IREDELL HEALTH SYSTEM

Pharmacist-Managed Proton Pump Inhibitor Protocol	
Approved by: Laura Rollings, PharmD, BCPS, BCGP	Last Revised/Reviewed Date:
Department of Medicine Critical Care Committee Pharmacy & Therapeutics Committee	Date: 04/2024 Date: 04/2024 Date: 06/2024
Summary of Revisions: N/A	

Purpose:
To outline the process for a pharmacist-driven protocol for automatic discontinuation of proton pump inhibitors (PPIs) for non-ICU patients.

Policy:
Proton pump inhibitors (PPIs) are frequently prescribed for stress ulcer prophylaxis. However, these drugs come with common adverse effects and additional healthcare costs. In order to ensure the appropriate use of PPIs for stress ulcer prophylaxis, a systematic guideline can be followed to facilitate appropriate prescribing practices in the non-critical care setting.

Procedure:
A pharmacist will assess patient profiles to automatically cease proton pump inhibitors when prescribed for stress ulcer prophylaxis in patients who do not meet the specified criteria for such prophylaxis.

CRITERIA FOR USE – Indications:

Very High Risk (1 or more criteria met)

1. Mechanical ventilation > 48 hours
2. Coagulopathy (PLT<50, INR > 1.5, aPTT >2)

High Risk (2 or more criteria met)

1. Glasgow Coma Scale < 10
2. Head or spinal cord injury
3. High dose corticosteroids (>250 mg/day hydrocortisone or equivalent)
4. History of GI bleeding within 1 year
5. Hypotension
6. ICU admission > 1 week
7. Ileus
8. Major surgery
9. Multiple organ failure
10. Myocardial infarction
11. Renal or hepatic failure
12. Sepsis
13. Severe burns (>35% BSA)
14. Solid organ transplant
15. Trauma

EXCLUSIONS FOR DISCONTINUATION

1. ICU status
2. GI bleed
3. Erosive esophagitis / Barrett's esophagus
4. *H. pylori* treatment
5. Gastric / duodenal ulcer
6. GERD
7. Zollinger-Ellison Syndrome
8. "Do not discontinue" order from provider

For patients who are taking a PPI prior to admission, as documented on their Medication History, will be evaluated for exclusion for discontinuation based on this policy. If these patients do not meet criteria for continuation, the PPI will be automatically substituted to famotidine (Pepcid) 20 mg PO BID and adjusted based on the *Renal Dosing Program*.

All patients that do not meet criteria for use and do not have any of the exclusions listed will have their PPI therapy automatically discontinued by a pharmacist.

Providers may choose to continue therapy regardless by writing "do not discontinue" on the PPI order.

INITIAL EFFECTIVE DATE: 06/2024
DATES REVISIONS EFFECTIVE:
DATES REVIEWED (no changes):

References:

1. ASHP Therapeutic Guidelines on Stress Ulcer Prophylaxis. ASHP Commission on Therapeutics and approved by the ASHP Board of Directors on November 14, 1998. Am J Health Syst Pharm. 1999;56(4):347-379.
2. Overprescribing Proton Pump Inhibitors. BMJ. 2008 Jan 5; 336(7634): 2–3.
3. Stress Ulcer Prophylaxis Within The ICU. US Pharm. 2023;48(12):HS2-HS10.
4. Stress Ulcer Prophylaxis in the Intensive Care Unit. Proc (Bayl Univ Med Cent). 2009 Oct; 22(4): 373–376.
5. Evaluation of a Pharmacist-Driven Protocol to Reduce Inappropriate Use of Acid-Suppressive Medications In the Non-ICU Setting. PT. 2019 Aug; 44(8): 471–473.