



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

- Dexilant
Omeprazole Caps (RX)
Pantoprazole

Non-Preferred (PA required)

- Aciphex, Nexium, Prilosec (RX), Vimovo, Esomeprazole, Omeprazole/Sodium Bicarb (RX), Protonix, Lansoprazole, Prevacid, Rabeprazole

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

- Barrett's esophagus (Please fax a copy of the scope results with the initial request)
Erosive esophagitis (Please fax a copy of the scope results with the initial request)
Hypersecretory conditions (Zollinger-Ellison syndrome, systemic mastocytosis, and multiple endocrine adenomas).
Recurrent peptic ulcer disease
Symptomatic gastroesophageal reflux. Requests for PPIs exceeding one unit per day will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bedtime dose of a histamine H2-receptor antagonist.
Active Helicobacter pylori infection (attach documentation). Requests for twice daily dosing will be considered for up to 14 days of treatment for an active 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.