



**AETNA BETTER HEALTH®**  
Coverage Policy/Guideline

Name: Proton Pump Inhibitors Post Limit Page: 1 of 3

Effective Date: 8/30/2024 Last Review Date: 7/2024

Applies to:  Illinois  Florida  Florida Kids  
 New Jersey  Maryland  Michigan  
 Pennsylvania Kids  Virginia  Kentucky PRMD

**Intent:**

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Proton Pump Inhibitors Post Limit under the patient's prescription drug benefit.

Indication	AcipHex (rabeprazole)	AcipHex Sprinkles (rabeprazole)	Dexilant (dexlansoprazole)	Konvomep (omeprazole/ sodium bicarbonate)	Nexium (esomeprazole)	Prevacid (lansoprazole)	Prilosec (omeprazole)	Protonix (pantoprazole)	Zegerid (omeprazole/ sodium bicarbonate)
Short-term treatment active duodenal ulcer	✓					✓	✓		✓
H. pylori eradication reduce risk ulcer relapse	✓				✓	✓	✓		
Maintenance healing duodenal ulcers						✓			
Short-term treatment gastric ulcer				✓		✓	✓		✓
Short-term treatment symptoms GERD	✓	✓	✓		✓	✓	✓	✓	✓
Short-term treatment erosive esophagitis / GERD	✓		✓		✓	✓	✓	✓	✓
Maintenance healing erosive esophagitis	✓		✓		✓	✓	✓	✓	✓
Pathological hypersecretory conditions	✓				✓	✓	✓	✓	
Short-term treatment NSAID-gastric ulcer						✓			
Risk reduction of NSAID-gastric ulcer					✓	✓			
Risk reduction upper GI bleed critically ill				✓					✓ Suspension



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Proton Pump Inhibitors Post Limit Page: 2 of 3

Effective Date: 8/30/2024 Last Review Date: 7/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### Description:

### Applicable Drug List:

Rabeprazole  
Dexlansoprazole  
Esomeprazole  
Lansoprazole  
Omeprazole  
Pantoprazole  
Omeprazole-Sodium Bicarbonate

### Policy/Guideline:

**The requested drug will be covered with prior authorization when the following criteria are met:**

- The requested drug is being prescribed for any of the following: A) Barrett's esophagus as confirmed by biopsy, B) Hypersecretory syndrome, such as Zollinger-Ellison, confirmed with a diagnostic test

OR

- The requested drug is being prescribed for any of the following: A) Endoscopically verified peptic ulcer disease, B) Frequent and severe symptoms of chronic gastroesophageal reflux disease (GERD), C) Atypical symptoms or complications of GERD

OR

- The patient is at high risk for gastrointestinal (GI) adverse events  
[Note: Risk factors for serious GI adverse events include, but are not limited to, the following: chronic nonsteroidal anti-inflammatory drug (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.]

### Approval Duration and Quantity Restrictions:

#### Approval:

12 months

#### Quantity Level Limit:

Reference Formulary for drug specific quantity level limits



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Proton Pump Inhibitors Post Limit Page: 3 of 3

Effective Date: 8/30/2024 Last Review Date: 7/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

**References:**

1. Aciphex [package insert]. Wixom, MI: Waylis Therapeutics LLC; July 2023.
2. Aciphex Sprinkles [package insert]. Rockville, MD: Atyu Therapeutics, LLC/Cerecor, Inc.; December 2020.
3. Dexilant [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; July 2023.
4. Konvomep [package insert]. Woburn, MA: Azurity Pharmaceuticals, Inc.; August 2023.
5. Nexium [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2023.
6. Omeprazole Capsules [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; April 2023.
7. Prevacid, Prevacid SoluTab [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; August 2023.
8. Prilosec Granules [package insert]. Zug, Switzerland: Covis Pharma; March 2022.
9. Protonix [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals LLC; June 2023.
10. Zegerid [package insert]. Bridgewater, NJ: Salix Pharmaceuticals; July 2023.
11. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed March 06, 2024.
12. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/06/2024).
13. Shaheen N, Falk G, Iyer P, et al. Diagnosis and Management of Barrett’s Esophagus: An Updated ACG Guideline. *Am J Gastroenterol*. 2022; 117:559-587.
14. Katz P, Dunbar K, Schnoll-Sussman F, et al. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. *Am J Gastroenterol*. 2022; 117:27-56.
15. Falconi M, Eriksson B, Kaltsas G, et al. Consensus guidelines update for the management of functional p-NETs (F-p-NETs) and non-functional p-NETs (NF-p-NETs). *Neuroendocrinology*. 2016; 103(2): 153–171.
16. Kavitt R, Lipowska A, Anyane-Yeboah A, et al. Diagnosis and Treatment of Peptic Ulcer Disease. *The American Journal of Medicine* (2019) 132:447–456
17. Lanza FL, Chan F, Quigley E, et al. Guidelines for Prevention of NSAID-Related Ulcer Complications. *Am J Gastroenterol* 2009; 104: 728-738.