

Proton Pump Inhibitors Coverage in Out-Patient Setting

Adjudication Guideline

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1. Abstract

1.1 For Members

Proton pump inhibitors reduce the amount of acid made by your stomach. They are commonly used to treat acid reflux and ulcers of the stomach and part of the gut called the duodenum.

There are several different proton pump inhibitors which all act in a similar way. These include Omeprazole, Lansoprazole, Pantoprazole, Esomeprazole, Rabeprazole and Dex-lansoprazole.

Most people who take a proton pump inhibitor do not develop any side-effects. Proton pump inhibitor is taken 30 minutes before food.

1.2 For Medical Professionals

Proton pump inhibitor remain the leading evidence-based therapy for acid-related diseases, including GERD, Peptic Ulcer, dyspepsia, NSAID-induced ulcer, H. pylori infection, and Zollinger Ellison syndrome.

The strong evidence supporting proton pump inhibitor efficacy, and a favorable safety profile has led to the overuse of proton pump inhibitors in many treatment arenas. Despite of 25 years of extensive literature addressing proton pump inhibitor therapy in upper GI disorders, inappropriate use remains consistently high in hospitals and primary care.

Inappropriate proton pump inhibitor use in the absence of documented evidence, is likely due to the perception among healthcare provider about proton pump inhibitor safety, which makes them forget to assess the harms and benefits of (especially long-term) therapy. Several studies have shown that proton pump inhibitor use is not properly documented and reviewed, which often results in their long-term or even indefinite continuation.

Eventually proton pump inhibitor inappropriate use has raised two main concerns; proton pump inhibitor misuse and drug expenditure, which has risen dramatically in recent years.

2. Scope

This adjudication Guideline addresses the medical indications, quantity, and eligible Speciality for Proton Pump Inhibitor (Oral Dosage forms) in out-patient setting for all Daman health insurance plans.

Proton pump inhibitor is covered for the treatment of the following Known Conditions:

- Gastroesophageal Reflux Disease (GERD)
- Extra digestive-GERD
- Non-erosive Reflux disease (NERD)
- Barret Esophagus.
- Eosinophilic esophagitis
- H-pylori eradication
- Gastric and Peptic ulcer disease
- Duodenal Ulcer Disease
- History of ulcer complications (such as bleeding or perforation)
- Zollinger Ellison syndrome
- New onset dyspepsia in patients younger than 45 years
- Functional dyspepsia
- NSAID gastropathy prevention of gastro-duodenal lesions and events) • Gastro Duodenal lesion
- Long-term use of anti-platelets therapy • Hypertension gastropathy
- Chronic pancreatitis.
- Other long-term drug therapy.

Proton pump inhibitor Dose and Administration:

- Proton Pump Inhibitor are taken 30 minutes before breaking fast or taken at bedtime.
- Proton Pump Inhibitor are available in solid dosage form for oral administration.
- Esomeprazole and lansoprazole are also available in sachet form.

Proton pump inhibitor standard and double dose table

PPI	Full dose Or Standard Dose	Low Dose (on demand dose)	Double dose
Esomeprazole	40 mg once a day	20 mg once a day	40 mg twice a day
Lansoprazole	30 mg once a day	15 mg once a day	30 mg twice a day
Omeprazole	40 mg once a day	20 mg once a day	40 mg twice a day
Pantoprazole	40 mg once a day	20 mg once a day	40 mg twice a day
Rabeprazole	20 mg once a day	10 mg once a day	20 mg twice a day
Dex-lansoprazole	60 mg once a day	30 mg once a day	NA

Note: It should be noted that a double dose is only recommended when the usual dose is ineffective. The trend of double dosing will be closely monitored across providers to guarantee pharmacological efficacy and patient safety.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Diagnosis-based PPI Dose and Duration:

Diagnosis	PPI Dose	Duration
Eosinophilic Esophagitis	Standard or Double Dose	8-12 weeks
Erosive esophagitis-GERD, Extra esophagitis-GERD	Standard or double dose	8-12 weeks
Non-erosive gastroesophageal reflux disease-NERD	Standard dose	4-8 weeks
Long-term Management of both GERD and NERD	Standard or half-dose PPI maintenance (continuous, intermittent, or on-demand, depending on the clinical characteristics of the patient)	Long term
Barrett’s Esophagus	Individually tailored PPI therapy	Long Term
Zollinger-Ellison Syndrome	High dose (eventually twice daily)	Long term
H. pylori Eradication	Double dose, twice daily, (in combination with antimicrobials)	10-14 days
Gastric / Peptic Ulcer Disease	Standard or double dose	8 -12 weeks
Duodenal Ulcer Disease	Standard dose	4-8 weeks
History of ulcer complications (such as bleeding or perforation)	Standard dose	Long term
Functional Dyspepsia	Standard or half dose	4 weeks
Un-investigated Dyspepsia	Standard or half-dose	4 weeks
NSAID-gastropathy- Prevention of Gastro-Duodenal lesions and events	Standard or half-dose PPI therapy, starting from the very first dose of NSAID in patients at GI risk	With NSAID therapy
Gastro-duodenal Lesions	Standard dose PPI therapy for 8 weeks	8 weeks
Hypertensive Gastropathy Prevention or/and treatment of Oesophageal ulcers after sclerotherapy or variceal band ligation	No need for acid suppression. Standard dose (longer treatment should be avoided considering the risk of spontaneous bacterial peritonitis)	10 days
Anti-Platelet Therapy	Standard dose PPI therapy, starting from the very first dose of the antiplatelet agent in patients at GI risk	Long-term
Chronic Pancreatitis	Standard PPI therapy only in patients with steatorrhea.	Long-term
Other long-term drug therapy	Standard or half-dose	Long-term

