



# Community Care of North Carolina

Community Care of Wake and Johnston Counties

MD Easy™ Form for "Instant Approval"

<b>Practice Information</b>		<b>Request Date</b> / /	
Practice Name		<b>Pharmacy Information</b>	
Practice Address		Pharmacy Name	
Practice City, State, Zip		Pharmacy Phone	Pharmacy Fax
Practice Phone	Practice Fax		

<b>Patient Information</b>		
Patient Name	Patient DOB	Patient Address

Please select **one** of the following three options and fax to pharmacy.

<b>1) Please switch patient to (select one):</b>	
Omeprazole 10mg 20mg 40mg Cap (Circle one)	<input type="checkbox"/> OTC Prilosec/Omeprazole 20mg Tab
Circle one: 1QD 1BID 2QD 2BID Other _____	Circle one: 1QD 1BID 2QD 2BID Other _____
Dispense # _____	Dispense # (circle one): 42 84 126 168
Refill # _____	Refill # _____

**2)  Prescribers: *In your own handwriting*, please indicate **one** of the following applicable exemption criteria for override in the space provided below for the medication:**

Originally Prescribed PPI	Quantity
Directions for use & route of administration	

- "Failed Omeprazole 40mg for 30 days" (within the last 12 months)
- Erosive "Esophagitis grade C" or "Esophagitis grade D" (**Esomeprazole (Nexium®) 40mg only**)
- "Cannot swallow tablets" or "Cannot swallow capsules"
- "Taking clopidogrel (Plavix®)" (**Beginning August 10, 2009**)

**Note:** "Dispense as written" or "Brand medically necessary" is only applicable for Prilosec 20mg or 40mg, and can only be used after the above criteria have been documented on the face of the prescription.

**Exemption Criteria** (*write exactly as shown*) \_\_\_\_\_ **Refill #** \_\_\_\_\_

(**Pharmacist**– For exemption criteria, use override code 1 in PA field or 2 in submission clarification field. If patient pregnant or breastfeeding, indicate 2 in the pregnancy indicator field or V22 or V23 in the diagnosis field **Override begins Jun 1, 2007.**)

**Prescriber Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Prescriber Name (please print)** \_\_\_\_\_ **DEA** \_\_\_\_\_

**Note: By signing this document and 1) checking the OTC Prilosec/Omeprazole substitution or 2) checking the brand name exemption criteria box above you are consenting to this being a legal prescription and the pharmacy should fill it as such. DMA policy requires documentation of exemption criteria in the patient's chart for auditing purposes if option 2 is selected.**