

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 Dexlansoprazole.

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 favourable 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 Oesophagus.
- 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

PROTON PUMP INHIBITOR	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
Dexlansoprazole	60 mg once a day	30 mg once a day	60 mg Twice a day

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

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. Proton pump inhibitor use in out-patient setting is covered for all Daman administered plan Except Visitor plan.

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 oesophageal Strictures or any other conditions, under 13 years of age.
- Conditions warrant 40mg would not be eligible for 20mg BD.

- Proton pump inhibitor will not be covered if concomitantly used with drug has known drug interaction and contra-indicated.
- In line with best practice guideline, Proton pump inhibitor is not covered in acute gastritis.
- Proton pump inhibitor prescription in GERD, Barrett’s Oesophagus, Eosinophilic Esophagitis, Zollinger-Ellison Syndrome, Peptic ulcer, will not be consider for payment if prescribed by clinician speciality other than in clicnian table.

Eligible Clinician Specialties:

Proton pump inhibitor prescriptions for GERD, Barrett's Oesophagus, 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
Paediatrics

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)

5. Appendices

5.1 References

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5.2 Revision History

Date	Change(s)
14.03.2023	Creation of Adjudication Guideline-External Instruction Template.
28-04-2023	Added: note on dose table
08-05-2023	Update : Clinician eligibility update

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