

**Proton Pump Inhibitors (PPI)**  
**Effective 03/01/2024**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

### Initial Step-Therapy Requirements:

**First-Line:** Medication(s) listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled two first-line medication or a second-line medication within the past 180 days.

**Third-Line:** Third-line medications will pay if the member has filled two second-line medications or a third-line medication within the past 180 days.

### Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has a documented inadequate response or side effect to the first-line medication. Approval of a third-line medication will be granted if the member has a documented inadequate response or side effect to two first-line medication and two second-line medications.

FIRST-LINE	SECOND-LINE	THIRD-LINE
omeprazole Rx capsules pantoprazole tablets	lansoprazole 15mg & 30mg capsules Nexium 24HR OTC 20mg capsules omeprazole/sodium bicarbonate OTC capsules 20 mg omeprazole/sodium bicarbonate oral powder for suspension rabeprazole tablets (compare to Aciphex)	Aciphex sprinkles capsules (rabeprazole) Dexlansoprazole capsules Nexium packets for suspension Prevacid ODT Prilosec packets for suspension Protonix packets for suspension

Note: Prilosec & omeprazole OTC tabs, Zegerid (omeprazole/sodium bicarbonate) (Rx) caps and packets, & esomeprazole strontium caps, & Nexium (Rx) caps are a 'Plan Exclusion'.

## Limitations

The following quantity limits apply:

Omeprazole 10mg	30 capsules per 30 days
Omeprazole 20mg	120 capsules per 30 days
Omeprazole 40mg	60 capsules per 30 days
Pantoprazole 20mg & 40mg	60 tablets per 30 days
Lansoprazole 15mg & 30mg	120 capsules per 30 days
Nexium	120 capsules per 30 days
Omeprazole/sodium bicarbonate	30 capsules per 30 days
Rabeprazole	30 capsules per 30 days
Aciphex sprinkles	30 capsules per 30 days
Dexlansoprazole	30 capsules per 30 days
Nexium packet	30 packets per 30 days
Prevacid ODT	30 tablets per 30 days
Prilosec packets	60 packets per 30 days
Protonix packets	30 packets per 30 days

## References

1. Prilosec OTC (omeprazole) [prescribing information]. Cincinnati, OH: P & G Health; received April 2018
2. Prilosec (omeprazole) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; August 2018
3. Protonix Oral (pantoprazole) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; June 2018.
4. Zegerid (omeprazole and sodium bicarbonate) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North American LLC; June 2018.
5. Prevacid and Prevacid SoluTab (lansoprazole) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals; June 2018
6. AcipHex (rabeprazole) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc; January 2018.
7. Dexilant (dexlansoprazole) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America Inc; June 2018.

## Review History

02/01/2002: Implemented  
09/29/2003: Updated  
12/19/2005: Updated  
11/27/2006: Updated  
03/27/2007: Updated; bi-weekly drug file update  
11/27/2007: Updated  
01/02/2008: Updated (pantoprazole drug file)  
02/14/2008: Updated (drug file omeprazole tabs)  
04/28/2008: Updated (omeprazole OTC tabs)  
06/18/2008: Updated drug file (Nexium gran)  
08/04/2008: Updated (delete OTC omeprazole tabs)  
08/26/2008: Updated (omeprazole 40mg capsule drug file)  
01/05/2009: Updated (omeprazole capsule QL)  
04/27/2009: Updated



11/02/2009: Updated (Kapidex)  
11/23/2009: Updated (Lansoprazole/Prevacid OTC)  
03/16/2010: Updated (per plan call with MM – cover Prevacid OTC)  
04/26/2010: Updated  
05/12/2010: Updated (omeprazole Rx < 16 age)  
10/04/2010: Updated (plan direction: omeprazole 40mg and lansoprazole Rx)  
11/08/2010: Updated (lansoprazole ODT 10/25/2010 file)  
04/25/2011: Updated (removed Protonix tabs)  
08/01/2011: Updated (ages in table)  
11/18/2011: Updated (11/14/11 BART cover Prevacid ODT x 5 months)  
03/19/2012: Updated (lansoprazole OTC 15mg; drug file 02/13/2012 Rx Auth)  
04/23/2012: Reviewed P&T Mtg  
11/26/2012: Updated (opened omeprazole Rx coverage for 01/07/2013)  
04/15/2013: Updated (generic launch Zegerid OTC 20mg, 3/25/2013 file)  
06/24/2013: Updated (lansoprazole 30mg Rx & Nexium OTC)  
07/01/2013: Updated (remove Prilosec OTC benefit; pregnancy approvals to 2 years)  
11/25/2013: Reviewed P&T Mtg  
04/16/2014: Updated (Aciphex Sprinkles & Aciphex tablets generic; 12/02/2013 file)  
08/04/2014: Updated (Nexium OTC coverage prior to Rx Nexium exclusion)  
10/01/2014: Updated: (Nexium & lansoprazole (Rx) 30mg capsules exclusion; Nexium OTC required trial)  
10/22/2014: Updated (Remove Prevacid OTC brand from 2<sup>nd</sup> line)  
11/24/2014: Updated (lansoprazole Rx to 2<sup>nd</sup> line) P&T Mtg  
11/23/2015: Reviewed P&T Mtg  
11/20/2017: Updated  
11/26/2018: Updated  
03/18/2020: Updated P&T Mtg to ST program; included QL on criteria (effective 6/1/20).  
07/12/2023: Reviewed and updated for July P&T; added omeprazole/sodium bicarbonate oral powder for suspension to program as a second line agent. Effective 9/1/23.  
2/14/2024: Reviewed and Updated for Feb P&T. Dexlansoprazole generic replaced Dexilant as third line agent. Brand Dexilant moved to NF.

