



**City of Seattle
Pharmacy Exception Request Form
For Proton Pump Inhibitors**

**Fax to: 206-701-1225
Attention – Seattle Medical Director**

Patient Name _____ Today's Date _____
 Patient Insurance ID # _____ Patient Date of Birth _____
 MD Office Phone (_____) _____ Physician Name (print) _____
 MD Office Fax (_____) _____ Physician Signature _____

The *City of Seattle* has a self-insured plan, which offers a \$20 monthly allowance for all Proton Pump Inhibitors (PPI's), regardless of brand name or generic. This allowance includes Over-the-Counter PPI's, as long as the member has a prescription from their physician.

If it is medically necessary for the member to have additional quantities of omeprazole or a brand name PPI – the exception form should be completed below by their physician; and if approved, the member can receive the brand-name PPI requested at a higher benefit (*which matches the City's RX benefit plan of 40% member share for brand name drugs*).

The member **must have tried** the generic or OTC equivalent prior to receiving approval for this exception. There is insufficient medical evidence of the superiority of one PPI over another (brand or generic) at the equivalent dosage.

Please fax completed form to: Aetna Inc, Attn: Seattle Medical Director, 206-701-1225

Current therapy
 Omeprazole _____ mg QD BID Other _____
 Pantoprazole _____ mg QD BID Other _____
 Other generic PPI: _____ mg QD BID Other _____
 Brand PPI: _____ mg QD BID Other _____

Current Diagnosis:

- ***Currently on Plavix (clopidogrel) desire switch to Pantoprazole (least effect on CYP metabolism)*****
- Peptic ulcer disease - Duodenal ulcer or Gastric ulcer- active ulcer OR maintenance of healed ulcer
- Gastrojejunal ulcer - active; maintenance
- NSAID-induced gastric ulcer – healing , risk reduction for recurrence
- Barrett's esophagus
- Crohn's disease
- Erosive esophagitis - active, maintenance, healed
- Reflux esophagitis -associated with GERD
- Gastrointestinal bleed
- GERD - moderate to severe with symptoms (treatment, maintenance, screening)
- H. pylori, treatment (30 days)
- Hypersecretory conditions, including Zollinger-Ellison Syndrome
- Laryngopharyngeal reflux
- Post transplant
- Chronic oral (systemic) corticosteroid therapy (> 60 days)
- Other: _____

Request Brand Name PPI other than generic PPI (e.g. omeprazole, pantoprazole)?

Yes No. If yes, the following must be met.

- Intolerance or contraindication to ALL generic PPI medications **OR**
- Failure of an adequate trial of two weeks of the nonprescription omeprazole (Prilosec) OTC 20mg AND
- Failure of an adequate trial of two weeks generic omeprazole 40 mg daily AND two weeks of generic pantoprazole

Request for additional quantities or BID Dosing? Yes No.

If yes, must have one of the following:

- Member has a diagnosis of a pathological hypersecretory condition **OR**
- Member is being treated for Barrett's esophagus **OR**
- Member is being treated for laryngopharyngeal reflux **OR**
- Member is Post transplant and/or MD is a transplant specialist **OR**
- Member is being treated for a GI bleed (3-month duration) **OR**
- Member is being treated for eradication of H. pylori (triple therapy only; 30-day duration) **OR**
- Member has gastroesophageal reflux disease (GERD) and meets **ALL** the following criteria:
 - a. Member has had at least 4 wks of once daily PPI therapy taken 30-60 min before a meal (any meal)
 - b. Member is experiencing acid breakthrough **OR**
- If Member is <11 years of age and has gastroesophageal reflux disease (GERD) or erosive esophagitis and meets **ALL** the following criteria (**for Prevacid, omeprazole and Prilosec**):
 - a. Member has had at least 4 wks of once daily PPI therapy taken 30-60 min before a meal (any meal)
 - b. Member is experiencing acid breakthrough

Proton Pump Inhibitor requested:

Generic omeprazole Generic pantoprazole (PROTONIX) PRILOSEC^{NP} PROTONIX^{NP} PREVACID^P
 NEXIUM^P ACIPHEX^{NP} ZEGERID^{NP} Other: _____

Dosage requested _____ mg QD BID Other _____
Duration of treatment? _____ Months.

For Office Use Only:

Medical Necessity Review:

Medical Indication for Generic or Brand-Name Exception? Yes No.
Indication for additional quantities or BID dosing? Yes No.

MD Recommendation

- Approve exception to allow generic prescription omeprazole or generic pantoprazole
- Approve use of brand name PPI over generic or OTC PPI _____
- Approve exception for additional quantities of brand name or generic PPI
- Request for exception is denied for lack of medical necessity.
- Other _____

Medical Director

____/____/____
Date