



CONTAINS CONFIDENTIAL PATIENT INFORMATION

**Non-Preferred Proton Pump Inhibitors
(Initiation of Therapy)**

**Complete form in its entirety and fax to:
Prior Authorization of Benefits (PAB) Center at (888) 831- 2243**

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
	Physician Specialty: _____
	Physician DEA: _____

3. MEDICATION

4. STRENGTHS

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

Non-Preferred: <input type="checkbox"/> Aciphex (rabeprazole) <input type="checkbox"/> Nexium (esomeprazole) <input type="checkbox"/> Prilosec (omeprazole) <input type="checkbox"/> Zegerid (omeprazole)	<input type="checkbox"/> 20mg <input type="checkbox"/> 20mg <input type="checkbox"/> 40mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 40mg <input type="checkbox"/> 20mg <input type="checkbox"/> 40mg	_____ _____ _____	Specify: _____ QL: 30 units per 30 days
--	--	-------------------------	---

7. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

<input type="checkbox"/> Yes <input type="checkbox"/> No Patient has tried and failed two (2) of the following preferred PPI's: <input type="checkbox"/> omeprazole <input type="checkbox"/> Prevacid <input type="checkbox"/> Prevacid SoluTab <input type="checkbox"/> Protonix

8. PHYSICIAN SIGNATURE

_____	_____
Prescriber or Authorized Signature	Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is **STRICTLY PROHIBITED**. If you have received this message by error, please notify us immediately at **(888) 831-2242** and destroy the related message or return the document to us at 8407 Fallbrook Avenue AF13, West Hills, CA 91304. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.

Blue Cross of California is an Independent Licensee of the Blue Cross Association.
The Blue Cross name and symbol are registered service marks of the Blue Cross Association.
Pharmacy Benefit Management Services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.
Utilization Review Services provided by Cost Care, Inc.