

US Family Health Plan  
 Prior Authorization Request Form for  
**Proton Pump Inhibitors (PPIs): Esomeprazole capsules  
 (Nexium, generics), Rabeprazole (Aciphex, generics)**

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD

**NO prior authorization is required for the preferred proton pump inhibitors [PPIs] omeprazole capsules (Prilosec), and pantoprazole tablets (Protonix).** Esomeprazole (Nexium, generics), and rabeprazole (Aciphex, generics) are uniform formulary, non-step preferred and require a prior authorization.

The completed form may be **faxed** to **617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:

**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

**Step 1** Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth _____	Secure Fax #: _____

**Step 2** Please complete the clinical assessment:

1. Does the prescriber acknowledge that omeprazole capsules and pantoprazole tablets are the Department of Defense's preferred Proton Pump Inhibitors?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
2. Does the prescriber acknowledge that omeprazole capsules and pantoprazole tablets are available without a prior authorization?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
3. Has the patient received a trial of omeprazole capsules (Prilosec) and had an inadequate response or adverse reaction?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
4. Has the patient received a trial of pantoprazole tablets (Protonix) and had an inadequate response or adverse reaction?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 5
5. Does the patient have a contraindication to omeprazole (Prilosec) AND pantoprazole (Protonix)?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No <b>STOP</b> Coverage not approved

**Step 3** I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature	Date