

## PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**ZEGERID**  
(omeprazole/sodium bicarbonate)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

### POLICY

#### FDA-APPROVED INDICATIONS

##### Duodenal Ulcer

Zegerid (omeprazole/sodium bicarbonate) is indicated for short-term treatment of active duodenal ulcer. Most patients heal within four weeks. Some patients may require an additional four weeks of therapy.

##### Gastric Ulcer

Zegerid is indicated for short-term treatment (4-8 weeks) of active benign gastric ulcer.

##### Treatment of Gastroesophageal Reflux Disease (GERD)

##### Symptomatic GERD

Zegerid is indicated for the treatment of heartburn and other symptoms associated with GERD for up to 4 weeks.

##### Erosive Esophagitis

Zegerid is indicated for the short-term treatment (4-8 weeks) of erosive esophagitis which has been diagnosed by endoscopy. The efficacy of Zegerid used for longer than 8 weeks in these patients has not been established. If a patient does not respond to 8 weeks of treatment, it may be helpful to give up to an additional 4 weeks of treatment. If there is recurrence of erosive esophagitis or GERD symptoms (e.g., heartburn), additional 4-8 week courses of Zegerid may be considered.

##### Maintenance of Healing of Erosive Esophagitis

Zegerid is indicated to maintain healing of erosive esophagitis. Controlled studies do not extend beyond 12 months.

##### Reduction of Risk of Upper Gastrointestinal Bleeding in Critically Ill Patients (40 mg oral suspension only)

Zegerid Powder for Oral Suspension 40 mg/1680 mg is indicated for the reduction of risk of upper GI bleeding in critically ill patients.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has experienced an inadequate treatment response, intolerance or contraindication to THREE generic proton pump inhibitors

**AND**

- The requested drug is being prescribed for treatment of gastroesophageal reflux disease (GERD) OR duodenal ulcer OR gastric ulcer
- The requested drug is being prescribed for the maintenance of healing of erosive esophagitis

Zegerid Policy 1518-A 09-2017

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). © Registered trademark of the Blue Cross and Blue Shield Association

## **REFERENCES**

1. Zegerid [package insert]. Bridgewater, NJ: Salix Pharmaceuticals; October 2016.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed September 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed September 2017.
4. Katz P, Gerson L, et al. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease. *Am J Gastroenterol*. 2013; Vol 108:308-328. Accessed September 2017.
5. Kalyanakrishnan R, Salinas R. Peptic Ulcer Disease. *American Family Physician*. October 2007 Vol. 76; No 7: 1005-1012.