



Louisiana

Proton Pump Inhibitors (PPIs)

Policy # 00356

Original Effective Date: 07/17/2013

Current Effective Date: 10/11/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients With "Step Therapy" (generic before brand) ONLY:

Based on review of available data, the Company may consider brand name proton pump inhibitors (PPIs), (including, but not limited to Aciphex[®] [rabeprazole], Dexilant[®] [dexlansoprazole], Prevacid[®] [lansoprazole], Prilosec[®] [omeprazole], Zegerid[®] [omeprazole/sodium bicarbonate], and Protonix[®] [pantoprazole])[‡] to be **eligible for coverage**** when the below patient selection criteria are met:

Patient Selection Criteria

Coverage eligibility will be considered for brand name PPIs when the below criteria for the selected drug is met:

- Requested drug is ANY brand name PPI: There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient; OR
- Requested drug is ANY brand name PPI: Patient has tried and failed (e.g., intolerance or inadequate response) one of the following:
 - Prescription generic PPI (e.g., rabeprazole, pantoprazole, lansoprazole, omeprazole, omeprazole/sodium bicarbonate); OR
 - Over the counter Prilosec (omeprazole) at a dose of at least 20 mg per day for at least 14 days under the supervision of a physician; OR
 - Over the counter Prevacid (lansoprazole) at a dose of at least 15 mg per day for at least 14 days under the supervision of a physician; OR

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- o Over the counter Zegerid (omeprazole/sodium bicarbonate) at a dose of at least 20 mg of omeprazole per day for at least 14 days under the supervision of a physician; OR
- o Over the counter Nexium (esomeprazole) at a dose of at least 20 mg per day for at least 14 days under the supervision of a physician; OR
- Requested drug is Prilosec delayed-release oral suspension: Patient meets one of the following criteria:
 - o Patient is less than 2 years of age; OR
 - o Patient has difficulty swallowing tablets/capsules or cannot swallow tablets/capsules; OR
 - o Patient has a feeding tube (e.g. nasogastric tube, gastric tube).

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name PPIs when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary.****

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients With "Prior Authorization" ONLY:

Based on review of available data, the Company may consider Prilosec delayed release oral suspension to be **eligible for coverage**** when the below patient selection criterion is met:

Patient Selection Criteria

Coverage eligibility will be considered for Prilosec delayed release oral suspension when the below criterion is met:

- Patient has tried and failed (e.g., intolerance or inadequate response) generic esomeprazole delayed release oral suspension (granules) OR Nexium^{®†} delayed release oral suspension

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(granules) where no generic equivalent for Nexium delayed release oral suspension (granules) exists.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Prilosec delayed release oral suspension when the patient selection criterion is not met to be **not medically necessary**.**

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member's contract/certificate, and
- Medical necessity criteria and guidelines are met.

For Patients With BOTH "Prior Authorization" AND "Step Therapy":

Based on review of available data, the Company may consider brand name proton pump inhibitors (PPIs), (including, but not limited to Aciphex [rabeprazole], Dexilant [dexlansoprazole], Prevacid [lansoprazole], Prilosec [omeprazole], Zegerid [omeprazole/sodium bicarbonate], and Protonix [pantoprazole]) to be **eligible for coverage**** when the below patient selection criteria are met:

Patient Selection Criteria

Coverage eligibility will be considered for brand name proton pump inhibitors (PPIs) when the below criteria for the selected drug is met:

- Requested drug is ANY brand name PPI EXCEPT Prilosec delayed-release oral suspension: There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient; OR
- Requested drug is ANY brand name PPI EXCEPT Prilosec delayed-release oral suspension: Patient has tried and failed (e.g., intolerance or inadequate response) one of the following:
 - o Prescription generic PPI (e.g., rabeprazole, pantoprazole, lansoprazole, omeprazole, omeprazole/sodium bicarbonate); OR
 - o Over the counter Prilosec (omeprazole) at a dose of at least 20 mg per day for at least 14 days under the supervision of a physician; OR

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- o Over the counter Prevacid (lansoprazole) at a dose of at least 15 mg per day for at least 14 days under the supervision of a physician; OR
- o Over the counter Zegerid (omeprazole/sodium bicarbonate) at a dose of at least 20 mg of omeprazole per day for at least 14 days under the supervision of a physician; OR
- o Over the counter Nexium (esomeprazole) at a dose of at least 20 mg per day for at least 14 days under the supervision of a physician; OR
- Requested drug is Prilosec delayed-release oral suspension:
 - o Patient has tried and failed (e.g., intolerance or inadequate response) generic esomeprazole delayed release oral suspension (granules) OR Nexium delayed release oral suspension (granules) where no generic equivalent for Nexium delayed release oral suspension (granules) exists.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name PPIs when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary.****

Background/Overview

Proton pump inhibitors are commonly used anti-secretory agents that are highly effective at suppressing gastric acid and subsequently treating associated conditions, including gastroesophageal reflux disease. Of note, Prilosec suspension and Nexium granules for suspension are both indicated down to 1 month of age.

Rationale/Source

The patient selection criteria presented in this policy takes into consideration clinical evidence or patient history that suggests the available generic PPIs will be ineffective or cause an adverse reaction to the patient. This policy also takes into consideration whether or not a patient is able to swallow or whether or not they have a feeding tube as well as the age of the patient. Based on a review of the data, in the absence of the above mentioned caveats, there is no advantage of using a brand name PPI over the available generic PPIs. Generic drugs are considered to have equal bioavailability and efficacy in comparison to brand name drugs. There is also no advantage of using

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Prilosec suspension over generic esomeprazole granules for suspension (or Nexium granules for suspension when the generic equivalent to Nexium granules is not available).

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Policy History

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06/27/2013 Medical Policy Committee review

07/17/2013 Medical Policy Implementation Committee approval. New policy.

07/10/2014 Medical Policy Committee review

07/16/2014 Medical Policy Implementation Committee approval. Added rabeprazole as a new generic option. Also added option for use of new OTC Nexium under the supervision of a physician.

06/04/2015 Medical Policy Committee review

06/17/2015 Medical Policy Implementation Committee approval. Defined that generic PPI and generic naproxen need to be tried for 6 months.

06/02/2016 Medical Policy Committee review

06/20/2016 Medical Policy Implementation Committee approval. No change to coverage.

09/07/2017 Medical Policy Committee review

09/20/2017 Medical Policy Implementation Committee approval. Split into Step, PA, PA/Step: Added PA to Prilosec Suspension to use Nexium Granules. Changed title to PPIs only.

09/06/2018 Medical Policy Committee review

09/19/2018 Medical Policy Implementation Committee approval. No change to coverage.

09/05/2019 Medical Policy Committee review

09/11/2019 Medical Policy Implementation Committee approval. No change to coverage.

09/03/2020 Medical Policy Committee review

09/09/2020 Medical Policy Implementation Committee approval. Removed the criteria for Prevacid Solutab from step and step/PA now that it is available in generic form. Updated the Prilosec suspension criteria to use the generic esomeprazole granules first OR Nexium granules if the generic equivalent to Nexium granules does not exist.

09/02/2021 Medical Policy Committee review

09/08/2021 Medical Policy Implementation Committee approval. No change to coverage.

Next Scheduled Review Date: 09/2022

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****Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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