Washington State Health Care Authority

# Proton Pump Inhibitors (PPI)

## Medical policy no. 49.27.00-3 Effective January 1, 2026

***Note:*** *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

*To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx*

## Background:

Stomach acid is natural and a valuable contributor to digestion by breaking down food and releasing its micronutrients. In excess, it can cause many problems such as inflammation and irritation to the esophagus or the development of other serious stomach conditions. There are several types of medications that can reduce the amount of acid in the stomach, including histamine 2-receptor antagonist (H2RA) and proton pump inhibitors (PPI). PPIs work by irreversibly blocking the proton pumps that release acid into the stomach. They are generally well tolerated but adverse outcomes have been associated with long-term use of PPIs.

## Medical necessity

| Drug | Medical Necessity |
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| dexlansoprazole (DEXILANT)<br>esomeprazole magnesium (NEXIUM)<br>esomeprazole strontium<br>lansoprazole (PREVACID)<br>omeprazole (PRILOSEC)<br>omeprazole-sodium bicarbonate (ZEGERID)<br>pantoprazole (PROTONIX)<br>rabeprazole (ACIPHEX) | **Proton Pump Inhibitors** may be considered medically necessary in patients who meet the criteria described in the clinical policy below.<br><br>If all criteria are not met, the clinical reviewer may determine there is a medically necessary need and approve on a case-by-case basis. The clinical reviewer may choose to use the reauthorization criteria when a patient has been previously established on therapy and is new to Apple Health. |

## Clinical policy:

| Clinical Criteria | |
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| **SHORT-TERM USE** | Proton pump inhibitors (PPIs) for 1 tablet or capsule per day do not require prior authorization for short-term relief from gastric acid production. PPIs are limited to a maximum 2-month supply during any 12-month period. A third month can be approved upon request for tapering and discontinuation purposes.<br><br>For short-term PPI use, with two (2) tablets or capsules per day, to be considered medically necessary, the following criteria must be met: |

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| | • Diagnosis of Heliobacter pylori (H. pylori) gastrointestinal tract infection. Documentation must include:<br>  ○ A positive H. pylori test, AND<br>  ○ Documentation of H. pylori treatment regimen is provided<br>**Approval will be for up to 14 days.** |
| **LONG-TERM USE WITH CERTAIN CONCURRENT THERAPIES** | Long-term use of PPIs will require prior authorization to determine medical necessity for patients currently receiving concurrent pharmacotherapies. For each prior authorization request, a transaction history documenting claims may be required. One additional month can be approved upon request for tapering purposes following discontinuation of the other pharmacotherapies.<br><br>For long-term PPI use to be considered medically necessary, the following criteria must be met:<br><br>• A chronic NSAID (including aspirin greater than or equal to (≥) 325 mg per day) was filled within the last 30 days.<br><br>• Chronic low-dose aspirin was filled within the last 30 days and an EGD report from within the last 10 years showing a history of a GI bleed.<br><br>• A chronic high-dose systemic steroid was filled within the last 30 days.<br><br>• An antiplatelet or anticoagulant was filled within the last 30 days.<br><br>• A bisphosphonate was filled within the last 30 days AND<br>  ○ Risedronate has been tried/failed (risedronate GI safety similar to placebo); AND<br>  ○ Symptoms persist despite swallowing the bisphosphonate with a full glass of water and remaining upright after swallowing the bisphosphonate; AND<br>  ○ There are pre-existing esophageal disorders.<br><br>• A pancreatic enzyme was filled within the last 30 days.<br><br>• Concurrent cancer therapy, if PPI prescribed by or in consultation with an oncologist. |
| **LONG-TERM USE WITH CERTAIN MEDICAL CONDITIONS** | Long-term use of PPIs will require prior authorization to determine medical necessity for the treatment for the treatment of specific GI conditions. |

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| | For long-term PPI use to be considered medically necessary, for the following criteria must be met:<br><br>• Diagnosis of pathological gastric acid hypersecretion, such as Zollinger-Ellison syndrome. Documentation must include consultation note from gastroenterologist documenting diagnosis of pathological gastric acid hypersecretion.<br><br>• Diagnosis of Barrett's esophagus. Documentation must include:<br>  ○ Most current EGD report from within last 5 years with clinical diagnosis;<br><br>• Diagnosis of esophageal stenosis/stricture or Schatzki ring. Documentation must include EGD report with clinical diagnosis.<br><br>• Diagnosis of eosinophilic esophagitis. Documentation must include:<br>  ○ Initial Criteria: EGD report with esophageal biopsy showing clinical diagnosis within last 12 months<br>  **Initial approval will be for up to 4 months**<br>  ○ Reauthorization Criteria: PPIs for eosinophilic esophagitis may be reauthorized when ALL of the following are met:<br>  a. Patient shows an improvement in symptoms<br>  b. Reduction in inflammation and positive histological response shown by a reduction in eosinophilis (< 15 eosinophils/hpf) on follow-up endoscopy with biopsies<br>  **Reauthorization approval will be for up to 12 months**<br><br>• Diagnosis of recent erosive/ulcerative esophagitis. Documentation must include:<br>  ○ All EGD reports from within the last 16 months with LA classification; AND<br>  ○ All Heliobacter pylori (H. pylori) biopsy or breath/stool tests (negative test, or positive test then subsequent negative test after triple/quadruple therapy).<br>  **Approval will be for up to 16 months (up to 4 months for acute healing and up to 1 year for maintenance).**<br><br>• Diagnosis of recent gastric ulcer. Documentation must include:<br>  ○ EGD report with clinical diagnosis of less than 60 days, AND<br>  ○ All H. pylori biopsy or breath/stool tests (negative test, or positive then subsequent negative test after triple/quadruple therapy).<br>  **Approval will be for up to 2 months**<br><br>• Diagnosis of recent duodenal ulcer. Documentation must include: |

