

Teamsters Rx Pharmacy Benefits Management

PO BOX 5242

MANCHESTER NH 03108

PHONE: 866-888-0103

Fax: 603-413-6410

PRESCRIPTION COVERAGE REQUEST FORM

Date: _____

PHYSICIAN INFORMATION

PATIENT INFORMATION

NAME: _____

PATIENT NAME: _____

PCP: _____

MEMBER ID # _____

SPECIALTY (if applicable): _____

DOB: _____

OFFICE CONTACT: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

FAX: _____

PHONE: _____

Drug Requested: _____ Strength: _____ Dosage: _____

For PPI's (see PPI Therapy below)

Diagnosis (Related to use): _____ Expected Duration of Therapy: _____

Proton Pump Inhibitors Therapy ***PLEASE READ PPI INFORMATION BELOW******

Omeprazole (generic Prilosec) for long term use is available, without prior approval, through the Teamsters Rx mail-order pharmacy 1-866-888-0104.

Aciphex, Protonix and Prevacid available for 2 months therapy at retail (1 month with 1refill) without prior approval

Long term use (more than 2 months) requires a prior approval.

Nexium is covered only for limited disease states and only after testing for H. Pylori infection and, if the H. Pylori test is negative, only after an endoscopy is preformed. Supporting documentation must accompany

Prior Authorization

Fax completed form to 1-603-413-6410

Attention: Dan Sullivan R.Ph.

For Internal Use Only

Prescription Coverage Request has been: approved denied

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