Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 12, 2025	January 5, 2026	*See below

SUBJECT

Prior Authorization of Proton Pump Inhibitors (PPIs) – Pharmacy Services

BY

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Proton Pump Inhibitors (PPIs) submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of PPIs will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of PPIs to the appropriate managed care organization.

BACKGROUND:

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

*01-26-31	09-26-31	27-26-31	33-26-31
02-26-31	11-26-31	30-26-31	
03-26-31	14-26-31	31-26-31	
08-26-31	24-26-31	32-26-31	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included on the Statewide Preferred Drug List (PDL).
- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

DISCUSSION:

During the September 25, 2025, meeting, the P&T Committee recommended revisions to the medical necessity guidelines for PPIs to include whether the beneficiary is prescribed the PPI for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration-approved package labeling or a medically accepted indication and is prescribed a dose and duration of therapy that are consistent with the U.S. Food and Drug Administration-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

The revisions to the guidelines to determine medical necessity of prescriptions for PPIs submitted for prior authorization, as recommended by the P&T Committee, were subject to public review and comment and subsequently approved for implementation by the Department.

PROCEDURE:

The procedures for prescribers to request prior authorization of PPIs are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to PPIs) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs and products that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements

https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html

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. 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, **one** of the following:

    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.