

PA DEPARTMENT OF HUMAN SERVICES  
MAAC BRIEFING DOCUMENT  
PROTON PUMP INHIBITORS

**Proposed Effective Date:** January 5, 2026

Revisions are noted with a ~~strikethrough~~ for deletions and **bold and underline** for additions.

**I. Requirements for Prior Authorization of Proton Pump Inhibitors (PPIs)**

**A. Prescriptions That Require Prior Authorization**

Prescriptions for Proton Pump Inhibitors (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: <https://www.pa.gov/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits>.
3. A PPI for a child under six years of age when a PPI has been prescribed for a total of four 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 PPI in the point-of-sale on-line claims adjudication system (therapeutic duplication).

**B. Revisions to 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. **Is prescribed the requested PPI for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling or a medically accepted indication; AND**
2. **Is prescribed a dose and duration of therapy that are consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; AND**
3. For a non-preferred PPI, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred PPIs; **AND**
4. For a child under six years of age when a PPI has been prescribed for a total of four months or more in the preceding 180-day period, ~~at least~~ **one** of the following:

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- 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 requested drug by or in consultation with a gastroenterologist;

**AND**

- 5. 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 management program, including a step-therapy or prior authorization program
  - b. Has a history of therapeutic failure of or a contraindication or an intolerance to the PPIs on the beneficiary's Medicare Part D plan formulary;

**AND**

- 6. 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 drugs that is supported by peer-reviewed medical literature or national treatment guidelines;

**AND**

- 7. 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.