

Proton Pump Inhibitor Quantity Limit Override Request Form

Blue Cross and Blue Shield of Texas

Clinical Pharmacy Programs: phone 972-766-2725 or fax 800-986-9980

Please fill out the form completely. Incomplete forms may be returned for additional information.

Date of Request: _____

Blue Cross & Blue Shield of Texas (BCBSTX) Member Information:

Patient First Name: _____	Patient Last Name _____	
Patient Address: _____		
City _____	State _____	ZIP _____
Patient BCBSTX ID number: _____	Date of Birth _____	

Physician / Provider Information:

First Name: _____	Last Name: _____	
Medical License # or DEA number: _____		
Telephone Number: _____	Fax Number: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Physician Signature: _____		

Requested Medication (please choose from Prilosec, Prevacid, AcipHex, Protonix, and Nexium):

Drug name and strength: _____

Quantity requested per month and duration: _____

Please indicate the diagnosis by circling:

Erosive Esophagitis	Peptic Ulcer Disease	Barret's Esophagus	GERD
Zollinger Ellison	Hiatal Hernia	Gastritis	Esophageal stricture or shortening

Please indicate H2RA tried, if applicable (Zantac, Pepcid, Axid, or Tagamet)

Drug name and strength _____

Has the H2RA therapy been discontinued? If so, why?



**BlueCross BlueShield
of Texas**

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