PROTON PUMP INHIBITORS (PPIs)
Nebraska Medicaid Prior Authorization Process and Criteria
(Revised Criteria: Effective 10-28-2010)

Example Brand Names | Generic Name
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Aciphex® | Rabeprazole
Nexium® | Esomeprazole
Prevacid® | Lansoprazole
Prilosec® (Rx only version) | Omeprazole (Rx only version)
Protonix® | Pantoprazole

NOTE:
- Generic Omeprazole 20 mg Capsules (Rx only version) - do NOT require prior authorization if prescribed in a quantity of 4 capsules or fewer per day. A new prescription may also be required for patients changing from one form of omeprazole to another (e.g. from a tablet to a capsule).
- All new PPIs approved subsequent to this bulletin shall be subject to these criteria.
- All prescriptions for PPI's, except Generic Omeprazole 20 mg Capsules, must be authorized before payment.
- Examples of gastrointestinal agents that do NOT require prior authorization.
  • Generic Omeprazole 20 mg Capsules (four per day or less)
  • Aluminum/magnesium hydroxide
  • Ranitidine
  • Famotidine
  • Sucralfate
  • Calcium carbonate

HOW IS AUTHORIZATION REQUESTED?

PRESCRIBER ---

By Contacting Magellan Medicaid Administration, Inc. Directly: The prescriber may request authorization by phone directly from the Magellan Medicaid Administration Clinical Call Center by calling or faxing the patient’s diagnosis and the other required information.

1. Phone: 1-800-241-8335
2. FAX: 1-866-759-4115

(A fax request form is available at nebraska.fhsc.com.)

OR

By Providing the Pharmacist with the Needed Information: In certain situations, as noted on the next page, the prescriber may write the needed information on the prescription. The pharmacist will call or fax the information to Magellan Medicaid Administration.

PHARMACIST ---

The dispensing pharmacist may use medical information provided by the prescriber to request authorization directly from the Magellan Medicaid Administration Clinical Call Center by calling or faxing the patient’s diagnosis and the other required information. The pharmacy must maintain this written information for the same length of time as the prescription record is required to be maintained by statute or regulation. Electronic storage/imaging shall meet this requirement.

1. Phone: 1-800-241-8335
2. FAX: 1-866-759-4115

(A fax request form is available at nebraska.fhsc.com.)
**PROTON PUMP INHIBITORS (PPI’s)**  
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**WHAT INFORMATION IS NEEDED?**

**Note:** Generic Omeprazole 20 mg Capsules do NOT require prior authorization if prescribed in a dose of four per day or less! Requests for coverage of any other PPI must (a) document why Generic Omeprazole 20 mg Capsules are therapeutically not appropriate for this patient, (b) provide the diagnosis, and/or (c) meet the "other requirements for Prescriber". Providing (a) and (b) may meet the criteria for authorization for the first 2 diagnoses below. Providing (a), (b) and (c) may meet the criteria for authorization for diagnoses 3-8 below. The prescriber may phone or fax this information directly to Magellan Medicaid Administration using the appropriate form and attaching needed documentation.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Duration of Authorization</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pathological Hypersecretory Condition (Zollinger-Ellison Syndrome)</td>
<td>Lifetime</td>
<td>Diagnosis may be written on prescription.</td>
</tr>
<tr>
<td>2. Active GI Bleed; Active Gastric Ulcer; or Active Duodenal Ulcer</td>
<td>8 weeks</td>
<td>Diagnosis may be written on prescription. Approval is for 8 weeks therapy of once daily dosing. Requests to extend must be made to FHS. <strong>NOTE:</strong> Histamine 2 Receptor Antagonists (H2RAs) are covered for maintenance therapy without prior authorization.</td>
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</tbody>
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<tr>
<th>Diagnosis</th>
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<tr>
<td>3. Barrett’s Esophagus</td>
<td>Lifetime</td>
<td>Documentation of endoscopy (EGD) OR pathology report in support of diagnosis (no time limit). Please include copy of report with request.</td>
<td></td>
</tr>
<tr>
<td>4. History of recurrent (2 or more) upper GI bleed(s)</td>
<td>Lifetime</td>
<td>Documentation of history of GI bleed(s) including any dates of hospitalization or transfusions.</td>
<td></td>
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<tr>
<td>5. Erosive Esophagitis (EE)</td>
<td>Lifetime</td>
<td>Documentation of grade II or greater EE diagnosed by endoscopy (no time limit). Please include copy of report with request.</td>
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<tr>
<td>6. Helicobacter Pylori (HP)</td>
<td>Twice daily for 14 days with 1 refill</td>
<td>PPI must be used in combination with other HP treatment modalities. Use of combination prescription will meet this requirement. (Prevacid Pak is covered without prior authorization for up to 28 days per 365 days.)</td>
<td><strong>NOTE:</strong> Histamine 2 Receptor Antagonists (H2RAs) are covered for maintenance therapy without prior authorization.</td>
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<tr>
<td>7. Gastroesophageal Reflux Disease (GERD)</td>
<td>6 months</td>
<td>Documentation of a recent failure (i.e., within the last 6 months) of 8 continuous weeks of therapy with an acute dose of a prescription strength H2RA or Generic Omeprazole 20 mg Capsules in a quantity of up to four capsules per day.</td>
<td><strong>NOTE:</strong> Histamine 2 Receptor Antagonists (H2RAs) are covered for maintenance therapy without prior authorization.</td>
</tr>
<tr>
<td>8. Hyperacidity of Cystic Fibrosis (HCF)</td>
<td>1 year</td>
<td>Documentation of a recent failure (i.e., within the last 6 months) of 8 continuous weeks of therapy with an acute dose of a prescription strength H2RA or Generic Omeprazole 20 mg Capsules in a quantity of up to four capsules per day.</td>
<td><strong>NOTE:</strong> Histamine 2 Receptor Antagonists (H2RAs) are covered for maintenance therapy without prior authorization.</td>
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Please note: The Department may request chart documentation to verify above information.
If above criteria is not met, REQUESTS FOR SPECIAL CONSIDERATION, should be submitted with supportive documentation to DHHS as follows: Pharmacy Consultant, Division of Medicaid and Long Term Care, P.O. Box 95026, Lincoln, NE  68509-5026; Fax (402) 742-2348.

Note: When a generic PPI becomes available, only the generic form of the drug will be authorized for initial new prescriptions; prior authorization will still be required through the above process for the generic form of the drug. Medicaid will consider a brand name PPI for new prescriptions ONLY AFTER documentation of failure of at least 8 weeks of therapy with the generic form of the drug.