


ISSUE DATE October 30, 2019	EFFECTIVE DATE January 1, 2020	NUMBER *See below
SUBJECT Prior Authorization of Proton Pump Inhibitors (PPIs) – Pharmacy Services		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Proton Pump Inhibitors (PPIs) submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services in the fee-for-service delivery system. Providers rendering services in the MA managed care delivery system should address any questions related to PPIs to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is updating the medical necessity guidelines for PPIs to clarify that contraindications will be taken into account when reviewing a

*01-19-93	09-19-89	27-19-87	33-19-89
02-19-87	11-19-86	30-19-85	
03-19-86	14-19-85	31-19-92	
08-19-95	24-19-87	32-19-85	

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll-free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>
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request for a non-preferred PPI or a request for an over-the-counter PPI for a dual-eligible beneficiary. There are no other changes to the medical necessity guidelines.

The revisions to the guidelines to determine medical necessity of PPIs were subject to public review and comment and subsequently approved for implementation by the Department.

PROCEDURE:

The procedures for prescribers to request prior authorization of PPIs are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to PPIs) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

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 non-preferred PPI. See the Preferred Drug List (PDL) for the list of preferred PPIs at: <https://papdl.com/preferred-drug-list>.
2. A PPI with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>.
3. A PPI for a child under 6 years of age when a PPI has been prescribed for a total of 4 months or more in the preceding 180-day period.
4. An over-the-counter (OTC) PPI for a dual-eligible beneficiary, 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 in the Department of Human Services' (Department) Point-of-Sale On-Line Claims Adjudication System (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 beneficiary:

1. For a non-preferred PPI, has a history of therapeutic failure, contraindication, or intolerance to the preferred PPIs; **AND**
2. For a child under 6 years of age when a PPI has been prescribed for a total of 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 Syndrome, intellectual disability, 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 beneficiary, **both** of the following:
 - a. Is not being prescribed the OTC PPI as part of a Medicare Part D plan utilization

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- management program, including a step-therapy or prior authorization program
- b. Has a history of therapeutic failure, contraindication, or intolerance to the PPIs on the beneficiary'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 the Quantity Limits Chapter.

NOTE: If the beneficiary 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 beneficiary, 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 beneficiary.

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:

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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.