Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

NON-PREFERRED PPI PRODUCTS

GPI CODING:

492700761006**	Aciphex
492700251030**	Nexium Granules
492700251065**	Nexium Capsules
492700400072**	Lansoprazole solutabs/ODT
492700701030**	Protonix Pak
499960026030**	Zegerid powder
49996002600**	Omeprazole sodium bicarbonate Caps

DESCRIPTION:

Brand name proton pump inhibitors have a variety of FDA approved indications, however they are typically used for the treatment of GERD, erosive esophagitis, and hypersecretory conditions such as Zollinger-Ellison Syndrome. The purpose of this document is to provide approval criteria and guidelines for medical exceptions for brand name proton pump inhibitors prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR NON-PREFERRED PPIS

For patients older than 18 years of age:

I. Patient has demonstrated a trial of or documented serious adverse event to a 30 day supply of generic omeprazole 40mg/day **AND**

II. Patient has demonstrated a trial of or documented serious adverse event to a 30 day supply of Dexilant 60mg per day **AND**

III. Patient has demonstrated a trial of or documented serious adverse event to a 30 day supply of lansoprozole 30mg/day **AND**

IV. Patient has demonstrated a trial of or documented serious adverse event to a 30 day supply of pantoprazole 40mg/day

AND ONE OF THE FOLLOWING

V. If Prevacid Solutab or lansoprazole ODT is being requested, the patient must have difficulty swallowing (no pantoprazole trial required)

VI. If AcipHex, Nexium or Protonix 40 mg Delayed-Release Granules for Suspension is being requested, the patient must have demonstrated a trial of or documented serious adverse event to a 30 day supply each of a total daily dose of pantoprazole 40 mg per day AND lansoprazole 30 mg per day

VII. If Zegerid Powder for Suspension or sodium-bicarbonate 40/1100 mg capsules is being requested, the patient must have demonstrated a trial of or documented serious adverse event to a 30 day supply each of a total daily dose of pantoprazole 40 mg per day, lansoprazole 30 mg per day AND Zegerid OTC

For patients less than 18 years of age:

I. Patient has demonstrated a trial of or documented serious adverse event to a 30 day supply of omeprazole 40mg/day **AND**

II. Patient has demonstrated a trial of or documented serious adverse event to a 30 day supply of lansoprazole 30 mg/day

AND ONE OF THE FOLLOWING

III. If Prevacid Solutab or lansoprazole ODT is being requested, the patient must have difficulty swallowing (exception: for ages 5 and under, lansoprazole ODT will be covered automatically)

IV. If AcipHex, Nexium or Protonix 40 mg Delayed-Release Granules for Suspension is being requested, the patient must have demonstrated a trial of or documented serious adverse event to a 30 day supply each of a total daily dose of pantoprazole 40 mg

V. If Zegerid Powder for Suspension or omeprazole-sodium bicarbonate 40/1100 mg capsules is being requested, the patient must have demonstrated an inadequate treatment response to or documented serious adverse event to a 30 day supply each of a total daily dose of pantoprazole 40 mg AND Zegerid OTC