

Proton Pump Inhibitors Prior Authorization Criteria  
Reviewed Feb 2017

PA required following 68 days of PPI therapy per guideline note 144

1. Is the member being treated for a funded condition or funded, relevant co morbid condition?
  - a. Yes – go to question 2
  - b. No – *Deny Cat 1-Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.*
  
2. Is the request for omeprazole or pantoprazole?
  - a. Yes- continue to question 6
  - b. No- continue to question 3
  
3. Is the request for Lansoprazole?
  - a. Yes- Continue to question 4
  - b. No- Continue to question 5
  
4. Has the member tried and failed a minimum 4 week trial of preferred formulary alternatives omeprazole and pantoprazole? ( question is for lansoprazole only)
  - a. Yes- Continue to question 6
  - b. No- *Deny Cat 5- Member has not tried and failed preferred treatment alternatives of omeprazole and pantoprazole with a minimum 4 week trial.*
  
5. Has member tried and failed a minimum 4 week therapy trials of each formulary medication?
  - a. Yes- Continue to question 6
  - b. No- *Deny Cat 15- Member has not tried and failed appropriate trials of formulary options of omeprazole, pantoprazole and lansoprazole.*
  
6. Does the member have documented, recurrent, erosive esophagitis that has resulted in hospitalization, ED visits or referral to gastroenterologist?
  - a. Yes- Approve for up to one year
  - b. No- Continue to question 7
  
7. Does the member have a risk of GI bleed and any of the following risk factors?

Requires continuous daily therapy with any of the following:

  - Anticoagulant
  - NSAID
  - Oral corticosteroid
  - a. Yes- Approve for 1 year
  - b. No- Continue to question 8

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8. Is the diagnosis GERD (K21.9), Esophagitis (K20.00 to K21.0) or H Pylori infection (B96.81)
  - a. Yes- Move to question 9
  - b. No- Move to question 10
  
9. Has the member had 68 days of therapy with PPI in the previous (180 or 365) days?
  - a. Yes – Diagnosis falls under Guideline Note 144-  
Short term treatment (up to 8 weeks) of GERD with proton pump inhibitor therapy is included on Line 385.  
Long term treatment is included on Line 516 and is not funded  
Deny – Cat 5- *Treatment with a PPI past 68 days is not funded per GL note 144- May approve as amended to allow member a period for taper from PPI therapy*
  - b. No- Approve up to 68 days for treatment for these diagnoses
  
10. Does the member condition match the indication, dose and duration criteria in table? (Below)  
\*Must check if dosing matches FDA approved dosing for member’s condition- all doses are not meant for all conditions\*

Indicated uses for PPI therapy	Maximum Duration	Maximum Daily Dose
GERD- Esophageal reflux Esophagitis	8 weeks- *Treatment beyond 8 weeks is not funded by OHP*	Formulary PPI -Omeprazole 20 to 40 mg -Pantoprazole 20 to 40mg -Lansoprazole 15 to 30 mg Non -Formulary PPI -Dexlansoprazole 30 to 60 mg -Esomeprazole 20 to 40 mg -Rabeprazole 20 to 40 mg
H. Pylori infection	2 weeks	See dosing below
Achalasia / cardio spasm Barrett’s esophagus Duodenal ulcer Dyskinesia of esophagus Esophageal hemorrhage Gastritis and Duodenitis Gastric ulcer- gastrojejunal ulcer Malignant mast cell tumor Neoplasm of endocrine glands Peptic ulcer Perforation, stricture or stenosis of esophagus Zollinger- Ellison	1 year	Formulary PPIs -Omperazole 40mg -Pantoprazole 40 mg (may use 80mg for Zollinger Ellison only) -Lansoprazole 30 mg (may use 60 mg for Zollinger Ellison only) Non formulary PPIs -Dexlansoprazole 60mg -Esomeprazole 40mg -Rabeprazole 40 mg

- a. Yes- Approve for maximum duration as indicated in table
- b. No- Forward to pharmacist for medical appropriateness evaluation.