

PROTON PUMP INHIBITORS in CHILDREN < 6 YEARS OF AGE PRIOR AUTHORIZATION FORM (form effective 1/1/20)

Prior authorization guidelines for Proton Pump Inhibitors and Quantity Limits/Daily Dose Limits are accessible on Geisinger Health Plans website at https://healthplan.geisinger.org/pharmacy/pharm_acy.aspx?strip=true&style=OneGeisinger

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:		NPI:	State license #:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/State/Zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.

Drug requested:	Strength:	
Directions:	Quantity:	Refills:
Diagnosis (submit documentation):	DX code (required):	
Will the PPI be administered via feeding tube? <input type="checkbox"/> Yes: tube type (NG, NJ, etc): _____ tube size (width): _____ <input type="checkbox"/> No		
What is the beneficiary's weight? _____ pounds -or- _____ kilograms		
For children under 6 years of age: Has the beneficiary been on a PPI for more than 4 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit documentation.
Is the PPI prescribed by or in consultation with a gastroenterologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit documentation of consultation, if applicable.
Does the beneficiary have a chronic primary disease that requires chronic PPI therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit documentation.
Did the beneficiary have a complete evaluation and diagnostic testing confirming a diagnosis that requires chronic PPI therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit documentation of evaluation and test results.
For a non-preferred PPI: Does the beneficiary have a history of trial and failure, contraindication, or intolerance to the preferred Proton Pump Inhibitors? Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submit all supporting documentation of medication name(s) and associated trial and failure, intolerance, and contraindications

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date:
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