

## **Louisiana Fee-for-Service Medicaid Proton Pump Inhibitors (PPIs)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization for non-preferred agents in this therapeutic category and to request an override of the PPI duration of therapy limit for both preferred and non-preferred agents.

### **Approval criteria for non-preferred agents (both initial and reauthorization)**

1. For a non-preferred agent, the following conditions apply:
  - a. There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc; **AND**
  - b. The recipient has had a *treatment failure* with at least one preferred product; **OR**
  - c. The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - d. The recipient has *documented contraindication(s)* to the preferred products that are appropriate for the condition being treated; **OR**
  - e. There is *no preferred product appropriate* to use for the condition and/or the age of the recipient; **AND**
2. By submitting the authorization request, the prescriber attests to the following:
  - a. The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - b. All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - c. The recipient has no inappropriate concomitant drug therapies or disease states.

**Duration of authorization approval, both initial and reauthorization: 4 months**

### **Maximum Duration of PPI Therapy**

In addition to the above criteria, maximum duration of therapy edits apply. Pharmacy claims for PPIs will process for payment for up to 120 days duration of therapy each fiscal year, which begins July 1 each year and continues through June 30 of the next year. The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request to exceed the 120-day duration of therapy limits for both preferred and non-preferred PPIs for recipients for whom the exemptions do not apply. (See page 2.) Refer to the Pharmacy Provider Manual for more information at

<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf>  
[Pages 136 and 137].

**Pharmacy claims for PPIs are exempt at Point-of-Sale from the duration of therapy limit for:**

1. Recipients under six (6) years of age; **OR**
2. Recipients receiving pancreatic enzymes; **OR**
3. Recipients with one of the following diagnosis codes:

Abscess of Esophagus	K20.8
Angiodysplasia of Stomach and Duodenum with OR without Mention of Hemorrhage	K31.81
Atrophic Gastritis with Hemorrhage	K29.41
Barrett's Esophagus	K22.7*
Chronic Pancreatitis	K86.0, K86.1
Congenital Tracheoesophageal Fistula	Q39.1, Q39.2
Cystic Fibrosis	E84.*
Eosinophilic Esophagitis	K20.0
Eosinophilic Gastritis	K52.81
Gastrointestinal Hemorrhage	K92.2
Gastrointestinal Mucositis (Ulcerative)	K92.81
Malignant Mast Cell Tumors	C96.2
Multiple Endocrine Adenomas	D44.0, D44.2, D44.9
Tracheoesophageal Fistula	J86.0
Ulcer of Esophagus with OR without Bleeding	K22.1*
Zollinger-Ellison Syndrome	E16.4

\* any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code

**Approval for a maximum duration of therapy override request will be granted for the following:**

1. Recipients who have a documented upper GI testing in the previous 2-year period; **OR**
2. Recipients who are dependent on a feeding tube for nutritional intake; **OR**
3. Recipients who take an NSAID on a daily basis; **OR**
4. Recipients with a diagnosis of Cerebral Palsy; **OR**
5. Recipients who reside in a long-term care facility.

**Duration of override approval, both initial and reauthorization, to exceed 120-day duration of therapy limit: 12 months**

**References**

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Dexilant (dexlansoprazole) [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; 2018. Retrieved from <https://general.takedapharm.com/DEXILANTPI>

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Prevacid (lansoprazole) [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; 2018. Retrieved from <https://general.takedapharm.com/PREVACIDPI>

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Protonix (pantoprazole) [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc; 2018. Retrieved from <http://labeling.pfizer.com/ShowLabeling.aspx?id=135>

Zegerid (omeprazole and sodium bicarbonate) [package insert]. Bridgewater, NJ: Salix Pharmaceuticals, a division of Valeant Pharmaceuticals North America LLC; 2018. Retrieved from <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=cd6868b9-5824-442b-8d65-4db29ecb70a4&type=display>