Proton Pump Inhibitors Preauthorization Physician Fax Form

The following documentation is REQUIRED for preauthorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Nebraska website at ***www.nebraskablue.com***

Today's Date: ____________________

Patient Information

Patient Name (First):	Last:	MI:	DOB (mm/dd/yyyy):	Telephone Number:

Insurance Information

BCBSNE ID Number:	Group Number:

Physician/Clinic Information

Prescriber Name:	Physician UPIN#:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:			
City, State, Zip Code:		Phone Number:		Secure Fax Number:

Preauthorization Information

Medication Requested (check one)

**** Please note that generic medications do not require preauthorization.***

Non-formulary Brand Products: ☐ **Aciphex®** ☐ **Dexilant™** ☐ **Prilosec®** ☐ **Prevacid®** ☐ **Protonix®** ☐ **Zegerid®**

Formulary Brand Product: ☐ **Nexium® (Policy indicates use of a prescription generic medication prior to Nexium®)**

1. Patient's diagnosis to be treated with requested medication (ICD 10 code):

2. Has the patient tried three of the following formulary PPIs:

Medication			Dates
generic pantoprazole................................	☐ YES	☐ NO	______
generic omeprazole.................................	☐ YES	☐ NO	______
generic lansoprazole...............................	☐ YES	☐ NO	______
generic omeprazole/sodium bicarbonate..	☐ YES	☐ NO	______
Nexium®..	☐ YES	☐ NO	______

3. Does the patient have contraindications to generic pantoprazole, omeprazole, lansoprazole, omeprazole/sodium bicarbonate or Nexium®?.. ☐ YES ☐ NO

   If yes, please describe which agent(s) and what the contraindications are: ____________________

4. Are there other clinical considerations that would require Nexium® or a non-formulary PPI agent? ____________________

5. Please include any additional clinical information that should be considered for this review: ____________________

Please fax or mail this form to:
Blue Cross and Blue Shield of Nebraska
Pharmacy Department - UM
1919 Aksarben Drive • PO Box 3248
Omaha, NE 68180-0001

Toll Free Fax: 877.232.6726
Phone: 877.999.2374

CONFIDENTIALITY NOTE: The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by phone, and return the original message to us at the address to the left via the US Postal Service.