

Proton Pump Inhibitors (PPIs)
Effective 07/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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 at least two first-line medication or a second-line medication within the past 180 days.

FIRST-LINE	SECOND-LINE
omeprazole capsules (Rx only) pantoprazole tablets lansoprazole 15mg & 30mg capsules (Rx only) esomeprazole capsules & tablets (Rx and OTC) rabeprazole tablets	esomeprazole packets for suspension*

* Esomeprazole packets for suspension will be covered for members <12 years of age without an authorization

If the member does not meet initial step therapy requirements then requests will be reviewed against prior authorization criteria below.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with requested drug, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted when the following criteria are met:

- Second-line medication:** Member has an inadequate response or side effect to two first-line medications

Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

Drug Name and Strength	Quantity Limit
Omeprazole 10mg capsules	30 capsules per 30 days
Omeprazole 20mg capsules	120 capsules per 30 days
Omeprazole 40mg capsules	60 capsules per 30 days
Pantoprazole 20mg & 40mg tablets	60 tablets per 30 days
Lansoprazole 15mg & 30mg capsules	120 capsules per 30 days
Esomeprazole capsules	120 capsules per 30 days
Rabeprazole tablets	30 capsules per 30 days
Esomeprazole packets	30 packets per 30 days

References

1. AcipHex (rabeprazole) [prescribing information]. Wixom, MI: Waylis Therapeutics, LLC; July 2023.
2. Dexilant (dexlansoprazole) [prescribing information]. Cambridge, MA: Takeda Pharmaceuticals America Inc; February 2025.
3. Prevacid and Prevacid SoluTab (lansoprazole) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals; August 2023.
4. Prilosec OTC (omeprazole) [prescribing information]. Cincinnati, OH: P & G Health; October 2024.
5. Prilosec oral suspension (omeprazole) [prescribing information]. Zug, Switzerland: Covis Pharma; March 2024.
6. Protonix Oral (pantoprazole) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; June 2023.
7. Zegerid (omeprazole and sodium bicarbonate) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals; July 2023.

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 2nd line)
11/24/2014: Updated (lansoprazole Rx to 2nd 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.
02/14/2024: Reviewed and Updated for Feb P&T. Dexlansoprazole generic replaced Dexilant as 2nd line agent. Brand Dexilant moved to NF. Effective 6/1/24
04/09/2025: Reviewed and updated. Updated step therapy table to clarify dosage forms and Rx vs OTC status. Esomeprazole 2.5mg and & 5mg replaced Nexium 2.5mg and & 5mg due to generic release. Clarified that lansoprazole ODT and Konvomep require step therapy for all members. Effective 06/01/2025.
04/15/2026 - Updating policy to remove the following agents, as they are moving to nonformulary status: omeprazole/sodium bicarbonate packets for suspension, rabeprazole sprinkle capsules, dexlansoprazole capsules, Prilosec packets for suspension, pantoprazole packets for suspension, lansoprazole ODT, Konvomep. Effective 07/01/2026.

