



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

June 26, 2013

Re: Proton Pump Inhibitors Duration of Therapy and Prior Authorization Override Requirements
for Bayou Health Shared Plans and Legacy Medicaid

Dear Medicaid Provider:

The Louisiana Medicaid Pharmacy Program implemented a duration of therapy module for proton pump inhibitors (PPIs), histamine H₂ antagonists, and sucralfate in April 1997. This correspondence notifies providers of a policy change effective July 1, 2013, concerning the duration of therapy module for proton pump inhibitors. The duration of therapy module for histamine H₂ antagonists and sucralfate will remain the same. However, diagnosis code exemptions should be reviewed for these therapeutic classes.

Proton Pump Inhibitors

Proton pump inhibitor utilization will continue to be monitored for one hundred twenty days (120) duration of therapy. Any utilization beyond 120 days will require prior authorization (PA) by the prescriber. Selected diagnoses have been exempted from the duration of therapy limit. These diagnoses are included with this correspondence.

When the prescribing provider wishes to continue therapy beyond 120 days for PPIs, the prescriber should submit a PA request to Louisiana Medicaid RxPA Operations at the University of Louisiana Monroe College of Pharmacy (RxPA). The PA request can be submitted to the RxPA Center via phone at 1-866-730-4357 or faxed to 1-866-797-2329. The PA Request for Override Form can be obtained at the Louisiana Medicaid website www.lamedicaid.com.

Histamine H₂ Antagonists and Sucralfate

Histamine H₂ antagonists and sucralfate will continue to be monitored for acute dosing for ninety (90) days duration of therapy. Use of acute dosing beyond 90 days, requires documentation of an appropriate ICD-9-CM diagnosis code. When authorized by the prescriber, claims for acute doses beyond 90 days can be processed through the Point of Sale (POS) system at the pharmacy.

If you have questions regarding this correspondence, you may contact Melwyn B. Wendt at 225-342-7878 or send a fax to 225-342-1980. Your continued cooperation and support of Louisiana Medicaid and Bayou Health Shared Plans are greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Ruth Kennedy".

J. Ruth Kennedy
Medicaid Director

JRK/mbw

Proton Pump Inhibitors (PPIs)

Claims for PPIs will process for payment up to 120 days duration of therapy each fiscal year. Utilization beyond this duration of therapy limit will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 697 (Exceeds Duration of Therapy. PA required. MD must contact ULM PA Operations)

When the prescriber wishes to continue PPI therapy beyond 120 days, he/she should submit a PA request to Louisiana Medicaid RxPA Operations at the University of Louisiana Monroe College of Pharmacy (RxPA). The PA request can be submitted to the RxPA Center via phone at 1-866-730-4357 or faxed to 1-866-797-2329. The PA Request Override Form can be obtained at the Louisiana Medicaid website www.lamedicaid.com. For your convenience, a copy of this form is included in this correspondence.

When the patient has a diagnosis listed below and this diagnosis is entered in **NCPDP field 424 - DO**, the claim will bypass (be exempt from) the duration of therapy edit.

Select Diagnosis Codes Which May Justify Long-Term Use of PPIs	
ICD-9-CM Diagnosis Code(s)	Diagnosis Description
202.6-202.68	Malignant Mast Cell Tumors
237.4	Multiple Endocrine Adenomas
251.5	Zollinger-Ellison Syndrome
277.00-277.09	Cystic Fibrosis
530.19	Abscess of Esophagus
530.20	Ulcer of Esophagus without Bleeding
530.21	Ulcer of Esophagus with Bleeding
530.85	Barrett's Esophagus
536.8	Gastric Hyperacidity
537.82	Angiodysplasia of Stomach and Duodenum without Mention of Hemorrhage
537.83	Angiodysplasia of Stomach and Duodenum with Hemorrhage
577.1	Chronic Pancreatitis
578.9	Gastrointestinal Hemorrhage

Claims for recipients under six (6) years of age are excluded from the PPI duration of therapy module. In addition, claims for recipients receiving pancreatic enzymes are excluded for the PPI duration of therapy module.

