

## Proton Pump Inhibitors (PPIs)

### Goals:

- Promote PDL options
- Restrict PPI use to maximum doses and durations recommended by guidelines.

### 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. 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 #4
4. 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 #7	<b>No:</b> Go to #5
5. Does the patient have recurrent, symptomatic erosive esophagitis that has resulted in previous emergency department visits or hospitalization?	<b>Yes:</b> Approve for 1 year	<b>No:</b> Go to #6
6. Does the patient have a history of gastrointestinal ulcer or bleed and have one or more of the following risk factors? <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>	<b>Yes:</b> Approve for 1 year	<b>No:</b> Go to #7

<p>7. Are the indication, daily dose and duration of therapy consistent with criteria outlined in <b>Table 1</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>
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**Table 1. Dosing and Duration of PPI Therapy**

Conditions	Maximum Duration Recommended by Clinical Guidelines	Maximum Daily Dose
GERD: Esophageal reflux (K219) Esophagitis (K208-K210)	8 weeks	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	

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

P&T / DUR Review: 10/24 (DM); 10/22; 10/20 (KS), 5/17; 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: 12/1/2024; 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