



SmartPA Criteria Proposal

Drug/Drug Class:	Proton Pump Inhibitors (PPIs) PDL Edit
First Implementation Date:	October 14, 2004
Revised Date:	January 21, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Proton pump inhibitors (PPIs) are used to treat ulcers, heartburn, gastro-esophageal reflux disease (GERD), and ulcers caused by drugs, such as aspirin or non-steroidal anti-inflammatory drugs (NSAIDs). PPIs reduce stomach acid by blocking the enzyme system responsible for pumping acid into the stomach. PPIs are also given with antibiotics to eliminate H. pylori, which often causes ulcers. PPIs are among the most commonly prescribed classes of drugs, and their use is increasing, in particular for long-term treatment, often being over-prescribed and used for inappropriate conditions. In recent years, considerable attention has been directed towards a wide range of adverse effects; several long-term side effects have been investigated. While short-term PPI therapy is effective and generally considered to be safe (most available products have OTC formulations), the current guidance suggests caution with long-term uses of PPIs. MO HealthNet wants to ensure that long-term therapy with PPIs is reserved for appropriate indications.

Total program savings for the PDL classes will be regularly reviewed.

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Lack of adequate trial on required preferred agents
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
NEXIUM 20 MG	ESOMEPRAZOLE	4 tablets per day
NEXIUM 40 MG	ESOMEPRAZOLE	4 tablets per day
PREVACID 15 MG	LANSOPRAZOLE	4 tablets per day
PREVACID 30 MG	LANSOPRAZOLE	4 tablets per day
PRILOSEC 20 MG	OMEPRAZOLE	4 tablets per day
PRILOSEC 20 MG OTC	OMEPRAZOLE	4 tablets per day
OMEPRAZOLE 20 MG DR TAB	OMEPRAZOLE	4 tablets per day
PRILOSEC 10 MG	OMEPRAZOLE	4 tablets per day
PRILOSEC 40 MG	OMEPRAZOLE	4 tablets per day
PROTONIX 40 MG	PANTOPRAZOLE	4 tablets per day
PROTONIX 20 MG	PANTOPRAZOLE	4 tablets per day
ACIPHEX 20 MG	RABEPRAZOLE	4 tablets per day

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Drug Effectiveness Review Project – Drug Class Review on “Proton Pump Inhibitors”. Center for Evidence-Based Policy, Oregon Health & Science University; March 2010; Updated Evidence Scan February 2015.
2. Evidence-Based Medicine and Fiscal Analysis: “Proton Pump Inhibitor Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; July 2020.
3. Evidence-Based Medicine Analysis: “Proton Pump Inhibitors”, UMKC-DIC; June 2020.
4. Freedberg DE, Kim, LS, Yang, YX. The Risks and Benefits of Long-term Use of Proton Pump Inhibitors: Expert Review and Best Practice Advice from the American Gastroenterological Association. *Gastroenterology*. 2017 Mar;152 (4):706-715.
5. Artesiani ML, Bazzoli F, Eusebi LE, Gelli D, Montagnani M, Rabitti S, Zagari RM. Proton Pump Inhibitors: Risks of long-term use. *J Gastroenterol Hepatol*. 2017 Jul;32(7):1295-1302.
6. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
7. USPDI, Micromedex; 2020.
8. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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