



## HIGH DOSE Proton Pump Inhibitor Prior Authorization Request Form

**High dose formulary PPI is defined as Nexium or Prilosec OTC/generic omeprazole at 80mg per day, or Prevacid OTC at 60mg per day.** High Dose Formulary PPI is covered for the following:

- Diagnosis of Zollinger-Ellison Syndrome
- Uncomplicated GERD with breakthrough symptoms despite:
  - Ø Failure of once daily PPI **PLUS** add-on H2-Blocker; **OR**
  - Ø Failure of Prilosec OTC/Omeprazole 20mg twice daily, or Prevacid OTC 15mg twice daily
- Complicated GERD and other higher risk conditions such as reflux-associated laryngitis, recent GI bleed, grade 3 or 4 erosive esophagitis, or GERD exacerbated asthma:
  - Ø a short term course (3 to 6 months) of high dose formulary PPI may be approved. To receive long-term high dose PPI therapy, there must be documented failure of step-down to standard once daily dose following the initial high dose therapy. Failure is defined as a return of symptoms.

*Requests for twice daily dosing of a non-formulary PPI (Aciphex, Protonix, Prevacid Rx, Zegerid, Dexilant) must include documentation of a trial and failure of twice daily dosing with either omeprazole (80mg/day), Prevacid OTC (60mg/day) or Nexium (80mg/day) before authorization will be granted. Members currently authorized for a non-formulary PPI at once daily dosing must still fail either omeprazole at 40mg twice daily (40mg caps covered for qty of 60 for 30 days without auth), Prevacid OTC at 30mg twice daily **or** Nexium at 40mg twice daily dosing before the non-formulary PPI will be authorized for twice daily dosing.*

**PLEASE SEND COMPLETED FORM TO COVENTRY HEALTH CARE – PHARMACEUTICAL SERVICES**

**FAX: 866-738-9682/717-541-5909 PH: 877-215- 4100**

Requesting Physician:	Office Contact:
Call Center ID:      Tax ID Number:	Plan ID:      Benefit:
Office Fax Number:	Phone Number:
Office Address:	

### MEMBER INFORMATION

Patient Name:	DOB:
Member ID#:	Date of Request:

### MEDICATION INFORMATION

<b>1.</b>	<b>Drug Requested:</b> <b>Formulary :</b> <input type="radio"/> Prilosec OTC/Omeprazole (80mg/day) <input type="radio"/> Prevacid OTC (60mg/day) <input type="radio"/> Nexium Non-Formulary: <input type="radio"/> Aciphex <input type="radio"/> Protonix <input type="radio"/> Prevacid Rx <input type="radio"/> Zegerid <input type="radio"/> Dexilant
<b>2.</b>	Please list <b>strength and frequency</b> requested: _____
<b>3.</b>	<b>Diagnosis: <i>*include all office notes and EGD/biopsy reports supporting diagnosis</i></b> <input type="radio"/> GERD - Uncomplicated <input type="radio"/> recent GI bleed (past 4 weeks) <input type="radio"/> GERD-exacerbated asthma <input type="radio"/> GERD - Complicated <input type="radio"/> reflux-associated laryngitis <input type="radio"/> Zollinger-Ellison Syndrome <input type="radio"/> Grade III/IV Erosive Esophagitis <input type="radio"/> Other: _____
<b>4.</b>	Has the patient experienced breakthrough symptoms on maintenance therapy with once daily PPI? <input type="radio"/> No <input type="radio"/> Yes If yes, has the patient failed treatment with either of the following: <input type="radio"/> once daily PPI plus an H2 blocker at bedtime <input type="radio"/> omeprazole 20mg twice daily or Prevacid OTC 15mg twice daily
<b>5.</b>	Has the patient previously been treated with high dose PPI? <input type="radio"/> No <input type="radio"/> Yes Drug/Dose: _____ Dates: _____ Outcome: _____ If yes, has the patient failed a step-down to once daily dosing following the completion of the high dose course? <input type="radio"/> No <input type="radio"/> Yes
<b>6.</b>	<b>Additional information:</b>
Physician's Signature: _____	

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