



Request for Prior Authorization
PROTON PUMP INHIBITORS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prescriber must fill all information above. It must be legible, correct, and complete or form will be returned.

Prior authorization is not required for the preferred proton pump inhibitors (PPI) for doses within the established quantity limits of one unit per day.

Preferred

Non-Preferred (PA required)

- Checkboxes for Dexilant, Omeprazole Caps (RX), Pantoprazole, Aciphex, Esomeprazole, Lansoprazole, Naproxen/Esomeprazole, Nexium, Omeprazole/Sodium Bicarb (RX), Prevacid, Prilosec (RX), Protonix, Rabeprazole, Vimovo.

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

- Checkboxes for Barrett's esophagus, Erosive esophagitis, Hypersecretory conditions, Recurrent peptic ulcer disease, Symptomatic gastroesophageal reflux, Active Helicobacter pylori infection, Other.

Trial Medications & Dates:

Medical or contraindication reason to override trial requirements:

Scope Performed? No Yes If yes, date of scope:

Reason for use of Non-Preferred drug requiring prior approval:

Attach lab results and other documentation as necessary.

Prescriber Signature: Date of Submission:

*MUST MATCH PRESCRIBER LISTED ABOVE

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only.