USFHP Prior Authorization Request Form for Proton Pump Inhibitors: Omeprazole/Sodium Bicarbonate **(Konvomep)**

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.

The completed form may be faxed to 855-273-5735

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

https://www.usfamilyhealth.org/for-providers/pharmacy-information/

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.

Prior authorization is not required for patients younger than 12 years of age.

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:**

Please explain why the patient requires Konvomep and cannot take omeprazole capsules, omeprazole packets, pantoprazole tablets, pantoprazole packets, esomeprazole capsules or esomeprazole packets.

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

_____ _____

Prescriber Signature Date

[9 August 2023]