



Pharmacy Authorization for Proton Pump Inhibitors

Date _____	Member Name _____
Provider/Attending Name _____	Insurance ID # _____
Provider Phone # _____	Date of Birth _____ Phone # _____
Provider Fax # _____	Type of Request <input type="checkbox"/> Standard <input type="checkbox"/> Expedited
Insurance Plan <input type="checkbox"/> University Family Care <input type="checkbox"/> Health Care Group <input type="checkbox"/> Maricopa Health Plan	<input type="checkbox"/> University Physicians Care Advantage <input type="checkbox"/> Maricopa Care Advantage

Type of Request

- New Re-authorization

Diagnosis

- PUD H. Pylori Positive
(Helidac® and Prevpac® on Formulary for UFC, MHP, HCG)
- PUD H. Pylori Negative
- GERD Mild to Moderate
- GERD Severe
- Barrett's Esophagus (Biopsy Proven)
- Other _____

Has patient had a diagnostic evaluation?

- Yes
(Attach appropriate gastroenterology reports, labs)
- No

Has patient been given a previous trial of alternative pharmacologic therapy for ≥8 weeks?

- Yes → H2 Blockers Other
Drug/Dose _____
- No

Requested Drug/Dose

UFC, MHP, HCG

- Prilosec OTC® 20 mg po qd (First-line therapy)
- Pantoprazole 20/40 mg po qd (Must have failed Prilosec OTC® before using pantoprazole)
- Prevacid® < 12 yrs of age only

UPCA, MCA

- Omeprazole (First-line therapy – on formulary no PA required)
- Nexium® (Requires failure of omeprazole)
- Other _____

Duration of Therapy

- 14 days
- 8 weeks
- Other _____

Has patient been given a trial of step down therapy? (if reauthorization)

- Yes
Drug/Dose/Duration _____
Reason for Failure _____

- No

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