



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.

Prior authorization is not required for the preferred proton pump inhibitors (PPI) for doses within the established quantity limits of one unit per day. Payment for a non-preferred PPI will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred agents.

Preferred

- Options for preferred PPIs: Dexilant, Omeprazole Caps (RX), Pantoprazole

Non-Preferred (PA required)

- Options for non-preferred PPIs: Aciphex, Esomeprazole, Lansoprazole, Naproxen/Esomeprazole, Nexium, Omeprazole/Sodium Bicarb (RX), Pantoprazole Packet, Prevacid, Prilosec (RX), Protonix, Rabeprazole, Vimovo

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

- Checkboxes for diagnosis: 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. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid.