

## New duration of use and dose limits for Proton Pump Inhibitors (PPIs)

Beginning June 1, 2017, Washington Apple Health (Medicaid), administered by the Health Care Authority (Agency) will limit PPIs to one tablet/capsule per day for 2 months during any 12-month period. The Agency may authorize more than 2 months per year and/or more than one tablet/capsule per day for patients taking certain medications or who have one of the chronic medical conditions listed below:

### Chronic medical conditions include:

- Pathological gastric acid hypersecretion, such as Zollinger-Ellison syndrome
- Barrett's esophagus
- Esophageal stenosis/stricture or Schatzki ring
- Recent erosive/ulcerative esophagitis or duodenal/gastric ulcer

### Concurrent medications include:

- Chronic NSAID use (including aspirin greater than or equal to 325 mg per day)
- Chronic low-dose aspirin with history of a GI bleed
- Chronic high-dose systemic steroid
- Antiplatelet or anticoagulant
- Bisphosphonate where there are pre-existing esophageal disorders
- Pancreatic enzyme
- Cancer Therapies

### Why are we adopting these interventions?

PPIs are commonly prescribed to treat gastroesophageal reflux disease (GERD) or heartburn and symptoms are generally well controlled after 60 days of PPI therapy, even when cases are more severe. PPIs are known to cause rebound acid reflux when patients try to abruptly discontinue using the PPI. This rebound reflux is often mistaken for continued need of the PPI and has led to overutilization. Overutilization is defined as using a PPI for longer than the FDA-recommended time period of 4 to 8 weeks. To avoid rebound acid reflux the PPI should be gradually discontinued and supplemented with a histamine-2 receptor blocker (H2RA) e.g. ranitidine 400 mg per day, over the course of a month. Thereafter, continuous or as-needed treatment with an H2RA should be sufficient for controlling symptoms caused by GERD.

Prescribers should:

- Re-evaluate therapy for patients diagnosed with GERD.
- Gradually reduce the dose of the PPI over 30 days and discontinue, using an H2RA (e.g. ranitidine 400 mg daily) to reduce the occurrence of rebound acid reflux. See attached sample taper plan.
- Discuss with their patients the guidelines on the management and treatment of GERD.
- Consider endoscopy for patients unable to control symptoms caused by GERD after 8 weeks of PPI treatment followed by a 30-day cross-taper to an H2RA.

The American College of Gastroenterology (ACG) guidelines recommend the following for the treatment of GERD:

- Weight loss
- Head of bed elevation
- Avoidance of meals 2-3 hours before bedtime
- PPI for 8 weeks

Long-term use and/or high doses of PPIs are associated with the following risks:

- Malabsorption of calcium leading to hypocalcemia could lead to bone fractures.
- Malabsorption of magnesium leading to hypomagnesemia is potentially fatal. Magnesium levels should be monitored during PPI therapy. Symptoms include seizures, arrhythmias, hypotension, tetany.
- Increased risk of infection:
  - *Clostridium difficile* infections
  - Pneumonia due to aspiration of organisms not deactivated by gastric acid

Patients who do not have a chronic condition or are not using a concurrent medication as listed above, should consider discontinuing the use of a PPI.

For the complete Apple Health (Medicaid) PPI policy and sample taper plan, please visit <https://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria>.

## Sample Taper Plans for proton pump inhibitors (PPIs) stepdown

**Table 1. Sample PPI taper schedule for QD dosing**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current	PPI	PPI	PPI	PPI	PPI	PPI	PPI
Week 1	H2B	PPI	PPI	PPI	PPI	PPI	PPI
Week 2	H2B	PPI	PPI	PPI	PPI	PPI	H2B
Week 3	PPI	PPI	PPI	PPI	H2B	PPI	PPI
Week 4	PPI	H2B	PPI	PPI	H2B	PPI	H2B
Week 5	H2B	H2B	H2B	H2B	H2B	H2B	H2B

H2B = H2 blocker, e.g. ranitidine

**Table 2. Sample PPI taper schedule for BID dosing**

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Current	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI
Week 1	PPI	H2B	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI
Week 2	PPI	H2B	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	H2B
Week 3	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	PPI	H2B	PPI	PPI	PPI	PPI
Week 4	PPI	PPI	PPI	H2B	PPI	PPI	PPI	PPI	PPI	H2B	PPI	PPI	PPI	H2B
Week 5	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B
Week 6	H2B	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B
Week 7	H2B	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	H2B	H2B
Week 8	PPI	H2B	PPI	H2B	PPI	H2B	PPI	H2B	H2B	H2B	PPI	H2B	PPI	H2B
Week 9	PPI	H2B	H2B	H2B	PPI	H2B	PPI	H2B	H2B	H2B	PPI	H2B	H2B	H2B
Week 10	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B	H2B

H2B = H2 blocker, e.g. ranitidine