



**PRIOR AUTHORIZATION FORM
Proton Pump Inhibitors (PPIs)**

<p>DATE OF REQUEST: _____</p> <p><u>MEMBER INFORMATION</u></p> <p>NAME _____</p> <p>ID # _____</p> <p>BIRTHDATE _____</p> <p><input checked="" type="checkbox"/> PLEASE NOTE: By signing this form, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.</p>	<p><u>PROVIDER INFORMATION</u></p> <p>NAME _____</p> <p>NPI # _____</p> <p>ADDRESS _____</p> <p>PHONE # _____ FAX # _____</p> <p>CONTACT NAME _____</p> <p>PROVIDER SIGNATURE _____</p>
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REQUEST FOR A TIER 3/NON-FORMULARY PPI (for Commercial members only):

Drug Requested: Protonix® Aciphex® Zegerid® Prilosec® 40mg Dexilant® Prevacid® Caps

Diagnosis: _____ **IDC 9:** _____

Has the patient experienced intolerance (i.e., sensitivity, drug allergy, or adverse effect) or treatment failure with a minimum trial of 4 weeks on Formulary PPIs listed below? NO YES

Provide details of history of PPI use (please circle):

	Intolerance or Allergy		Treatment Failure		Samples Provided	
	YES	NO	YES	NO	YES	NO
Nexium® OR omeprazole sodium bicarbonate						
omeprazole BID						
lansoprazole						
pantoprazole						

REQUEST FOR QUANTITY LIMIT EXCEPTION (doses > 1 unit/day):

Drug/strength requested _____ Dose requested _____

Identify the applicable condition(s):

Barrett's Esophagus

Zollinger-Ellison Syndrome

Severe reflux with ulceration and/or stricture formation

Documented failure of ALL formulary PPIs at daily optimized dose for a minimum of 8 weeks for the diagnosis of GERD

Other: _____

How long has patient been on dosing greater than once daily? _____

When was the last attempt made to dose once a day? _____

Has patient failed on previous taper attempts? NO YES

When is it anticipated that another attempt at QD dosing will be made? _____

If there is no future attempt at a dose reduction, explain the rationale. _____

FAX THIS REQUEST TO:

Commercial **1-800-376-6373**
(HMO, EPO/PPO, Option Child, Healthy NY, Personal Plan, CompCare, ASO)

Medicare Part D **1-800-401-0915**
(Preferred Gold, GoldAnywhere, GoldValue, USA Care, MVP RxCare)

Effective May 2011