

**Physician's Prior Authorization Questionnaire  
Prevacid SoluTab®**

**Patient:**

**ID#:**

**DOB:**

**Patient Address:**

Prevacid SoluTab® is covered under certain clinical conditions. The following information will help determine if this patient is eligible for coverage of treatment with this drug.

1. What is the patient's diagnosis? \_\_\_\_\_

2. According to the FDA, lansoprazole capsules can be sprinkled on certain foods (applesauce, ENSURE, cottage cheese, pudding, yogurt, or strained pears) or the capsules can be emptied into certain liquids (apple juice, orange juice, or tomato juice). Have any of the above options been tried by the patient?

Yes     No

3. If the answer to the above question is yes, please explain why this method is ineffective. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please **Print** Physician's Name & Specialty

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Thank you for your assistance and should you have any questions or wish to discuss, please feel free to contact the pharmacy department at (501) 378-3392. For your convenience, you may fax your response(s) back to (501) 378-6980.

Forms are also available online at [www.usableadmin.com/providers/PharmacyForms.aspx](http://www.usableadmin.com/providers/PharmacyForms.aspx)