



**BlueCross  
BlueShield**

## PROTON PUMP INHIBITORS (PPI)

Federal Employee Program. **PRIOR APPROVAL REQUEST**

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn. Clinical Services  
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

**NOTE:** Form must be completed in its **entirety** for processing

**Please indicate which medication is being requested:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aciphex tab (rabeprazole)          | <input type="checkbox"/> First-Lansoprazole susp         | <input type="checkbox"/> Protonix (pantoprazole)                          |
| <input type="checkbox"/> Aciphex sprinkle cap (rabeprazole) | <input type="checkbox"/> First-Pantoprazole susp         | <input type="checkbox"/> Nexium cap (esomeprazole magnesium)              |
| <input type="checkbox"/> Dexilant (dexlansoprazole)         | <input type="checkbox"/> Prevacid (lansoprazole)         | <input type="checkbox"/> Nexium packets for susp (esomeprazole magnesium) |
| <input type="checkbox"/> Esomeprazole Strontium             | <input type="checkbox"/> Prevacid Solutab (lansoprazole) | <input type="checkbox"/> Zegerid (omeprazole/sodium bicarbonate)          |

**\*\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit**

**\*\*\*Non-covered branded medications must go through prior authorization and the formulary exception process**

Is the request for brand or generic? ☐ Brand ☐ Generic

1. Will the patient need more than 270 dosage units every 90 days? ☐ Yes\* ☐ No

**\*If YES**, please specify the requested quantity: \_\_\_\_\_ capsules per 90 days

2. Dosing Directions: \_\_\_\_\_

3. **Requests for Nexium Packets (please select strength):** ☐ 2.5mg ☐ 5mg ☐ 10mg ☐ 20mg ☐ 40mg

4. What is the patient's diagnosis?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Barrett's esophagitis | <input type="checkbox"/> GI bleed  | <input type="checkbox"/> Zollinger-Ellison syndrome |
| <input type="checkbox"/> Erosive esophagitis   | <input type="checkbox"/> Scleroderma esophagitis (part of CREST syndrome)      |   |
| <input type="checkbox"/> Esophagitis           | <input type="checkbox"/> Ulcer (duodenal, gastric, peptic ulcer disease (PUD)) |   |
| <input type="checkbox"/> Gastropathy           |  |   |

a. What is causing the patient's gastropathy? ☐ Mobic or NSAID related ☐ Other cause (non-medication related)

☐ Other medication (please specify): \_\_\_\_\_

☐ GERD (gastroesophageal reflux disease including esophageal, laryngeal, and pharyngeal reflux)

☐ H. Pylori

a. Is the patient currently undergoing treatment for H. Pylori in combination with antibiotic therapy? ☐ Yes ☐ No

☐ Hypersecretory disease (pancreatitis, multiple endocrine adenomas, systemic macrocytosis, cystic fibrosis)

☐ Other (please specify): \_\_\_\_\_ (answer the following question)

a. Is the patient being treated for a GI related diagnosis? ☐ Yes ☐ No

5. Will the requested medication be compounded into a suspension by the pharmacy? ☐ Yes ☐ No

6. What is the prescriber's specialty? **Please select specialty below:**

☐ Ear, Nose and Throat Specialist (ENT) (or other throat specialist) ☐ Gastroenterologist (GI) ☐ Pulmonologist

☐ Other (please specify): \_\_\_\_\_

7. Has the patient tried and failed either an H2 blocker or another PPI other than the one currently being requested? ☐ Yes\* ☐ No

**\*If YES**, please select the H2 blocker or PPI previously tried and failed below:

### H2 Blockers:

- ☐ Axid/Axid AR (nizatidine)  
☐ Pepcid/Pepcid AC (famotidine)  
☐ Tagamet/Tagamet HB (cimetidine)  
☐ Zantac/Zantac 75 (ranitidine)

☐ Other (please specify): \_\_\_\_\_

### PPIs:

- ☐ Aciphex (rabeprazole)  
☐ Dexilant (dexlansoprazole)  
☐ Nexium (esomeprazole)  
☐ Prevacid/Prevacid 24HR OTC (lansoprazole)

- ☐ Prilosec/Prilosec OTC (omeprazole)  
☐ Protonix (pantoprazole)  
☐ Vimovo (esomeprazole)  
☐ Zegerid/Zegerid (OTC) (omeprazole)