Prior Authorization Request Form – Proton Pump Inhibitors (PPIs)

Instructions:

This form is to be used by participating providers to request coverage for Proton Pump Inhibitors requiring prior authorization. Please fill out this form COMPLETELY, including signature, and fax to MedMetrics Health Partners at 1-800-918-7542. Allow 24 hours to process request. Please call MedMetrics PA Line (available 24 hours a day) at 1-800-918-7550 for more urgent requests.

MedMetrics Health Partners – Prior Authorization Services
P. O. Box 2586, Worcester, MA 01606

Phone: 1-800-918-7550
Fax: 1-800-918-7542

A proton pump inhibitor step therapy program has been developed to encourage the use of first-line therapies before second or third-line therapies are used for the same indication. If approved, quantity limits apply.

First-line therapies:	Second-line therapies:	Third-line therapies:
Prilosec OTC tablets	pantoprazole tablets	Aciphex tablets
	omeprazole (Rx) capsules	Dexilant capsules
	Prevacid24Hr OTC capsules	lansoprazole (Rx) capsules
	Zegerid OTC 20mg capsules	lansoprazole ODT
		Nexium capsules, suspension
		Prilosec suspension packets
		Protonix suspension packets

Please PRINT and complete ALL of the following boxes:

1. Member's FULL Name:	2. Member's NHP ID Number:	3. Member's DOB: (mm/dd/yy)

4. Prescriber's FULL Name & Specialty:	5. Contact Person at Office:
6. Prescriber's FAX & Telephone Number: Fax: ( ) Tel: ( ) Mailing Address:	7. Primary Diagnosis/Indication:
8. Requested Drug:	9. Dose, Frequency and Duration of Requested Drug:

10. Does the member have a J/G tube or unable to swallow tablets? ☐ Yes (please specify): ______________ ☐ No

11. Is the member pregnant or breastfeeding? ☐ Yes ☐ No

12. Has the member previously tried any of the following?

Drug Name (please check all that apply)	Response (please check all that apply)		
☐ Prilosec OTC tablets	☐ side-effect	☐ inadequate response	☐ allergy
☐ omeprazole capsules	☐ side-effect	☐ inadequate response	☐ allergy
☐ pantoprazole (Protonix) tablets	☐ side-effect	☐ inadequate response	☐ allergy
☐ lansoprazole (Prevacid24Hr OTC) capsules	☐ side-effect	☐ inadequate response	☐ allergy
☐ Zegerid OTC 20mg capsules	☐ side-effect	☐ inadequate response	☐ allergy
☐ Other (please specify): _________________________	☐ side-effect	☐ inadequate response	☐ allergy

13. Prescriber comments:

Signature:

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature Date