

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

PROTON PUMP INHIBITORS(Aciphex, Nexium, Prevacid, Prilosec, Protonix, Zegerid)

Patient name: _____ Medicaid or SS# _____

Physician Name: _____ Contact person _____

Phone#: _____ Extensions and options _____ Fax # _____

Pharmacy Name: _____ Pharmacy Phone Number: _____

Medication and Dose Requested _____

All information to be legible, complete and correct or form will be returned

Prilosec OTC, Omeprazole, and Prevacid are on the Preferred Drug List. If a provider wishes to prescribe a non-preferred drug, there must be documentation in the chart showing the trial and reason for failure on the three preferred PPI's AND he/she MUST HAND WRITE on the prescription "Medically Necessary - Dispense as Written".

CRITERIA FOR BID DOSING:

NOTE: Prilosec OTC is covered for BID dosing without an authorization.

- ▶ Twice daily dosing is allowed with a prior approval for presenting acute states of **GERD, ulcers, or hypersecretory conditions.**
- ▶ **Fax Documentation to (801) 536-0477**

Documentation required:

- ▶ Copy of Endoscopy report done within the past **2** years showing **GERD** or **ulcers.**
- ▶ Copy of Hypersecretory study showing the hypersecretory condition.

AUTHORIZATION:

2 months

RE-AUTHORIZATION:

After the 2 months they will either have to go back to once a day dosing or seek special approval through the Drug Utilization Review Board.