

02/12/2015

Fallon Community Health Plan MassHealth

FCHP (MEDICAID)

Proton Pump Inhibitors (FCHP Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Fallon Community Health Plan MassHealth at **1-855-762-5204**.

Please contact Fallon Community Health Plan MassHealth at **1-866-643-5126** with questions regarding the Fallon Community Health Plan MassHealth process.

When conditions are met, we will authorize the coverage of Proton Pump Inhibitors (FCHP Medicaid) .

Drug Name (select from list of drugs shown)

Prevacid (lansoprazole)

Prilosec (omeprazole)

Protonix (pantoprazole)

Zegerid (omeprazole/sod bicarb)

Quantity _____

Frequency _____

Strength _____

**Route of
Administration** _____

**Expected Length of
Therapy** _____

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____

ICD Code: _____

Comments: _____

Please circle the appropriate answer for each question.

1. Does the patient have any contraindication to the requested proton pump inhibitor? Y N

[If yes, then no further questions required.]

2. Does the patient have at least ONE of the following clinically diagnosed conditions: Y N

GERD symptoms and disease \ Hypersecretory GI disease \ Duodenal ulcers \ On high dose steroids or NSAID and have failed therapy with H2antagonists

[If no, then no further questions required.]

3. Has the patient had a trial and failure of ALL of the following: Y N

At least 4 weeks of over-the-counter Prilosec (omeprazole) \ At least 4 weeks of over-the-counter Prevacid (lansoprazole) \ At least 4 weeks of Dexilant

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date