANSOPRAZOLE CAPSULES (which can be opened and sprinkled on 1 tablespoon of applesauce or emptied into 60mls of apple, orange, or tomato juice) or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION
Aciphex Sprinkle Caps	RABEPRAZOLE (ACIPHEX EC) 20MG TABLET			
Zegerid Powder Packets	omeprazole capsules or First-omeprazole 2mg/ml suspension and lansoprazole capsule or First - lansoprazole 3mg/ml suspension	omeprazole capsules or First-omeprazole 2mg/ml suspension and lansoprazole capsule or First - lansoprazole 3mg/ml suspension	omeprazole capsules or First-omeprazole 2mg/ml suspension and lansoprazole capsule or First - lansoprazole 3mg/ml suspension	omeprazole capsules or First-omeprazole 2mg/ml suspension and lansoprazole capsule or First - lansoprazole 3mg/ml suspension
Omeprazole-bicarb (Zegerid) 40/1100mg	omeprazole-sodium bicarb 20/1100mg and omeprazole 20mg separately taken together	omeprazole-sodium bicarb 20/1100mg and omeprazole 20mg separately taken together	omeprazole-sodium bicarb 20/1100mg and omeprazole 20mg separately taken together	omeprazole-sodium bicarb 20/1100mg and omeprazole 20mg separately taken together
PROTONIX PAK 40MG SUSPENSION PACKET Quantity Limit = 60/30	a one month trial of maximum dosing of each preferred agent (omeprazole 40MG capsules or FIRST-OMEPRAZOLE 2MG/ML SUSPENSION and lansoprazole 30MG capsules or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION)	a one month trial of maximum dosing of each preferred agent (omeprazole 40MG capsules or FIRST-OMEPRAZOLE 2MG/ML SUSPENSION and lansoprazole 30MG capsules or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION)	a one month trial of maximum dosing of each preferred agent (omeprazole 40MG capsules or FIRST-OMEPRAZOLE 2MG/ML SUSPENSION and lansoprazole 30MG capsules or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION)	a one month trial of maximum dosing of each preferred agent (omeprazole 40MG capsules or FIRST-OMEPRAZOLE 2MG/ML SUSPENSION and lansoprazole 30MG capsules or FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION)
Vimovo	30 day trial of EACH formulary drug at maximum dosing [omeprazole (based on child's weight) and THEN lansoprazole (30mg daily) WITH naproxen separately	a 30 day trial each of omeprazole, pantoprazole, and then lansoprazole at maximum dosing WITH naproxen separately	a one month trial of maximum dosing of each preferred agent pantoprazole and THEN lansoprazole WITH naproxen separately	a one month trial of maximum dosing of each preferred agent pantoprazole and lansoprazole WITH naproxen separately

If member is not able to complete a 4 week trial due to adverse reaction or cannot take one of the required medications due to an allergy, the requesting prescriber will need to provide supporting documentation. Other exceptions will be reviewed on a case-by-case basis.

Conditions of Coverage

Quantity Limitations	Omeprazole 60 per 26 days Pantoprazole 60 per 26 days Lansoprazole 60 per 26 days Omeprazole-Sodium Bicarb OTC 20mg-1100mg 60 per 26 days FIRST-LANSOPRAZOLE 3MG/ML SUSPENSION 1 bottle per month FIRST-OMEPRAZOLE 2MG/ML SUSPENSION 1 bottle per month Rabeprazole (Aciphex) 30 per 26 days Dexilant 30 per 26 days Nexium 30 per 26 days OMEPRAZOLE-BICARB (Zegerid RX) 40-1,100MG 30 per 36 days ZEGERID POWDER PACKETS 30 per 26 days Vimovo 30 per 26 days Prevacid Solutab 60 per 26 days
Authorization Period	Approved authorizations are designated an appropriate authorization period in the UFF. Continued treatment may be considered when the member has shown biological response to treatment. ALL authorizations are subject to continued eligibility
Data Required on Request	Diagnosis Treatment Failures

D. REVIEW / REVISION HISTORY

5/15/2012 – New Policy approved by PT&T

E. REFERENCES

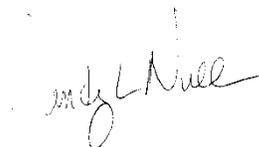
The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.



Chief Medical Officer

5/20/2014

Date



Pharmacy Operations Director

5/20/2014

Date