

Proton Pump Inhibitor (PPIs) – Proposed Clinical PA Criteria

PPI's are a covered Nevada Medicaid benefit for adult recipients with a diagnosis of Gastroesophageal Reflux Disease (GERD), or Peptic/Gastric Ulcer Disease (PUD), or Helicobacter Pylori or Hypersecretory Conditions (e.g., Barrett's Esophagus, Zollinger-Ellison) who meet the criteria for coverage.

1. Coverage and Limitations

Approval will be given if the following are met and documented:

a. Gastric Esophageal Reflux Disease (GERD)

- 1) Over the Counter (OTC) antacid/acid suppression trial has been attempted. This must include trial of at least one OTC antacid and one OTC H2A in therapeutic dosage. Drug, dose, frequency and duration attempted must be documented on the Prior Authorization (PA) form. This trial must be at least four weeks.

Approval of PPI will be for one year. For reauthorization, a two-week trial of H2A will be required after each year.

- 2) Prescriptions transmitted with ICD-9 code 530.11: system will look back to verify receipt of OTC medications listed in section a.1). PPI claims that meet criteria will be approved for one year.

b. Peptic/Gastric Ulcer Disease (PUD)

- 1) Diagnosis of active gastric or duodenal ulcer must be confirmed with endoscopy or upper gastrointestinal (GI) series within the last 2 months.
- 2) Prescriptions transmitted with ICD-9 codes for Peptic Ulcer or Gastrojejunal Ulcer will be approved for a 90-day time limit.

c. Hypersecretory Conditions (Barrett's Esophagus, Zollinger-Ellison, etc.)

- 1) Diagnosis must be confirmed with testing. Approval will be for a 12month time period.
- 2) Prescriptions transmitted with ICD-9 530.85 (Barrett's Esophagus) and 251.5 (Zollinger-Ellison) will be approved for a 12-month time period.

- d. Helicobacter pylori (H. pylori) 1) Must be confirmed with testing (e.g., serologic, HpSA) 2) Combination therapy must be documented. Regimen must combine one or more anti-infective agents. Approval of PPI will be for a one-month limit.
- e. GI Bleed
- 1) Diagnosis of active GI bleed within the past month. Approval will be for 30 days. If a PPI is prescribed concurrently with an H2A by the same prescriber, it will be considered duplicate therapy and will not be approved. 2) Prescriptions transmitted with ICD-9 578.9 will be approved for 30 days.

2. PA Guidelines:

The PA must be initiated by the prescriber, except in long-term care facilities where the attending nurse may initiate and certify the PA after a review of the recipient's chart has been completed.

PA form: Nevada Medicaid Prior Authorization Request for Proton Pump Inhibitors Form. PA forms are available at <https://medicaid.nv.gov>