

## Proton Pump Inhibitors (PPIs)

### Goals:

- Promote PDL options
- Restrict PPI use to patients with OHP-funded conditions
- Allow case-by-case review for members covered under the EPSDT program.

### Requires PA:

- Preferred PPIs beyond 68 days' duration
- Non-preferred PPIs

### Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)
- Individual components for treatment of *H. pylori* that are preferred products

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the request for a preferred PPI?	<b>Yes:</b> Go to #6	<b>No:</b> Go to #3
3. Is the treating diagnosis an OHP-funded condition (see <b>Table</b> )?	<b>Yes:</b> Go to #5	<b>No:</b> Current age $\geq$ 21 years: Pass to RPh; deny, not funded by OHP.  Current age < 21 years: Go to #4
4. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	<b>Yes:</b> Go to #5	<b>No:</b> Pass to RPh. Deny; medical necessity.
5. Will the prescriber consider changing to a preferred PPI product?  Message: Preferred products are reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics (P&T) Committee.	<b>Yes:</b> Inform prescriber of covered alternatives.	<b>No:</b> Go to #6
6. Has the patient already received 68 days of PPI therapy in past year for either of the following diagnoses: <ul style="list-style-type: none"> <li>• Esophagitis or gastro-esophageal reflux disease with or without esophagitis (K20.0-K21.9); or</li> <li>• Current <i>H. pylori</i> infection?</li> </ul>	<b>Yes:</b> Go to #9	<b>No:</b> Go to #7

<p>7. Does the patient have recurrent, symptomatic erosive esophagitis that has resulted in previous emergency department visits or hospitalization?</p>	<p><b>Yes:</b> Approve for 1 year</p>	<p><b>No:</b> Go to #8</p>
<p>8. Does the patient have a history of gastrointestinal ulcer or bleed and have one or more of the following risk factors?</p> <ul style="list-style-type: none"> <li>a. Age 65 years or older</li> <li>b. Requires at least 3 months of continuous daily: <ul style="list-style-type: none"> <li>i. Anticoagulant;</li> <li>ii. Aspirin (all doses) or non-selective NSAID; or</li> <li>iii. Oral corticosteroid</li> </ul> </li> </ul>	<p><b>Yes:</b> Approve for 1 year</p>	<p><b>No:</b> Go to #9</p>
<p>9. Are the indication, daily dose and duration of therapy consistent with criteria outlined in the <b>Table</b>?</p> <p>Message: OHP-funded conditions are listed in the <b>Table</b>.</p>	<p><b>Yes:</b> Approve for recommended duration.</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness</p> <p>Message: Patient may only receive 8 weeks of continuous PPI therapy. RPh may approve a quantity limit of 30 doses (not to exceed the GERD dose in the <b>Table</b>) over 90 days if time is needed to taper off PPI. Note: No specific PPI taper regimen has proven to be superior. H2RAs may be helpful during the taper. Preferred H2RAs are available without PA.</p>

**Table.** Dosing and Duration of PPI Therapy for OHP Funded Conditions.

Funded OHP Conditions*	Maximum Duration	Maximum Daily Dose
GERD: Esophageal reflux (K219) Esophagitis (K208-K210)	8 weeks*  *Treatment beyond 8 weeks is not funded by OHP.	Dexlansoprazole 30 mg Dexlansoprazole Solu Tab 30 mg Esomeprazole 20 mg Lansoprazole 15 mg Omeprazole 20 mg Pantoprazole 40 mg Rabeprazole 20 mg
<i>H. pylori</i> Infection (B9681)	2 weeks	Dexlansoprazole 60 mg Dexlansoprazole 30 mg† Esomeprazole 40 mg Lansoprazole 60 mg Omeprazole 40 mg Pantoprazole 80 mg Rabeprazole 40 mg
Duodenal Ulcer (K260-K269)	4 weeks	
Gastric Ulcer (K250-K259)	8 weeks	
Peptic ulcer site unspecified (K270-K279)	12 weeks	
Achalasia and cardiospasm (K220) Barrett's esophagus (K22.70; K22.71x) Dyskinesia of esophagus (K224) Esophageal hemorrhage (K228) Eosinophilic Esophagitis (K200) Gastritis and duodenitis (K2900-K2901; K5281) Gastroesophageal laceration-hemorrhage syndrome (K226) Gastrojejunal ulcer (K280-K289) Malignant mast cell tumors (C962) Multiple endocrine neoplasia [MEN] type I (E3121) Neoplasm of uncertain behavior of other and unspecified endocrine glands (D440; D442; D449) Perforation of Esophagus (K223) Stricture & Stenosis of Esophagus (K222) Zollinger-Ellison (E164)	1 year	

\*A current list of funded conditions is available at: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

† Dexlansoprazole SoluTab 30 mg (given as 2 SoluTabs at once) are not recommended for healing of erosive esophagitis.

P&T / DUR Review: 10/22 (DM); 10/20 (KS), 5/17(KS); 1/16; 5/15; 3/15; 1/13; 2/12; 9/10; 3/10; 12/09; 5/09; 5/02; 2/02; 9/01, 9/98  
Implementation: 1/1/23; 11/1/20; 6/8/16; 2/16; 10/15; 7/15; 4/15; 5/13; 5/12; 1/11; 4/10; 1/10; 9/06, 7/06, 10/04, 3/04