Louisiana Medicaid
Proton Pump Inhibitors (PPIs)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior 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~~proton pump inhibitors.

Additional Point-of-Sale edits may apply.

*Some of these agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval ~~criteria~~ Criteria for ~~non-preferred agents (both i~~Initial and ~~r~~Reauthorization~~)~~ Requests for Non-Preferred Products

- There is no preferred alternative that is exactly the same chemical entity, formulation, strength, etc.; **AND**
- Previous use of a preferred product - **ONE** of the following is required:
- ~~For a non-preferred agent, the following conditions apply:~~
    - ~~There is no preferred alternative that is exactly the same chemical entity, formulation, strength, etc.; **AND**~~
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to the preferred products that are appropriate for the condition being treated; **OR**
    - There is *no preferred product appropriate* to use for the condition being treated and/or the age of the recipient; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - 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**
    - 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**
    - The recipient has no inappropriate concomitant drug therapies or disease states.

Duration of ~~authorization~~ Initial and Reauthorization A~~a~~pproval~~, both initial and reauthorization~~: 6 months

~~Duration of Therapy Limit for PPIs~~

All PPIs are subject to a duration of therapy limit. This limit is 180 days in a rolling 365-day period (this does not apply to recipients under 6 years of age). The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request an override of the 180-day duration of therapy limit for both preferred and non-preferred PPIs for recipients to whom an exemption does not apply. (See page 2 for diagnosis code exemptions listed in Table 1).

Duration of therapy exemptions for PPIs

- Recipients under six (6) years of age; **OR**
- Recipients receiving pancreatic enzymes; **OR**
- Recipients with one of the diagnosis codes in Table 1.

Table 1. Diagnosis Codes Exempt from the Duration of Therapy Limit for PPIs

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*
Cerebral Palsy (*new Aug 2019)*	G80*
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:

- Recipients who have a documented upper GI testing in the previous 2-year period; **OR**
- Recipients who are dependent on a feeding tube for nutritional intake; **OR**
- Recipients receiving a concomitant medication that increases the risk of upper GI bleed (e.g., anticoagulants, antiplatelets, NSAIDs); **OR**
- Recipients who reside in a long-term care facility; **OR**
- The prescriber provided other rationale supporting the override.

Duration of override approval, both initial and reauthorization, to exceed the 180-day duration of therapy limit: 12 months

References

Aciphex® (rabeprazole) [package insert]. Woodcliff Lake, NJ: Eisai Inc; ~~June 2018~~September 2019. https://us.eisai.com/-/media/Files/Aciphex/aciphexpi.pdf

Dexilant® (dexlansoprazole) [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; ~~June 2018~~September 2020. https://general.takedapharm.com/DEXILANTPI

Esomeprazole Strontium [package insert]. Petal, MS: R2 Pharma, LLC; September 2016. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=3c916d32-f9e9-1d15-e054-00144ff88e88&type=display

~~https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3c916d32-f9e9-1d15-e054-00144ff88e88~~

Nexium® (esomeprazole) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2018. https://www.azpicentral.com/nexium/nexium.pdf#page=1

Prevacid® (lansoprazole) [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; ~~June 2018~~September 2020. https://general.takedapharm.com/PREVACIDPI

Prilosec® (omeprazole) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; August 2018 https://www.prilosecpackets.com/_resources/Prilosec-PI-2018.pdf?v=2

Protonix® (pantoprazole) [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals LLC, a subsidiary of Pfizer Inc; April 2019. http://labeling.pfizer.com/showlabeling.aspx?format=PDF&id=135~~https://www.pfizermedicalinformation.com/en-us/protonix~~

Zegerid® (omeprazole and sodium bicarbonate) [package insert]. Bridgewater, NJ: Salix Pharmaceuticals, a division of Valeant Pharmaceuticals North America LLC; ~~June 2018~~September 2019. https://www.bauschhealth.com/Portals/25/Pdf/PI/Zegerid-PI.pdf

Revision	Date
Modify maximum duration of therapy from 120 days to 180 days, modify definition of year from fiscal year to rolling 365-days, move cerebral palsy from approval criteria to exemption diagnosis, broaden list of medicines that increase risk of GI bleed, include additional prescriber-provided rationale as approval criteria, expanded diagnosis code for malignant mast cell tumors.	November 2019
Removed POS edits, formatting changes, updated references	November 2020