

# REQUEST FOR COVERAGE OF PROTON-PUMP INHIBITORS

## PATIENT DATA

TODAY'S DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_ GHI ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

### Pertinent Medical History:

- GERD (gastroesophageal reflux disease)
- LPR (laryngopharyngeal reflux)
- Erosive Esophagitis (EE)
- Zollinger-Ellison Syndrome (ZES)
- Helicobacter *pylori* infection
- Extra-esophageal symptoms of reflux
- Duodenal Ulcer
- Gastric Ulcer
- Barrett's Esophagus
- Other: \_\_\_\_\_

### Indicate medication requested and dose:

- Omeprazole 10mg**
- Omeprazole 20mg**
- Omeprazole 40mg**
- Aciphex 20mg**
- Pantoprazole 20mg**
- Pantoprazole 40mg**
- Other: \_\_\_\_\_

\* Generic First for initial treatment  
*Bolded drugs are part of the HIP Drug Formulary*

## **PLEASE PRINT and PROVIDE ALL the INFORMATION BELOW:**

### PHYSICIAN DATA

Prescribing Physician name: \_\_\_\_\_ License #: \_\_\_\_\_

Telephone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

Please provide All pertinent information along with this form to:  
GHI/GHI HMO Pharmacy Services, 55 Water Street, 12<sup>th</sup> Floor South, New York, NY 10041  
Telephone No. 1-877-444-3657

**Fax to: 1-877-300-9695**

### CRITERIA WHICH MUST BE MET FOR COVERAGE OF > 16 WEEKS OR > ONCE DAILY DOSING

- Patient with FDA-approved diagnosis and documentation of diagnosis *prior to* starting therapy with a PPI provided to HIP Clinical Pharmacy Services;
  - The medical record documents are provided, **if requested**, to HIP Clinical Pharmacy Services that the patient has a diagnosis consistent with an FDA-approved diagnosis for use of a PPI;
  - One time only documentation is needed unless there is a requested dose change;
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- Physician Prior Approval (PPA) numbers will be issued for initial fills ONLY for patients meeting the above criteria;
  - Once a prescription for a PPI has been overridden *initially* for greater than 16 weeks of therapy or greater than once daily dosing, except for *H pylori*, subsequent prescriptions will not require a PPA number;
  - The patient should be periodically evaluated for continuation of therapy;