PRIOR AUTHORIZATION FORM
Proton Pump Inhibitors (PPIs)

DATE OF REQUEST: _____

MEMBER INFORMATION

NAME _____

ID # _____

BIRTHDATE _____

☑ 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.

PRESCRIBING PHYSICIAN INFORMATION

NAME _____

NPI # _____

ADDRESS _____

_____

PHONE #_____FAX #_____

CONTACT NAME _____

PROVIDER SIGNATURE _____

REQUEST FOR A TIER 3/NON-FORMULARY PPI (for Commercial members only):

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

Diagnosis: _____ **ICD-10:** _____

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	
omeprazole/omeprazole sodium bicarbonate QD/BID (circle one)	YES	NO	YES	NO	YES	NO
esomeprazole QD/BID (circle one)	YES	NO	YES	NO	YES	NO
lansoprazole QD/BID (circle one)	YES	NO	YES	NO	YES	NO
pantoprazole QD/BID (circle one)	YES	NO	YES	NO	YES	NO
rabeprazole QD/BID (circle one)	YES	NO	YES	NO	YES	NO

REQUEST FOR QUANTITY LIMIT EXCEPTION**

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 4 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, Exchange, Medicaid, Child Health Plus, ASO)

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