BRAND NAME DRUG AUTHORIZATION REQUEST - PROTON PUMP INHIBITOR

Submit form to: **Kenai Peninsula Borough School District**
ATTN: Stacey Gorder, Employee Benefits Manager
148 N. Binkley St. Soldotna, AK 99669
***OR* Fax to: (907) 262-9645**

Patient Name (last,first,MI):		**Patient ID Number:**
Sex:	**DOB:**	**Phone Number:**
Insured's Name:		

Name of Member's Health Plan: Rehn & Associates	
Date of Request:	**Physician's Name:**
MD office Contact Person:	**Physician's Phone Number:**
Physician's Fax Number:	**Physician's Specialty:**

Pharmacy Name:	**Pharmacy Fax Number:**
Pharmacy Contact:	**Pharmacy Phone Number:**

MEDICATION REQUEST ***Physician's Signature: _____**

Medication request information is to be completed by a physician.

DIAGNOSIS (*list relevant*):

CURRENT BRAND NAME PPI MEDICATION(S):

GENERIC PPI DRUGS TRIED & MEDICAL JUSTIFICATION:

DRUG & STRENGTH:	**NDC:**
DIRECTIONS:	**MONTHLY QTY:** **#REFILLS:**

FOR INTERNAL USE ONLY

Approved ___ Denied ___ Deferred for Additional Information ___ Approved As Modified ___ Pt. Not Eligible ___

COMMENTS: _____

Authorizing Signature _____ Date _____

Instructions for the Brand Name Drug Authorization Request For a Proton Pump Inhibitor

Effective July 1, 2011 the KPBSD Health Plan will allow coverage for Generic medications only in the Proton Pump Inhibitor (PPI) drug category. **The purpose of this form is to allow coverage for a Brand Name PPI drug if due to side-effects, complications, or intolerance, the member cannot use a generic substitute or alternative; or the clinical efficacy of the Brand Name drug has been shown to exceed the effectiveness of the generic substitute or alternative.**

The employee or eligible dependent may fill out the top section which includes their Name, ID number, Sex, DOB, Phone number, Physician's office information and Pharmacy information.

The **physician MUST** sign the form and completely fill out the section titled "Medication Request". Before submitting the form, please verify that the information provided is legible.

Once the form has been completed it may be submitted via fax or mail.

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