

## Washington Apple Health (Medicaid): Proton Pump Inhibitor Policy Apple Health Fee-for-Service

Effective June 1, 2017  
Updated May 11, 2017

### **SHORT-TERM USE**

Proton pump inhibitors (PPIs) are limited to 1 tablet or capsule per day for a maximum two month supply during any 12-month period for short-term relief from gastric acid production. A third month can be approved upon request for tapering and discontinuation purposes.

### **LONG-TERM USE of PPIs**

Long-term use (greater than 2 months) of PPIs will require prior authorization to determine medical necessity for the individual patient. Long-term use of PPIs will be considered medically necessary when the patient is taking certain medications or has one of the medical conditions as described below.

For long-term PPI use to be considered medically necessary, the following criteria must be met:

#### **1. LONG TERM USE WITH CONCURRENT PHARMACOTHERAPIES**

- a. A chronic NSAID (including aspirin greater than or equal to 325 mg per day) was filled within the last 30 days.
- b. Chronic low-dose aspirin was filled within the last 30 days and an EGD report from within the last 10 years showing a history of a GI bleed.
- c. A chronic high-dose systemic steroid was filled within the last 30 days.
- d. An antiplatelet or anticoagulant was filled within the last 30 days.
- e. A bisphosphonate was filled within the last 30 days,
  - i. patient has pre-existing esophageal disorders; AND
  - ii. symptoms persist despite swallowing the bisphosphonate with a full cup of water on any empty stomach, remaining upright for at least 30 minutes after swallowing the bisphosphonate, and not lying down until after food.
- f. A pancreatic enzyme was filled within the last 30 days.
- g. Concurrent cancer therapy, if PPI prescribed by or in consultation with an oncologist.

For each prior authorization request, a transaction history documenting claims may be required.

## 2. LONG-TERM USE WITH CERTAIN MEDICAL CONDITIONS

- a. Diagnosis of pathological gastric acid hypersecretion, such as Zollinger-Ellison syndrome. Documentation must include consultation notes from gastroenterologist documenting diagnosis of pathological gastric acid hypersecretion.
- b. Diagnosis of Barrett's esophagus. Documentation must include:
  - i. most current EGD report from within last 5 years with clinical diagnosis; AND
  - ii. corresponding pathology report showing histological confirmation of intestinal metaplasia in esophageal biopsies.
- c. Diagnosis of esophageal stenosis/stricture or Schatzki ring. Documentation must include EGD report with clinical diagnosis.
- d. Diagnosis of recent erosive/ulcerative esophagitis. If approved, will be for up to 16 months (up to 4 months for acute healing and up to 1 year for maintenance). Documentation must include:
  - i. all EGD reports from within last 16 months with LA classification; AND
  - ii. all *H. pylori* biopsy or breath/stool tests (negative test, or positive then subsequent negative test after triple/quadruple therapy).Approval will be for up to 16 months (up to 4 months for acute healing and up to 1 year for maintenance).
- e. Diagnosis of recent gastric ulcer. If approved, will be up to 1 year. Documentation must include:
  - i. EGD report with clinical diagnosis of less than 21 year, AND
  - ii. all *H. pylori* biopsy or breath/stool tests (negative test, or positive then subsequent negative test after triple/quadruple therapy).
- f. Diagnosis of recent duodenal ulcer. If approved, will be up to 1 year. Documentation must include:
  - i. EGD report with clinical diagnosis of less than 60 days, AND
  - ii. all *H. pylori* biopsy or breath/stool tests (negative test, or positive then subsequent negative test after triple/quadruple therapy).

For all other diagnoses, documentation must include progress notes.

If the above criteria are not met or the concurrent pharmacotherapy is discontinued, one additional month can be approved upon request for tapering purposes.

**EXCLUDED CONDITIONS:**

Use of PPIs will not be approved for the following conditions:

1. GERD without positive endoscopic findings
2. Respiratory disorder or laryngospasm without evidence of aspiration

**PRIOR AUTHORIZATION APPROVAL DURATION AND LIMITS**

- Patients meeting the medically necessary criteria above will be approved for proton pump inhibitor therapy for up to 1 year (unless mentioned otherwise), if PPIs remain the most appropriate intervention to treat their conditions.
- Patients must begin PPI treatment with a preferred product. Non-preferred products will not be approved unless the patient has failed all preferred products or the prescription is signed “Dispense as Written” by an endorsing prescriber.
- Authorization is limited to 1 tablet or capsule per day. For larger quantities, the provider will need to submit additional documentation to demonstrate medical necessity for prescribing above the limit.
- Patients not meeting criteria will may receive a maximum 2-month supply per 12-month period from the date of the first claim. An additional month for tapering and discontinuation purposes may be approved.
- A slow taper is recommended to prevent an increase in rebound acid secretion. In general, the longer the PPI history or the higher the dose, the longer the taper should take. See Tables 1 and 2 for sample taper schedules.

**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