3.2 Requirements for Coverage

1. Proton pump inhibitor use is covered in known medical indications supported by best practice guidelines.
2. Proton pump inhibitor dose and duration of treatment is covered as per best practice guidelines.
3. Patient cannot take two PPI's in the same time period

3.3 Non-Coverage

- Proton pump inhibitor is not covered for visitor plan.
- Proton pump inhibitor is not covered for condition other than approved and validated by best practice guideline.
- Proton pump inhibitor dose and duration of treatment beyond the scope of best medical practice guidelines will not be covered.
- Dispersible tablets/ sachets should be prescribed for only patients with difficulty in swallowing due to esophageal Strictures or any other conditions, under 13 years of age.
- Conditions warrant 40mg would not be eligible for 20mg BD.
- Dexlansoprazole is not recommended by FDA label for Pathological hypersecretory conditions nor H.Pylori treatment
- Proton pump inhibitor will not be covered if concomitantly used with drug has known drug interaction and contra-indicated.
- Patients who require maintenance treatment should be given the lowest effective dose
- In line with best practice guideline, Proton pump inhibitor is not covered in acute gastritis.
- Proton pump inhibitor prescription in GERD, Barrett's Esophagus, Eosinophilic Esophagitis, Zollinger-Ellison Syndrome, Peptic ulcer, will not be consider for payment if prescribed by clinician Specialty other than in clinical table.

Eligible Clinician Specialties:

Proton pump inhibitor prescriptions for GERD, Barrett's Esophagus, Eosinophilic Esophagitis, Zollinger-Ellison Syndrome, and Peptic Ulcer are restricted to the Clinician specialties listed in below Table.

Eligible Clinician Specialty
Gastroenterologist
Internal Medicine
Emergency medicine
Otolaryngology
Family Medicine
Hepatologist
General Surgery
Oncologists
Pediatrics

3.4 Payment and Coding Rules

Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by regulator, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
CODE-010	Activity/diagnosis inconsistent with clinician specialty
CODE-013	Invalid principal diagnosis (for example E-codes)
MNEC-005	Inappropriate package size requested for the specified duration

5. Appendices

5.1 References

1. Targownik LE, Fisher DA, Saini SD. AGA Clinical Practice Update on De-Prescribing of Proton Pump Inhibitors: Expert Review. *Gastroenterology* 2022; 162:1334–1342.
2. Scarpignato C, Gatta L, Zullo A et al. *BMC Medicine* (2016) 14:179 DOI 10.1186/s12916-016-0718-z
3. [https://www.gastrojournal.org/article/S0016-5085\(21\)04083-X/fulltext](https://www.gastrojournal.org/article/S0016-5085(21)04083-X/fulltext)
4. <https://www.cfp.ca/content/cfp/63/5/354.full.pdf>
5. <https://www.uspharmacist.com/article/appropriate-use-and-stewardship-of-protonpump-inhibitors>
6. <https://www.medstarfamilychoicedc.com/-/media/project/mho/mfcdc/pdf/clinical-practiceguidelines/outpatient-use-of-proton-pump-inhibitors-2021--final.pdf>
7. <https://www.uptodate.com/contents/proton-pump-inhibitors-overview-of-use-and-adverse-effects-in-the-treatment-of-acid-related-disorders>
8. <https://www.aafp.org/pubs/afp/issues/2002/0715/p273.html>
9. <https://www.nice.org.uk/guidance/cg184/chapter/appendix-a-dosage-information-on-proton-pump-inhibitors>
10. https://deprescribing.org/wp-content/uploads/2018/08/proton-pump-inhibitor-deprescribing-algorithm_2018_En.pdf
11. <https://www.aafp.org/pubs/afp/issues/2005/0615/p2376.html>
12. <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-016-0718-z> 13. <https://webaigo.it/download/20220315095057.pdf>

5.2 Revision History

Date	Version No.	Change(s)
14/03/2023	V1.0	Creation of Adjudication Guideline-External Instruction Template.
28/04/2023	V2.0	Added: note on dose table
08/05/2023	V3.0	Update : Clinician eligibility update
25/12/2024	V4.0	PPI's Dose and treatment duration added based on each diagnosis Dose/Denial Codes / requirements updated

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