

Proton Pump Inhibitor (PPI) criteria



Included Products: Prevacid (lansoprazole), First-lansoprazole (lansoprazole suspension), Aciphex (rabeprazole)

Created: 01/13/2022

Revised: 09/14/2023

Reviewed: 01/12/2023

Updated: 10/01/2023

All Diagnoses			
Initial Criteria		If yes	If no
1.	Is the member's age less than 21?	Continue to #5.	Continue to #2.
2.	Is the diagnosis GERD without Barrett's esophagus?	Continue to #3.	Continue to #4.
3.	Does the request meet at least ONE of the following?: a. Continuation of PPI therapy beyond 8 weeks (including other PPIs) OR b. The request for more than 8 weeks or unspecified duration?	Do not approve. Chronic GERD therapy not covered per Guideline Note #144.	Continue to #5.
4.	Does the member have a documented and medically appropriate diagnosis which is currently funded by the Oregon Health Plan (OHP) Prioritized List?	Continue to #5.	Do not approve.
5.	What is the request for? a. Lansoprazole capsules or rabeprazole tablets continue to #7 b. First-Lansoprazole continue to #6		
6.	Does the member meet one of the following? a. Age 12 or younger, or b. Unable to swallow pills, or c. The member requires drug administration through a G-tube or NG-tube.	Continue to #8.	Do not approve.

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7.	Has the member tried and failed prescription esomeprazole, omeprazole AND pantoprazole?	Continue to #8.	Do not approve.
8.	Approve with the following durations: a. Kids: approve until age 21. b. Adults with a covered diagnosis (not GERD): max 12 months. c. Adults with GERD: 8 weeks.		