UPMC HEALTH PLAN

PROTON PUMP INHIBITOR (ALL PRODUCTS)
STEP-UP THERAPY REQUEST FORM

PLEASE PRINT AND RETURN TO:

UPMC HEALTH PLAN PHARMACY SERVICES	PHONE 800-979-UPMC (8762)	FAX 412-454-7722

PLEASE TYPE OR PRINT NEATLY

Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.

Office Contact Name:	**Provider Specialty:**	
Provider First Name:	**Provider Last Name:**	
Provider Phone:	**Provider Fax:**	**Provider NPI #:**

Patient Name:	**Patient ID Number:**	**Patient DOB:**	**Patient Age:**

Drug Requested: ❑ **Brand** ❑ **Generic**	**Strength:**	**Frequency:**	**Qty Dispensed:**	**Anticipated Duration of Use:**

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

❑ **New Medication** ❑ **Ongoing Medication**	**If Ongoing Provide Date Started:**	**If medication is ongoing, did the member show improvement while on therapy?**	❑ **Yes** ❑ **No**

Diagnosis:

MEDICAL HISTORY

Please indicate which of the following apply. ***Where indicated, a copy of the member's chart must be sent.***	Documentation Enclosed	Documentation Not Available
❑ Trial & failure of Omeprazole, up to twice daily dosing, for > than 2 weeks. *Copy of Chart documentation required including dates of trial & reasons for failure.*	☐	☐
❑ Experienced a drug interaction, adverse effect, sensitivity, or a drug allergy to Omeprazole. *Copy of Chart documentation required.*	☐	☐

OTHER CONSIDERATION

❑ Unable to swallow tablets due to: ☐ age ☐ Medical condition.

Please describe:

History of Previous H2 blocker or PPI Therapy Medications

Previous H2 blocker or PPI Therapy	**Date of Therapy**		**Strength**	**Frequency**	**List Adverse Reactions/side Effects/ Reason for Discontinuing**
	Start Date	**End Date**			

Please provide any additional clinical information which should be considered in the space below: