

# Pharmacy Prior Authorization Form

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to:  Commercial Plan  Medicaid Plan  Medicare Plan

## Proton Pump Inhibitor (PPI) – supplemental supply

**Note:** This form is to be used when requesting twice daily brand-name PPI therapy. Generic and OTC PPIs are covered with no quantity limits.

Urgent  Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Product:

- Aciphex  Nexium  
 Dexilant (Kapidex)

### Priority Health precertification requirements:

#### Authorization of a Proton Pump Inhibitor requires one of the following:

- Documented diagnosis of Barrett's Esophagus
- Documented diagnosis of Zollinger-Ellison syndrome
- Endoscopic evidence of severe erosive esophagitis (e.g., presence of ulceration, stricture or perforation)
- Documented diagnosis of Laryngopharyngeal reflux (LPR)
- Asthma triggered by GERD - approved for 3 months initially.

Continued authorization requires one of the following be met:

- 20% improvement in peak expiratory flow rates
- Improvement in asthma symptoms
- 20% decrease in oral corticosteroid dose

#### Authorization and limitation:

When precertification requirements have been met, authorization will be granted for one year, except when a shorter authorization period is noted in the precertification requirements above. Continued authorization requires the patient to have documented compliance with twice daily dosing.

#### Clinical Rationale:

- Two studies<sup>1,2</sup> have looked at the improvement in heartburn symptoms by doubling the PPI dose in GERD patients who have failed standard dose PPI versus switching to a different PPI.
- Both of these studies found that for empiric therapy for patients not responding to single daily doses of a PPI, **it is as efficacious to switch PPIs as it is to double the dose.**
- In addition, the few published PPI pharmacodynamic comparison studies of twice daily dosing have shown equivalency of PPIs<sup>3</sup>.

Please complete the following:

**Diagnosis:**

- Documented diagnosis of Barrett's Esophagus
- Documented diagnosis of Zollinger-Ellison syndrome
- Endoscopic evidence of severe erosive esophagitis (e.g., presence of ulceration, stricture or perforation)
- Documented diagnosis of Laryngopharyngeal reflux (LPR)
- Asthma triggered by GERD

**For asthma triggered by GERD, is this a new or continuation of therapy?**

- New
- Continuation

**For continuation in asthma triggered by GERD, which of the following applies:**

- Patient had a 20% or greater improvement in peak expiratory flow rates
- Patient experienced improvement in asthma symptoms
- Patient had a 20% or greater decrease in oral corticosteroid dose

References:

1. Fass R, Murthy U, Hayden CW, et al. Omeprazole 40 mg once a day is equally effective as lansoprazole 30 mg twice a day in symptom control of patients with gastro-oesophageal reflux disease (GERD) who are resistant to conventional dose lansoprazole therapy—a prospective, randomized, multi-centre study. *Aliment Pharmacol Ther.* 2000;14:1595-1603.
2. Fass R, Thomas S, Traxler B, Sostek M. Patient reported outcome of heartburn improvement: Doubling the proton pump inhibitor (PPI) dose in patient who failed standard dose PPI versus switching to a different PPI. *Gastroenterology.* 2004;126:A37.
3. Katz P. Effectiveness of Proton Pump Inhibitors: Beyond Cost. *Reviews in Gastroenterological Disorders.* 2004;4:S8-S15.

**For Medicare only:** If none of the above is applicable to this member, please check which, if any, of the following apply:

- All covered Part D drugs on any tier of a plan's formulary would not be as effective for the enrollee as the non-formulary drug, and/or would have adverse effects
- The number of doses available under a dose restriction for the prescription drug:
  - Has been ineffective in the treatment of the enrollee's disease or medical condition or,
  - Based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance
- The prescription drug alternative(s) listed on the formulary or required to be used in accordance with step therapy requirements:
  - Has been ineffective in the treatment of the enrollee's disease or medical condition or, based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance; or
  - Has caused or, based on sound clinical evidence and medical and scientific evidence, is likely to cause an adverse reaction or other harm to the enrollee.
- None of the above apply

\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\*  
**Please fax this request to: (877)974-4411 toll free or (616)942-8206**  
**YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**