

Policy Name:	PPI (Proton Pump Inhibitor) Coverage	Policy#:	1770P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Proton Pump Inhibitors (PPIs).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Proton Pump Inhibitors (PPIs) under the benefit if the following criteria are met.

Criteria

1. Criteria for Coverage

- 1.1 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
- 1.2 If approved, brand name agents (Dexilant) will be covered at the non-preferred brand tier
- 1.3 No coverage for OTC formulations (such as Prilosec OTC and Prevacid 24HR)
- 1.4 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

2. Quantity Limit

2.1 Eesomeprazole has a quantity limit of #60/30 days

3. Approval Period

3.1 12 months

CPT Codes	

HCPCS Codes	

References

1. Wolfe, M. Michael. Overview and comparison of the proton pump inhibitors for the treatment of acid- related disorders. UpToDate. Published online with literature review current through: Feb 2024. Topic last updated January 25, 2024.
2. Yadlapati R, Gyawali CP, Pandolfino JE; CGIT GERD Consensus Conference Participants. AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. Clin Gastroenterol Hepatol. 2022 May;20(5):984-994.e1

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.