Histamine H₂ Antagonists and Sucralfate

The duration of therapy module currently in place for histamine H₂ antagonists and sucralfate will remain in place. Acute dosage guidelines for these drugs are monitored. The long-term use of these agents at full therapeutic dosage is generally not indicated.

The acute dosage schedules of these drugs for patients 16 years and older are as follows:

Generic Description	Acute (mg/day) Dosage	Duration of Therapy
Ranitidine	300 mg	90 days
Cimetidine	1200 mg	90 days
Nizatidine	300 mg	90 days
Famotidine	40 mg	90 days
Sucralfate	4000 mg	90 days

Claims exceeding the acute dosage duration of therapy will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 656 (Exceeds Duration of Therapy)

Select Diagnosis Codes Which May Justify Long-Term Use of H ₂ Antagonists and Sucralfate	
ICD-9-CM Diagnosis Code(s)	Diagnosis
041.86	<i>H. pylori</i>
202.60 - 202.68	Malignant Mast Cell Tumors
237.4	Multiple Endocrine Adenomas
251.5	Zollinger-Ellison Syndrome
530.10	Esophagitis, Unspecified
530.11	Reflux Esophagitis
530.19	Abscess of Esophagus
530.20	Ulcer of Esophagus without bleeding
530.21	Ulcer of Esophagus with bleeding
530.85	Barrett's Esophagus
531.00 - 531.91	Gastric Ulcer
532.00 - 532.91	Duodenal Ulcer
533.00 - 533.91	Peptic Ulcer
535.00 - 535.71	Gastritis/Duodenitis
536.8	Gastric Hyperacidity
530.81	Gastroesophageal Reflux Disease (GERD)
555.9	Crohn's Disease
577.1	Chronic Pancreatitis
578.9	Gastrointestinal Hemorrhage

FAX OR MAIL this form to:
 La Medicaid Rx PA Operations
 ULM College of Pharmacy
 1800 Bienville Drive
 Monroe, LA 71201-3765
 FAX 866-RX PAFAX
 FAX 866-797-2329

State of Louisiana
Department of Health and Hospitals
 Bureau of Health Services Financing
 Louisiana Medicaid Prescription Prior Authorization Program
REQUEST FOR PRESCRIPTION OVERRIDE

Form: Rx PA16
 Issue Date: 3/01/2013

Voice Phone:
 866-730-4357

Please type or print legibly. Incomplete forms will not be approved.

Date of Request	Number of Fax Pages
Prescribing Provider Information	Recipient Information
Name (Last, First)	Name (Last, First)
LA Medicaid Prescribing Provider Number / NPI	LA Medicaid CCN or Recipient Number
Provider Specialty	Date of Birth (mm/dd/yy)
Call-Back Phone Number (include area code)	Recipient Weight (kg)
FAX Number (Include area code)	Recipient Height (ft / in)
Office Contact Name	Medication Allergies
Requested Drug Information	
Initiation of Therapy <input type="checkbox"/> Continuation of Therapy <input type="checkbox"/>	Projected Duration of Treatment
Drug Name	Drug Strength Dosage Form Dosage Interval (sig)
Diagnosis Code (ICD -9-CM) [relevant for this request]	Diagnosis Description Quantity

This request is for:

☐ **For duration of therapy override**

Diagnosis
Medical Justification

☐ **For early refill override**

<input type="checkbox"/> Medication lost	<input type="checkbox"/> Physician changed dosage
<input type="checkbox"/> Medication destroyed	<input type="checkbox"/> Medication stolen
<input type="checkbox"/> Patient going out of town for period greater than the day's supply remaining of the previous refill	
Please attach supporting documentation	

☐ **For maximum unit / maximum cost / quantity limit override**

Diagnosis
Medical Justification

☐ **For therapeutic duplication**

Diagnosis
Reason for request <input type="checkbox"/> Strength / dosage change* <input type="checkbox"/> Titration and concomitant therapy**
Drug name and strength _____ Qty _____ Stop date _____
Drug name and strength _____ Qty _____ Stop date _____
Reason for change

* Stop date is required for strength / dosage change

** Attach medical justification if both drugs are to be continued (titration / concomitant therapy)

Practitioner Signature: _____

(If a signature stamp is used, then the prescribing practitioner must initial the signature.)

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