

**VIRGINIA MEDICAID
REQUEST FOR
PROTON PUMP INHIBITORS (PPI)
PRIOR AUTHORIZATION**



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request based on medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES. FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

Prilosec OTC does not require authorization.

Only complete the form if Prilosec OTC is not acceptable. All questions must be answered.

PATIENT INFORMATION

Patient's Name:	Patient's Diagnosis:
Patient's Medicaid ID#: (12 digits)	
Patient's Date of Birth:	
Patient's Age:	

DRUG INFORMATION

Drug Name, Dosage Form & Strength:	Quantity Per Day:
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Has this patient had a therapeutic failure of a 60-day trial of Prilosec OTC (up to 40mg daily)? Yes No

Has this patient seen a Gastroenterologist? Yes No If yes, Please give provider's name.

Does this patient have one of the following conditions?

ACTIVE GI bleed Yes No **Erosive Esophagitis** Yes No **Zollinger-Ellison Syndrome** Yes No

Has patient had previous pharmaceutical therapy for the above diagnosis? Yes No If Yes, provide Medication name.

1.

2.

Medical necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (print):	Today's Date:
Physician's Signature:	Phone #: ()
Physician's National Provider ID #:	Fax #: ()

**PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

A copy of the PA form is available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>.