GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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 Catamaran 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 → Pharmacy → Prior Approval Process → 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	**MEMBER First Name**
MEMBER ID number	**MEMBER Date of Birth** -- --
PRESCRIBER Last Name	**PRESCRIBER First Name**
PRESCRIBER NPI#	
PRESCRIBER Phone	**PRESCRIBER Fax**
PRESCRIBER Address	

1 Member Diagnosis	**2 Compound Requested**

3 If applicable, indicate why a commercially available product is not acceptable and include the specific medical need for the compound; 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 NCPDP #**
10 Pharmacy Phone	**11 Pharmacy Facsimile**

12 Pharmacist Signature and Date

*******Updated Date 09/10/12*******

NorthStar HealthCare Consulting Let Us Be Your Guide

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