

## Prior Authorization Criteria for Proton Pump Inhibitors (PPI)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Doctor: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Which PPI & dose are you requesting? (please select);** \* Denotes preferred product

**Protonix\***

- 20 mg per day
- 40 mg per day

**Dexilant**

- 30 mg per day
- 60 mg per day

**Aciphex**

- 20 mg per day

**Nexium**

- 20 mg per day
- 40 mg per day

*Please circle response below:*

**1.** Does patient have the diagnosis of **GERD**? If yes, go to **A1**. If no, go to **2**.

**A1.** Most patients without alarm symptoms need to have tried and failed **high dose H<sub>2</sub> antagonist**:

- Has patient failed high dose H<sub>2</sub> antagonist? (Circle) YES OR NO.
- Medication name and strength tried (please select):
  - bidnizatidine 300 mg bid
  - famotidine 40 mg bid
  - none tried.
  - cimetidine 800 mg bid
  - ranitidine 300 mg bid
- Then, Proceed to **A2**.

**A2.** All Patients need to have tried and failed Prilosec OTC.

- Has patient failed Prilosec OTC? (Circle): YES or NO. Proceed to **B**.

**B.** Has patient had upper endoscopy to evaluate his or her disease? If yes, fax copy of EGD report with this request. If no, send to WHP.

**2.** Does patient have the diagnosis of **Barrett's esophagus, hypersecretory syndrome (e.g., Zollinger-Ellison Syndrome), upper gastro intestinal cancer or H. Pylori positive peptic ulcer (including stomach, duodenal or jejunal ulcers)?** If yes, send to WHP. If no, go to **3**.

**3.** Is the patient being prescribed PPI therapy for the **prevention of NSAID induced ulcers**? If yes, go to **A**. If no, send to WHP.

**A.** Is the patient at high risk for NSAID-induced GI adverse events? Please list circle risk factor, then send to WHP: age 60 or older; history of peptic ulcer or GI bleed; concomitant use of corticosteroids or anticoagulants; ARA functional class III or IV; other:\_\_\_\_\_.

Check box if this authorization is for GERD renewal. Please note that Upper endoscopy is recommended in patients with inadequate symptom relief on chronic PPI therapy.

Sent in by: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_