

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

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 prescription for a non-preferred PPI, regardless of the quantity prescribed. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred PPIs.
2. A prescription for a preferred PPI with a prescribed quantity that exceeds the quantity limit established by the Department. See Quantity Limits Attachment 1 in the Quantity Limits Chapter for the list of drugs with quantity limits.
3. A prescription for a preferred PPI and the preferred PPI has been prescribed for a total of four (4) months in the preceding 180 day period.

The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription within the past 180 days for a PPI.

4. A prescription for Prilosec OTC for a dual eligible, regardless of the quantity prescribed.

EXCEPTION: Prior authorization is not required for Prevacid Solutabs within quantity limits for recipients under 15 years of age. This exception does not apply to dual eligibles.

The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify the drug and the age of the recipient.

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 following:

1. For a non-preferred PPI:
 - a. Whether the recipient has a history of one or more of the following:

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- i. Therapeutic failure or intolerance of the preferred PPIs
 - ii. A recent hospitalization for a gastrointestinal-related disorder within the past 180 days
 - iii. At least one of the following diagnoses within the past 180 days:
 - 1) Esophagitis
 - 2) Laryngopharyngeal reflux
 - 3) Barretts Esophagus
 - 4) Ulcer of Esophagus
 - 5) Stricture of Esophagus
 - 6) Perforation of Esophagus
 - 7) Dyskinesia of Esophagus
 - 8) GE Laceration-Hemorrhage Syndrome
 - 9) Laryngeal Spasm
 - 10) Gastric Ulcer
 - 11) Duodenal Ulcer
 - 12) Peptic Ulcer
 - 13) Gastrojejunal Ulcer
 - 14) Zollinger-Ellison Syndrome
 - 15) Esophageal Reflux
 - 16) A chronic primary disease such as but not limited to cystic fibrosis, cerebral palsy, Down's Syndrome/mental retardation, repaired esophageal atresia
 - 17) The recipient is taking or took any oral steroids during the last 180 days
- b. Whether there is a risk reduction of an NSAID induced gastric ulcer.
2. For either a non-preferred or a preferred PPI when a PPI has been prescribed for a total of four (4) months in the preceding 180 day

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period, whether chronic therapy is the most appropriate option as documented by one or more of the following:

- a. The recipient is under 75 years of age.

AND

- b. The recipient has a chronic primary disease such as but not limited to cystic fibrosis, cerebral palsy, Down's Syndrome/mental retardation, repaired esophageal atresia.

OR

- c. The recipient had appropriate diagnostic testing confirming a diagnosis that requires chronic therapy.
3. For Prilosec OTC for a dual eligible, the following will be taken into account:
- a. The drug is not being prescribed as part of a Medicare Part D Plan utilization management program, including a step-therapy or prior authorization program
 - b. Whether the MA recipient has a history of therapeutic failure or intolerance of the PPIs on the MA recipient's Medicare Part D Plan formulary
 - c. When a PPI has been prescribed for a total of four (4) months in the preceding 180 day period, whether the MA recipient meets the guidelines for chronic therapy in B.2.

In addition, if a prescription for either a preferred or non-preferred PPI is in 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 the Quantity Limits Chapter.

C . Automated Prior Authorization Approvals

The PROMISe Point-Of- Sale On-Line Claims Adjudication System will verify if the recipient is under 75 years of age, has a record of a prescription for a PPI for a total of four (4) months in the preceding 180 day period, and a record of a chronic primary disease or a diagnosis that requires chronic therapy. If there is a record, the request for prior authorization of a prescription for a preferred PPI at or below the quantity limit will be automatically approved. This automated prior authorization approval does not apply to dual eligibles.

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D. 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 the request for a prescription for a PPI.

For a non-preferred PPI, if the guidelines in Sections B.1 and B.2. are met, the reviewer will prior authorize the prescription. When the non-preferred PPI being prescribed is therapeutically equivalent to other non-preferred PPIs, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred PPI. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred PPI authorized by the reviewer, 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 recipient.

For a preferred PPI, if the Guidelines in Section B.2. 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 recipient.

E. Long Term Therapy

The Department will consider requests for prior authorization of PPIS for 12 months when, in the professional judgment of the reviewer, treatment for the condition is expected to be ongoing. Prescriptions may be refilled as long as the refills do not exceed a six (6) month or five (5) refill supply, whichever comes first, from the time of the original filling of the prescription. See 55 Pa Code § 1121.53(c). Thus, if a recipient receives either a six (6) month or five (5) refill supply, whichever comes first, a new prescription, using the same prior authorization number will be required.