

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

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

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

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

**FAX DOCUMENTATION FROM PROGRESS NOTES AND
THIS COMPLETED FORM TO 855-828-4992 note the new fax number**

CRITERIA FOR NON-PREFERRED PPI REQUEST:

Prilosec OTC (omeprazole magnesium), prescription generic omeprazole, and Dexilant (dexlansoprazole) are on the Preferred Drug List and are covered for both q.d. and b.i.d. dosing without prior authorization.

Requests for a non-preferred PPI must include documentation from chart notes showing **ALL** items listed below **for each of the preferred PPI's at the maximum daily dosage level.**

- Length of trial,
- Date of trial initiation,
- Daily dosage level of medication, and
- Detailed explanation of the preferred drug's failure.
- Patients under 18 years old are only required to try and fail omeprazole at the maximum daily dosage level before requesting a non-preferred PPI (Dexilant is not FDA approved under 18 years old).

NOTES:

Lansoprazole Solutab:

- No prior authorization is required for the generic product for children under 12 who cannot swallow pills or capsules.
- Prior Authorization can be obtained by faxing a note stating that patient has a J-tube.

Pantoprazole (generic Protonix):

- Prior Authorization can be obtained by faxing a note stating that the patient is concurrently taking Plavix (clopidogrel).

No compounded solutions will be approved

AUTHORIZATION: 1 year.

RE-AUTHORIZATION: Updated letter of medical necessity

04/25/12

<http://health.utah.gov/medicaid/pharmacy>