

Proton Pump Inhibitors (PPIs)

Goals:

- Promote PDL options
- Restrict PPI use to patients with OHP-funded conditions

Requires PA:

- Preferred PPIs beyond 60 days' duration
- Non-preferred PPIs

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org
- Individual components for treatment of *H. pylori* that are preferred products

Approval Criteria		
1. What diagnosis is being treated?	Record ICD9 code.	
2. Is the request for a preferred PPI?	Yes: Go to 5	No: Go to 3
3. Is the treating diagnosis an OHP-funded condition (see Table)?	Yes: Go to 4	No: Pass to RPh; deny, not funded by OHP.
4. Will the prescriber consider changing to a preferred PPI product? Message: Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics (P&T) Committee.	Yes: Inform prescriber of covered alternatives.	No: Go to 5
5. Has the patient already received 68 days of PPI therapy for either of the following diagnoses: <ul style="list-style-type: none"> • GERD [esophageal reflux (53081), esophagitis (53010 – 53019)] or • <i>H. pylori</i> infection (04186)? 	Yes: Go to 6	No: Go to 7
6. Does the patient have recurrent, symptomatic erosive esophagitis that has resulted in previous emergency department visits or hospitalizations?	Yes: Approve for 1 year	No: Pass to RPh; not funded by OHP. RPh may approve a quantity limit of 30 doses (not to exceed the GERD dose in the Table) 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>7. 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"> • Age 65 years or older • Requires at least 3 months of continuous daily: <ul style="list-style-type: none"> i. Anticoagulant, ii. Aspirin or non-selective NSAID, or iii. Oral corticosteroid 	<p>Yes: Approve for 1 year</p>	<p>No: Go to 8</p>
<p>8. Are the indication, daily dose and duration of therapy consistent with criteria outlined in the Table?</p> <p>Message: OHP-funded conditions are listed in the Table.</p>	<p>Yes: Approve for recommended duration.</p>	<p>No: Pass to RPh. Deny; medical appropriateness or not funded by OHP</p> <p>Message: Patient may only receive 8 weeks of continuous PPI therapy.</p>

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

Funded OHP Conditions*	Maximum Duration	Maximum Daily Dose
<p><u>GERD:</u> Esophageal reflux (53081) Esophagitis (5301x)</p>	<p>8 weeks*</p> <p>*Treatment beyond 8 weeks is not funded by OHP.</p>	<p>Dexlansoprazole 30 mg Esomeprazole 20 mg Lansoprazole 15 mg Omeprazole 20 mg Pantoprazole 40 mg Rabeprazole 20 mg</p>
<p><i>H. pylori</i> Infection (04186)</p>	<p>2 weeks</p>	<p>Dexlansoprazole 60 mg Esomeprazole 40 mg Lansoprazole 60 mg Omeprazole 40 mg Pantoprazole 80 mg Rabeprazole 40 mg</p>
<p>Achalasia and cardiospasm (5300x) Stricture & Stenosis of Esophagus (5303x) Perforation of Esophagus (5304x) Dyskinesia of esophagus (5305x) Gastroesophageal laceration-hemorrhage syndrome (5307x) Esophageal hemorrhage (53082) Gastric Ulcer (5310x – 53191) Duodenal Ulcer (5320x – 53291) Peptic ulcer site unspecified (5330x – 53391) Gastrojejunal ulcer (5340x – 53491) Gastritis and duodenitis (5350x – 53571) Zollinger-Ellison (2515x) Neoplasm of uncertain behavior of other and unspecified endocrine glands (2374x) Malignant mast cell tumors (2026x) Multiple endocrine neoplasia [MEN] type I (25801)</p>	<p>1 year</p>	

*A current list of funded conditions is available at: <http://www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx>