



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Proton Pump Inhibitors Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information (required)					
Select the diagnosis below:					
<input type="checkbox"/> Barrett's esophagus		<input type="checkbox"/> Gastroesophageal reflux disease (GERD)			
<input type="checkbox"/> Duodenal ulcer		<input type="checkbox"/> Helicobacter pylori gastrointestinal tract infection			
<input type="checkbox"/> Erosive esophagitis		<input type="checkbox"/> Non-steroidal anti-inflammatory drug (NSAID) gastropathy			
<input type="checkbox"/> Gastric ulcer		<input type="checkbox"/> Pathological hypersecretory conditions including Zollinger-Ellison Syndrome			
<input type="checkbox"/> Gastrointestinal bleed		<input type="checkbox"/> Ulcerative esophagitis			
<input type="checkbox"/> Other diagnosis: _____		ICD-10 Code(s): _____			
Select the medication(s) the patient has a history of:					
<input type="checkbox"/> Dexilant					
<input type="checkbox"/> Esomeprazole					
<input type="checkbox"/> Lansoprazole capsule					
<input type="checkbox"/> Omeprazole					
<input type="checkbox"/> Pantoprazole					
<input type="checkbox"/> Rabeprazole tablet					
For Zegerid suspension requests, also answer the following:					
Is the patient unable to ingest a solid dosage form (e.g., an oral tablet or capsule) due to age, oral/motor difficulties, or dysphagia? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient utilize a feeding tube for medication administration? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have a history of trial and failure, intolerance, or contraindication to BOTH Nexium suspension and Prevacid SoluTabs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For First-Lansoprazole OR First-Omeprazole requests, also answer the following:					
Is a unique dosage form required for a covered commercially available product due to the patient's age, weight, or inability to take a solid dosage form? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is a unique formulation required for a covered commercially available product due to an allergy or intolerance to an inactive ingredient in the commercially available product? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: PPIs_Comm_2019Feb-W



Proton Pump Inhibitors Prior Authorization Request Form (Page 2 of 2)

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Quantity limit requests:

What is the quantity requested per day? _____

Has the patient had a trial and an inadequate response to once-daily proton pump inhibitor (PPI) regimen? Yes No

Is a once-daily PPI regimen NOT appropriate to treat the patient's condition? Yes No

If the patient's diagnosis is Barrett's esophagus, is there a need for complete acid control? Yes No

If the patient's diagnosis is GERD, is the patient's GERD symptomatic? Yes No

Does the patient have presence of extraesophageal symptoms (exacerbation of cough or asthma, non-cardiac chest pain, dysphagia)? Yes No

What is the reason for exceeding the plan limitations?

- Titration or loading dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.