

Please complete this **entire** form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**.
This form may contain multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

1. Indicate diagnosis for patient and provide the associated required documentation as indicated. Check all that apply:

- Gastroesophageal reflux disease (GERD)
- Pathological gastric acid hypersecretion, e.g. Zollinger-Ellison Syndrome
 - *Attach GI consultation documenting diagnosis*
- Barrett's esophagus
 - *Attach clinical EGD report from within the last 5 years*
- Peptic ulcer disease
 - Duodenal ulcer:
 - *Attach EGD report from within last 12 months documenting diagnosis AND*
 - *H. pylori test results (biopsy, breath, or stool test)*
- Gastric ulcer:
 - *Attach EGD report from within last 60 days documenting diagnosis AND*
 - *H. pylori test results (biopsy, breath, or stool test)*
- Eosinophilic esophagitis
 - *Attach EGD report from within the last 12 months documenting diagnosis*
 - Esophageal stenosis/stricture or Schatzki ring
 - *Attach EGD report documenting stenosis, stricture, or ring*
 - Erosive/ulcerative esophagitis
 - *Attach EGD report from within last 16 months documenting LA classification AND*
 - *H. pylori test results (biopsy, breath, or stool test)*
- Helicobacter pylori (H. pylori) positive. Specify regimen:
 - *Attach H. pylori test results (biopsy, breath, or stool test)*
 - Ulcer prophylaxis post-bariatric surgery. Provide the date of bariatric surgery:
 - Other. Specify:
 - *Attach all specialist notes and current labs supporting continued use of PPI*

2. Indicate any concurrent medications patient is currently taking and answer the associated questions as indicated. Check all that apply:

- Nonsteroidal anti-inflammatory drug (NSAID). Specify drug:
- High-dose systemic corticosteroid. Specify drug:
- Antiplatelet or anticoagulant. Specify drug:
 - List risk factors for GI bleed:

- Daily aspirin. Dose per day (mg):
 - History of GI bleed in last 10 years? Yes No
 - *If yes, attach EGD report from last 10 years documenting GI bleed*
- Bisphosphonate. Specify drug:
 - Was it ingested with full glass of water, and patient remained upright afterward? Yes No
- Pancreatic enzyme. Specify drug:
- Cancer therapy. Specify regimen:
 - Expected PPI duration needed to tolerate cancer therapy:

For requests over once daily dosing only (diagnosis of H. pylori not applicable):

3. Is patient increasing from once daily dosing to twice daily dosing? Yes No
 - Has the patient experienced uncontrolled symptoms on once daily dosing? Yes No
 - Indicate the duration of once daily dosing was tried:
4. If patient is currently on twice daily dosing, has once daily dosing been tried? Yes No
 - Indicate the duration of once daily dosing was tried:
 - What was the outcome of the once daily dosing trial?

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature	Prescriber specialty	Date
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