

PROTON PUMP INHIBITORS CERTIFICATION FAXBACK

PRESCRIBER INFORMATION		PATIENT INFORMATION	
PRESCRIBER NAME	PROVIDER ID/TAX ID <i>(if out of state, must have tax ID)</i>	PATIENT NAME	
CONTACT PERSON		BCBSNC ID	
PRESCRIBER PHONE	PRESCRIBER FAX	DATE OF BIRTH	
PRESCRIBER ADDRESS	CITY	STATE	ZIP

The nonpreferred proton pump inhibitors (PPIs) listed below require physician certification as of October 1, 2008. Coverage for PPIs will be limited to **preferred** agents **omeprazole**, **pantoprazole**, and **Nexium®**, unless certification is provided by the physician stating that the patient meets the specific criteria listed below.

NONPREFERRED DRUG REQUESTED:

- Prevacid®
- Zegerid®
- Protonix® 40 mg suspension
- Lansoprazole powder (powder for pharmacy compounding only; doesn't include Prevacid brand products)
- Aciphex®
- Kapidex™
- Prilosec® for oral suspension (packets)

Please certify the following by signing and dating below:

The above-referenced patient has previously used **omeprazole**, **pantoprazole** or **Nexium**, and such drug has been detrimental to the patient's health or has been ineffective in treating the patient's condition and, in my opinion, is likely to be detrimental to the patient's health or ineffective in treating the condition again.

Prescriber's signature required: _____ Date: _____

Please fax to 1-888-348-7332

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