Louisiana Medicaid
Digestive Disorders – Proton Pump Inhibitors (PPIs)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred proton pump inhibitors.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.
~~*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*~~

Approval Criteria for Initiation and Continuation of Therapy

~~**Approval Criteria for Initial and Reauthorization Requests**~~

- ~~For esomeprazole magnesium packets for oral suspension (generic for Nexium®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Nexium® packets for oral suspension; **OR**~~
- ~~For pantoprazole sodium packets for oral suspension (generic for Protonix®) - there has been a treatment failure or intolerable side effect with or contraindication to brand Protonix® packets for oral suspension; **OR**~~
- There is no preferred alternative that is exactly the same chemical entity, formulation, strength, etc.; **AND**
- Previous use of a preferred product - **ONE** of the following is required:
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to the preferred products that are appropriate for the condition being treated; **OR**
    - There is *no preferred product appropriate* to use for the condition being treated and/or the age of the recipient.~~; **AND**~~
- ~~By submitting the authorization request, the prescriber attests to the following:~~
    - ~~The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**~~
    - ~~All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**~~
    - ~~The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any medication that is contraindicated or not recommended per FDA labeling.~~

Duration of approval for initiation and continuation of therapy~~Duration of initial and reauthorization approval~~: 6 months

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; ~~Retrieved from~~ https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; ~~Retrieved from~~ https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Revision / Date	Implementation Date
Modify maximum duration of therapy from 120 days to 180 days, modify definition of year from fiscal year to rolling 365-days, move cerebral palsy from approval criteria to exemption diagnosis, broaden list of medicines that increase risk of GI bleed, include additional prescriber-provided rationale as approval criteria, expanded diagnosis code for malignant mast cell tumors / November 2019	January 2020
Removed POS edits, formatting changes, updated references / November 2020	January 2021
Added specific wording for use of Nexium® and Protonix® packets for oral suspension, formatting changes, updated references / April 2021	July 2021
Removed specific wording for use of Nexium® and Protonix® packets for oral suspension, formatting changes / April 2024	July 2024