MedImpact Healthcare Systems, Inc.

Proton Pump Inhibitors Medication Request Form

Phone: 1-800-788-2949, Fax: 858-790-7100

(Aciphex, Dexilant, Nexium, Prevacid, Prevacid 24HR, Prilosec, Prilosec OTC, Protonix, Zegerid, Zegerid OTC)

Instructions:

Please complete this form and fax to Med**Impact** Healthcare Systems, Inc. at (858) 790-7100 or call (800) 788-2949 with this information. Please note that approval is based on medical necessity criteria approved by the County Medical Services Program Governing Board. If you have any questions regarding this process, please contact Med**Impact**'s Customer Service at (800) 788-2949.

Review Criteria:

- The following criteria are used in reviewing medication requests:
- 1. The use of the formulary agents is contraindicated in the patient.
- 2. The patient has failed an appropriate trial of the formulary agents.
- 3. Choices available in the formulary are not suited for the present patient care need and the drug selected is required for patient safety.
- 4. The use of the formulary agents may provoke an underlying medical condition that would be detrimental to patient care.

URGENT REQUESTS Please check the box(s) below, if applicable. (Required if Urgent Request):

Medication prescribed on hospital discharge or from an emergency medical visit. Date of discharge/visit: _____

Therapy in which a delay may result in significant morbidity or mortality

Medication Request Information (please complete each section of this form prior to transmittal)

Patient Name (required):	Provider Name/Specialty:	
Patient ID # (required):	Provider DEA Number:	Provider Medi-Cal Number:
Patient DOB (required):	Provider Phone Number (required): () -	Provider Fax Number (required): () -
Drug Requested:		
 Preferred PPIs: 1st line: Omeprazole 20mg, Prevacid OTC [no restrictions] 2nd line: Pantoprazole [step therapy (trial of omeprazole AND Prevacid OTC), limit of 30/month] 		
□ Other:		
Drug Strength:	Drug Quantity (per month):	Length of Treatment:
Diagnosis: Darrett's esophagitis Gastric cancer GERD, grade: Schatzki's ring Other medications tried/failed for the diagnosis: (c	 Zollinger-Ellison syndrome NSAID-induced gastropathy Does the patient require long-term NSAID use? Yes No drug name and strength) 	 Gastric or duodenal ulcer Helicobacter pylori Other:
Has an endoscopy or an esophagram been performed?		
□ Yes □ No If yes, date of procedure and results:		
Additional medical justification for requested therapy		