

Georgia Medicaid Fee-for-Service Multi-Ingredient Compound Drug Prior Authorization Form Fax to 888-491-9742

****Ages 2 and under Prevacid Compound requests- please contact SXC directly for approval at 1-866-525-5827. Completion of this form is NOT required.****
 Requests for Proton Pump Inhibitors (PPI) additionally require a completed PPI Prior Authorization Form available from: www.mmis.georgia.gov Provider Information → Forms → Pharmacy Forms → Proton Pump Inhibitor Prior Authorization Form

Compound Request- The form should be completed in its entirety to ensure proper processing. An attached prescription is necessary to process the request. Additional pertinent information may also be submitted.

MEMEBER Last Name <input style="width: 98%; height: 15px;" type="text"/>	MEMBER First Name <input style="width: 98%; height: 15px;" type="text"/>
MEMBER ID number <input style="width: 98%; height: 15px;" type="text"/>	MEMBER Date of Birth <input style="width: 98%; height: 15px;" type="text"/>
PRESCRIBER Last Name <input style="width: 98%; height: 15px;" type="text"/>	PRESCRIBER First Name <input style="width: 98%; height: 15px;" type="text"/>
PRESCRIBER NPI# <input style="width: 98%; height: 15px;" type="text"/>	
PRESCRIBER Phone <input style="width: 98%; height: 15px;" type="text"/>	PRESCRIBER Fax <input style="width: 98%; height: 15px;" type="text"/>
PRESCRIBER Address <input style="width: 98%; height: 15px;" type="text"/>	

1 Member Diagnosis

2 Compound Requested

3 If Applicable, why a commercially available product is not acceptable; list previous failed therapies if known

4 Ingredient Name	5 11 digit NDC	6 Quantity	7 Unit (e.g. mls)
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____
9. _____	9. _____	9. _____	9. _____
10. _____	10. _____	10. _____	10. _____

8 Pharmacy Name

9 Pharmacy NABP

10 Pharmacy Phone

11 Pharmacy Facsimile

12 Pharmacist Signature and Date

*****Updated Date 03/09/10*****