



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Proton Pump Inhibitors

Phone: 215-991-4300 Fax back to: 866-240-3712

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please print clearly.**

Patient Name: Member Number: Date of Birth: Group Number: Address: City, State, Zip:	Physician Name: Fax: Phone: Office Contact: NPI: State Lic. Id: Address: City, State, Zip:
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Drug Name: Expedited/Urgent

Directions:

Please answer the following questions and sign below:
Q1. Has the patient experienced therapeutic failure or intolerance to Prilosec OTC at doses up to 40 mg per day? Yes No
Q2. Has the patient experienced therapeutic failure or intolerance to Omeprazole (20mg capsules) at doses up to 40mg per day? Yes No

Physician Signature

Date