

Drug Coverage Review Request

Proton Pump Inhibitors (Request for non-preferred PPI)



SUPPLY ALL PRESCRIBER AND PATIENT INFORMATION

PRESCRIBER

MD First Name _____
MD Last Name _____
Address _____
City _____
State _____
Zip Code _____
Phone _____
Fax _____
DEA number (optional) _____

PATIENT

Cardholder ID # _____
Patient Last Name _____
Patient First Name _____
Date of Birth _____
Address _____
City _____
State _____
Zip Code _____
Phone _____

Medco manages the prescription drug benefit for your patient on behalf of his/her plan sponsor. Your patient's prescription drug benefit has a preferred drug list to help keep benefits affordable, and certain medications require a review for determination of coverage. The medication that you have prescribed requires a coverage review. To request consideration for coverage of the non-preferred medication, please complete the following questions and then fax this form to the toll-free number shown below. Upon receipt of the completed form, prescription benefit coverage for the non-preferred medication will be decided.

SECTION A

Please answer the following questions

- Yes No or unknown Is the patient currently receiving *Plavix* (clopidogrel)?
- Yes No Has the patient experienced intolerance (that is, sensitivity, drug allergy, or adverse effect) to drug therapy with ALL preferred proton pump inhibitors (PPIs)?
- For what indication is the PPI being prescribed?
 - Severe or atypical GERD with other related disorders such as:** Erosive esophagitis, laryngopharyngeal reflux, supraesophageal symptoms (for example, chronic cough, asthma), symptomatic hiatal hernia, esophageal stricture
 - Moderate GERD with daily and disabling symptoms**
 - Yes No Has the patient had an inadequate response to a 30-day trial of high-dose H2 receptor antagonist therapy?
 - PUD (Peptic Ulcer Disease)**
 - Yes No Has *H. pylori* eradication therapy been completed within the last 90 days to treat this patient's PUD?
 - Yes No IF **NO** to the **previous question**, is the patient a candidate for *H. pylori* eradication therapy?
 - Yes No or unknown IF **NO** to the **previous question**, would a trial of generic H2 receptor antagonist or trial of PPI therapy be an acceptable alternative for this patient?
 - NSAID-related ulcer prevention** **Steroid-related ulcer prevention**
 - Barrett's esophagus** **Hypersecretory condition (e.g., Zollinger-Ellison syndrome)**
 - Mild occasional gastroesophageal reflux or dyspepsia**
 - Other condition**

The preferred alternatives are:

Omeprazole (manufactured by various), *Prilosec OTC* (manufactured by Procter & Gamble), omeprazole OTC, *Nexium* (manufactured by AstraZeneca) and *Prevacid 24HR OTC* (manufactured by Novartis)

SECTION B

Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1 800 837-0959

PLEASE DO NOT FAX WITH A COVER SHEET



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