




Binder:	<u>OSF HealthPlans HCM Department</u>	
Policy		
No./Title:	<u>HCM.MED.143 Proton Pump Inhibitor Meds Aciphex (Rabeprazole), Prevacid (lansoprazole), Nexium (Esomeprazole), Protonix (Pantoprazole)</u>	
Author:	<u>Edward A. Hirsch, M.D.</u>	Original
Revision/Review		Date: <u>8/01</u>
Date(s):	<u>3/02; 10/02; 6/03; 10/03; 12/03; 4/04; 2/05; 2/06; 2/07; 6/07; 10/07</u>	
Approval:		Title: Vice President and Chief Medical Officer

POLICY: Proton pump inhibitor medications (Nexium, Aciphex, Protonix, Prevacid) are provisionally covered. Documentation in the medical record is essential.

PURPOSE: To promote consistency within the HCM Department in approving this managed drug.

PROCEDURE:
 FDA Indications: Used for the treatment of Erosive Esophagitis, Barrett’s Esophagus, Gastric Ulcers, Gastro-Esophageal Reflux Disease, (GERD, Esophageal Varicies, Duodenal Ulcers, Peptic Ulcer Disease, and Pathological Hypersecretory Conditions. Most conditions require treatment duration of 4 – 12 weeks. Patients with an unconfirmed medical diagnosis require further evaluation if exceeding FDA recommended lengths of treatment.

Documentation must be present in the member’s medical record.

- OSF HealthPlans require’s a 30-day trial of prescription H2 antagonist prior to initiating proton pump inhibitor therapy (PPI). Requests received for PPI therapy after trials of over the counter (OTC) H2 antagonist therapy do not meet step therapy requirements. OSF HealthPlans supports that a higher end dosing of the H2 antagonist prescribed is more beneficial and less costly (generic copay) for the member than OTC’s. Patients who fail a 30-day prescription therapy of H2 antagonist in the previous 120 days will automatically qualify for a PPI. Step therapy requirement is then met and PPI medication will automatically fill without authorization through the pharmacy system.

H2 RECEPTOR ANTAGONISTS (H3RA)

- | | |
|-----------------------------------|----------------------|
| Nizatidine –Axid | Cimetidine – Tagamet |
| Famotidine – Pepcid or Pepcid RPD | Ranitidine - Zantac |

- The patient has a diagnosis consistent with FDA indications.

Treatment will be approved for a 12-week course of daily therapy. Upon request from the member’s physician a second 12-week course may be requested.

Appropriate copayments apply after step therapy requirements are met.



PROTON PUMP INHIBITOR MEDS

Please call the HCM Department (800) 284-2273 if you have any questions regarding this form.

Date:		Patient Name:	
DOB:			
ID No.:		Doctor:	

Person Completing Report:		Contact Phone No.:	
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FDA Indications: Used for the treatment of Erosive Esophagitis, Barrett’s Esophagus, Gastric Ulcers, Gastro-Esophageal Reflux Disease, (GERD, Esophageal Varicies, Duodenal Ulcers, Peptic Ulcer Disease, and Pathological Hypersecretory Conditions. Most conditions require treatment duration of 4 – 12 weeks. Patients with an unconfirmed medical diagnosis require further evaluation if exceeding FDA recommended lengths of treatment.

Documentation must be present in the member’s medical record.

- The patient has had one or more of the following agents filled under prescription benefit with at least a cumulative 30 day supply within the previous 120 days (over the counter medications do not apply and pharmacy history will be reviewed for verification):

H2 RECEPTOR ANTAGONISTS (H3RA)

Circle Medication:

Nizatidine –Axid
 Famotidine – Pepcid or Pepcid RPD

Cimetidine – Tagamet
 Ranitidine - Zantac

- What medication is requested? _____
- What is the diagnosis? _____
- GI consult has been obtained? _____ yes or no.
- Patient has had an EGD? _____ yes or no.
 EGD within the last 36 months? _____ yes or no.

Treatment will be approved for a 12-week course of daily therapy. Upon request from the member’s physician a second 12-week course may be requested.

Appropriate copayments apply after step therapy requirements are met.

Completion of this form does not assure payment of requested services. OSF HealthPlans HealthCare Management Department will contact your office after receipt of this form. Please fax the form to (309) 677-8288.