IMPORTANT REMINDER

This Medical Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medical policy is to provide a guide to coverage. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Description

Rabeprazole (generic AcipHex®) is an orally administered proton pump inhibitor (PPI) that decreases acid production in the stomach.

Note: This policy applies to generic rabeprazole only. Please see DRU 420 for policy criteria for brand name AcipHex.
Policy/Criteria

I. Most contracts require prior authorization approval of generic rabeprazole prior to coverage. Generic rabeprazole may be considered medically necessary when treatment with each of the following has been ineffective, contraindicated, or not tolerated:
   A. Omeprazole.
   AND
   B. Pantoprazole.
   AND
   C. Dexlansoprazole (Dexilant®).

   Ineffective treatment is defined as gastric-peptic symptoms (such as heartburn) not resolved after ten consecutive days of treatment.

II. Administration and Authorization Period
   A. OmedaRx considers oral rabeprazole to be a self-administered medication.
   B. Authorization may be reviewed at least annually to confirm that current medical necessity criteria are met and that the medication is effective.

Position Statement

- All PPIs are considered therapeutically interchangeable in the treatment of gastroesophageal reflux disease (GERD), erosive esophagitis (EE), gastric duodenal ulcers, and eradication of *H. pylori*. [3-4, 7-28, 40, 46, 47]

- Comparative evidence among the PPI class is not useful. Common short-comings of these trials include: study design (power) that shows similarity of PPIs rather than superiority, PPI doses that are not equivalent, and use of gastric pH as an endpoint rather than a clinical endpoints (e.g. esophageal healing rates).

- Because there are no proven differences in efficacy or safety between proton pump inhibitors, the least costly PPI (such as omeprazole) is often the best value.

- Of the branded PPIs, dexlansoprazole (Dexilant) provides the best value and may be an option for patients when a generic lower-cost PPI is not effective, contraindicated, or not tolerated.

- Lansoprazole, esomeprazole (Nexium®), and rabeprazole may give a more rapid onset of acid suppression correlating to earlier symptom relief. However, it is not known if the more rapid onset makes a clinically significant impact in reducing the number of physician offices visits or preventing dosage increases or drug switches. [29-33]
The clinical guidelines provide recommendations for the use of PPIs in dyspepsia/GERD with the intent of promoting appropriate dosing and length of therapy. Guidelines do not distinguish between PPI products, but recommends that "the least expensive appropriate PPI should be used". [29,48-50]

There is no conclusive evidence of differences in safety between PPIs. Potential drug interaction profiles are varied, due to different metabolic pathways. However, the clinical significance of the drug interactions, in most cases, is unknown.

**Clinical Efficacy**

- Scientific literature does not consistently demonstrate the superiority of one PPI over another:
  * Various PPIs given once daily produced similar healing rates in patients with gastric and duodenal ulcers and ulcerative or erosive GERD. [3-4, 7-28, 34,46,47]
  * Comparative trials demonstrate only modest gains in EE healing rates with esomeprazole (93-96%) compared to lansoprazole (89%), pantoprazole (92%) [42] and omeprazole (84-87%). [1-2, 35]
  * Other head-to-head trials have demonstrated similar efficacy for esomeprazole when compared to omeprazole [3-4], lansoprazole [34], and pantoprazole. [36-37, 43]
  * In patients with moderate to severe EE, observed healing rates were similar with esomeprazole and lansoprazole at the 8 week endpoint. [41]

**Safety**

- Adverse effects among the PPIs are similar, with no advantage of one over the other. [13-18,46,47]
- Potent inhibitors of CYP 2C19 (e.g. omeprazole, esomeprazole, cimetidine) should be avoided in combination with clopidogrel (Plavix) because they can reduce the effectiveness of clopidogrel. There is not sufficient information at this time to make specific recommendations regarding coadministration of clopidogrel and other PPIs. [45]

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<tbody>
<tr>
<td>Dexilant®, dexlansoprazole dru174</td>
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<td>esomeprazole-containing medications (Nexium®, esomeprazole strontium) dru039</td>
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References


44. Dexilant (dexlansoprazole) delayed-release capsules Product Information. Takeda Pharmaceuticals America, Inc.: Deerfield, IL; December 2014.


