

PPI BID Dosing Prior Authorization Request Form

Not for use for any other medications

Fax this signed completed form with required attachments to: (888) 603-7696

Questions? Call (800) 331-4475

Criteria and Forms are available at the website: <http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx>

Note: Non-Preferred PPI's must meet diagnosis criteria before being approved for QD or BID dosing Reformatted 9/20/13

REQUESTOR	Requestor Name <i>(Print)</i>	Title <i>(Print)</i>
RECIPIENT	Last Name, First Name, Middle I.:	
DOB:	Recipient ID:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
PRESCRIBER	Name:	NPI: - - - - -
Phone: ()		Fax: ()
Specialty:		
REQUEST	Drug:	Strength: Dosage Form:
Diagnosis:		Dosage schedule:
Other Diagnoses:		QTY: Day Supply:
REQUIRED	Requested Start Date: / /	

FOR NEW START ON TWICE DAILY DOSING – Complete questions 1-4

FOR PATIENTS ON TWICE DAILY DOSING – Complete questions 1-5*

Please Note: Recipients must have a trial of one dose per day before twice daily regimen will be approved along with proper clinical documentation. Certain diagnoses will be exempt from a trial period.

1. Yes No Has dosing been maximized to the highest strength available for this medication?
2. If "Yes" prescriber must provide medical rationale for BID dosing.

3. Anticipated Duration of BID therapy: _____
4. **Please circle** which non-pharmacologic treatments along with the use of PPI medication have been tried and failed: weight loss, head of bed elevation, avoiding late evening meals, cessation of: alcohol, tobacco products, chocolate, caffeine, spicy foods, citrus products, and carbonated beverages. Other or not applicable: _____
5. Please provide dates of trial and detail the patient's treatment failure on QD dosing. *Complete for 'Twice Daily Dosing'

Prescriber's Signature _____ **Date:** _____

By signing this form, the prescriber is attesting that documentation supporting the above information is recorded in the Patient's Medical Chart. This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusion, coordination of benefits and other terms and conditions set forth by the benefit program.