

Clinical Policy: Proton Pump Inhibitors (PPIs)

Reference Number: PHW.PDL.047

Effective Date: 01/01/2020

Last Review Date: 11/2024

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Proton Pump Inhibitors (PPIs) are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Proton Pump Inhibitors (PPIs)

A. Prescriptions That Require Prior Authorization

Prescriptions for PPIs that meet any of the following conditions must be prior authorized:

1. A non-preferred PPI.
2. A PPI with a prescribed quantity that exceeds the quantity limit.
3. A PPI for a child under six (6) years of age when a PPI has been prescribed for a total of four (4) months in the preceding 180-day period.
4. An over-the-counter (OTC) PPI for a dual-eligible member, regardless of the quantity prescribed.
5. A PPI when there is a record of a recent paid claim for another drug within the same therapeutic class of drugs (therapeutic duplication).

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a PPI, the determination of whether the requested prescription is medically necessary will take into account the whether the member:

1. For a non-preferred Proton Pump Inhibitor, has a history of therapeutic failure, contraindication, or intolerance to the preferred PPIs; **AND**
2. For a child under six (6) years of age when a PPI has been prescribed for a total of four (4) months or more in the preceding 180-day period, at least **one** of the following:

- a. Has a chronic primary disease such as cystic fibrosis, cerebral palsy, Down's Syndrome/mental retardation, or repaired esophageal atresia,
- b. Has documentation of a comprehensive evaluation and appropriate diagnostic testing confirming a diagnosis that requires chronic therapy,
- c. Is being prescribed the medication by or in consultation with a gastroenterologist;

AND

- 3. For an OTC PPI for a dual-eligible member, **both** of the following:
 - a. Is not being prescribed the OTC PPI as part of a Medicare Part D plan utilization management program, including a step-therapy or prior authorization program
 - b. Has a history of therapeutic failure, contraindication, or intolerance to the PPI on the member's Medicare Part D plan formulary;

AND

- 4. For therapeutic duplication, **one** of the following:
 - a. Is being titrated to or tapered from a drug in the same class
 - b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

AND

- 5. If a prescription for a PPI is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a PPI. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member.

D. Automated Prior Authorization

Prior authorization of a prescription for a non-preferred PPI with a prescribed quantity that does not exceed the quantity limit established by the Department will be automatically approved when the Point-of-Sale On-Line Claims Adjudication System verifies a record of paid claim(s) within 180 days prior to the date of service that documents that the guidelines to determine medical necessity listed above have been met.

Prior authorization of a prescription for a preferred or non-preferred PPI with a prescribed quantity that does not exceed the quantity limit established by the Department will be automatically approved when the Point-of-Sale On-Line claims Adjudication System verifies that the beneficiary:

1. Is under 6 years of age; **AND**
2. Has a record of a paid claim(s) for a PPI for a total of 4 months or more in the preceding 180-day period; **AND**
3. Has a record of a chronic primary disease.

NOTE: Automated prior authorization approvals do not apply to prescriptions for OTC PPIs for dual-eligible beneficiaries or PPIs that are duplicate therapy.

D. Approval Duration: 12 months

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q1 2022 annual review: no changes.	11/2021
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025 annual review: no changes.	11/2024