

OPTIMA HEALTH PLAN

Pharmacy Step-Edit/Prior Authorization Request Form*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Aciphex (rabeprazole), Prevacid (lansoprazole), Nexium (esomeprazole), Protonix (pantoprazole), Zegerid (omeprazole), Kapidex (dexlansoprazole)

Drug Requested (pick one):

- Aciphex®
- Prevacid®
- Nexium®
- Protonix®
- Zegerid®
- Kapidex®

- Current medical literature does not show that one proton-pump inhibitor is more efficacious than another.
- Prilosec (omeprazole), the first PPI marketed in the United States, is now available over-the-counter and as a generic.

___ Patient has tried and failed Prilosec OTC, Omeprazole 20mg, or Omeprazole OTC.

Claims for the PPIs will process if there are claims in the pharmacy system for Prilosec OTC, Omeprazole Rx, or Omeprazole OTC. The PPIs except Kapidex will process at a tier 4 drug when step-edit/prior authorization criteria are met. Kapidex will process at tier 3.

Patient _____

Member Number _____

Signed _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____

Pharmacy Tel # _____