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| | ○ EGD report with clinical diagnosis of less than 1 year, AND<br>○ All H. pylori biopsy or breath/stool tests (negative test, or positive then subsequent negative test after triple/quadruple therapy).<br>**Approval will be for up to 1 year.**<br><br>• Diagnosis of ulcer prophylaxis post-bariatric surgery.<br>Documentation must include:<br>○ Date of bariatric surgery (includes Roux-en-Y gastric bypass and sleeve gastrectomy).<br>**Approval will be for up to 1 year from surgery date.**<br><br>• For all other diagnosis, documentation must include progress notes. |
| **EXCLUDED CONDITIONS FOR LONG TERM USE:** | Use of PPIs will not be approved for long term use for the following conditions:<br><br>• GERD<br>• Respiratory disorder or laryngospasm without evidence of aspiration |
| **PRIOR AUTHORIZATION APPROVAL DURATION AND LIMITS** | • Patients meeting the medically necessary criteria above will be approved for proton pump inhibitor therapy for up to 1 year (unless mentioned otherwise), if PPIs remain the most appropriate intervention to treat their conditions.<br><br>• Patients must begin PPI treatment with a preferred product. Non-preferred products will not be approved unless the patient has failed two (2) preferred products or the prescription is signed "Dispense as Written" by an endorsing prescriber.<br><br>• Authorization is limited to one (1) tablet or capsule per day (Exception: For the treatment of H pylori gastrointestinal tract infections, authorization is limited to two (2) tablets or capsules per day). For larger quantities, the provider will need to submit additional documentation to demonstrate medical necessity for prescribing above the limit.<br><br>• Patients not meeting criteria will may receive a maximum 2-month supply per 12-month period from the date of the first claim. An additional month for tapering and discontinuation purposes may be approved.<br><br>• A slow taper is recommended to prevent an increase in rebound acid secretion. In general, the longer the PPI history or the higher |

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| | the dose, the longer the taper should take. See Tables 1 and 2 for sample taper schedules. |

**Table 1. Sample PPI taper schedule for QD dosing**

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Current | PPI | PPI | PPI | PPI | PPI | PPI | PPI |
| Week 1 | H2B | PPI | PPI | PPI | PPI | PPI | PPI |
| Week 2 | H2B | PPI | PPI | PPI | PPI | PPI | H2B |
| Week 3 | PPI | PPI | PPI | PPI | H2B | PPI | PPI |
| Week 4 | PPI | H2B | PPI | PPI | H2B | PPI | H2B |
| Week 5 | H2B | H2B | H2B | H2B | H2B | H2B | H2B |

H2B = H2 blocker, e.g. ranitidine

**Table 2. Sample PPI taper schedule for BID dosing**

| | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Current | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI |
| Week 1 | PPI | H2B | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI |
| Week 2 | PPI | H2B | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | H2B |
| Week 3 | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | PPI | H2B | PPI | PPI | PPI | PPI |
| Week 4 | PPI | PPI | PPI | H2B | PPI | PPI | PPI | PPI | PPI | H2B | PPI | PPI | PPI | H2B |
| Week 5 | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B |
| Week 6 | H2B | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B |
| Week 7 | H2B | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | H2B | H2B |
| Week 8 | PPI | H2B | PPI | H2B | PPI | H2B | PPI | H2B | H2B | H2B | PPI | H2B | PPI | H2B |
| Week 9 | PPI | H2B | H2B | H2B | PPI | H2B | PPI | H2B | H2B | H2B | PPI | H2B | H2B | H2B |
| Week 10 | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B | H2B |

H2B = H2 blocker, e.g. ranitidine

## References


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## History

| Approved Date | Effective Date | Version | Action and Summary of Changes |
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| 11/20/2025 | 01/01/2026 | 49.27.00-3 | - Added coverage criteria for H. pylori infection<br>- Added coverage criteria for ulcer prophylaxis post-bariatric surgery |

| Date | Action and Summary of Changes |
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| **02/02/2024** | Removed "Corresponding pathology report showing histological confirmation of intestinal metaplasia in esophageal biopsies" from the long-term use with certain medical conditions section for diagnosis of Barrett's esophagus. |
| **11/2/2023** | Updated section titled: Excluded conditions for long term use |
| **09/20/2023** | Version 2 Updates:<br>1. Updated Medical Necessity language at the top of the policy<br>2. Removed "without workup" from GERD excluded conditions section<br>Updated Excluded Conditions to be "Excluded Conditions for Long Term Use" |
| **10/12/2022** | Version 2 Updates:<br>Updated note at top of policy, added case-by-case language into medical necessity list, and add Zegerid to policy. |
| **08/31/2020** | Added eosinophilic esophagitis indication and criteria |
| **06/20/2018** | No Change |
| **02/22/2017** | New Policy |