

US Family Health Plan
 Prior Authorization Request Form for
**Proton Pump Inhibitors: lansoprazole ODT (Prevacid Solutab),
 omeprazole/sodium bicarbonate packets for suspension (Zegerid)**

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 uniform formulary proton pump inhibitors [PPIs] omeprazole capsules and packets for suspension (Prilosec), pantoprazole tablets and packets for suspension (Protonix), esomeprazole packets for suspension (Nexium, generics), and rabeprazole sprinkles (Aciphex). Lansoprazole ODT (Prevacid solutab), and omeprazole/sodium bicarbonate packets for suspension (Zegerid) are non-formulary and non-preferred PPIs and also 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**

Prior authorization is not required for patients younger than 18 years of age.

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

Patient Name: _____ Address: _____ Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____ Phone #: _____ Secure Fax #: _____
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Step 2 Please complete the clinical assessment:

1. Does the provider acknowledge that omeprazole and pantoprazole tablets and capsules are Uniform Formulary and do not require prior authorization?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No STOP Coverage not approved
2. Does the provider acknowledge that omeprazole, esomeprazole, and pantoprazole packets for suspension and rabeprazole sprinkles are Uniform Formulary and do not require prior authorization?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No STOP Coverage not approved
3. Please provide patient-specific clinical rationale of why the patient cannot take ALL alternative PPI agents below. omeprazole capsules: _____ omeprazole packets: _____ pantoprazole tablets: _____ pantoprazole packets: _____ esomeprazole capsules: _____ esomeprazole packets: _____ rabeprazole tablets: _____ rabeprazole sprinkles: _____		

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

3 _____	_____
Prescriber Signature	Date