

Proton Pump Inhibitors

Beginning June 1, 2017, Washington Apple Health (Medicaid), administered by the Health Care Authority will limit proton pump inhibitors (PPIs) to one tablet/capsule per day for two months during any 12 month period.

Starting September 1, 2017, CHPW will be mirroring the HCA's guidance. Exceptions to the rule exist for patients taking certain medications or who have one of the chronic 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 NSAIDs use
- Chronic low-dose aspirin with history of GI bleed
- Chronic high-dose systemic steroid
- Antiplatelet or anticoagulant
- Bisphosphonate where there are pre-existing esophageal disorders and risedronate has been tried and failed
- Pancreatic enzymes
- Cancer therapies

Why are we adopting these interventions?

Symptoms of GERD and heartburn are generally well controlled after 60 days of PPI therapy. Rebound acid reflux associated with abrupt discontinuation has led to continued use and overutilization. **Overutilization, as defined by the HCA, is use of a PPI for longer than the FDA-recommended time period of four to eight weeks.**

What actions to take?

- Reevaluate therapy for patients diagnosed with GERD
- Gradually reduce the dose of PPI over 30 days and discontinue, using H2RA (e.g. ranitidine 400 mg daily) to reduce occurrence of rebound acid reflux

- Consider endoscopy for patients unable to control GERD symptoms

American College of Gastroenterology (ACG) guidelines

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

Risks of long-term or high dose PPIs

- Hypocalcemia (could lead to bone fractures)
- Hypomagnesemia (potentially fatal)
- Increased risk of infection
 - *Clostridium difficile*
 - Pneumonia (aspiration of organisms not deactivated by gastric acid)

For the complete Apple Health PPI policy and sample taper plan please visit the [Apple Health Drug Coverage Criteria](#) web page.

P&T Participation

To further our alignment and shared mission with our Community Health Centers, we would like to increase involvement and participation by extending invitations to include all CHCs. Each CHC may decide upon one medical provider or one clinical pharmacist to represent their CHC as part of the committee. Each representative will be provided a booklet and any other materials as part of ongoing discussion to meet our Triple Aim and provide the best outcomes for our members.

Making Connections

Remember, CHC pharmacy directors can connect with one another utilizing the distribution email address: CHNWRxDirector@chpw.org.

Stay up to date with CHPW changes and news by accessing Prior P&T Decisions on the [Provider Pharmacy Website](#) and Archived Pharmacy Newsletters on the [Provider Bulletin Board](#).

We welcome your feedback and future topic ideas. Email us at: PharmacyR@chpw.org