



**Proton Pump Inhibitor Prior Authorization Form  
Fee-for-Service Medicaid/PeachCare for Kids**

**PHONE #: 866-525-5827**

**FAX #: 888-491-9742**

**Note:** If the Following Information is NOT filled in completely, correctly, or legibly the PA process **can** be delayed. **(One form per member please)**

<b>MEMBER Last Name</b> [Grid]	<b>MEMBER First Name</b> [Grid]
<b>MEMBER ID number</b> [Grid]	<b>MEMBER Date of Birth</b> [Grid]
<b>PRESCRIBER Last Name</b> [Grid]	<b>PRESCRIBER First Name</b> [Grid]
<b>PRESCRIBER NPI#</b> [Grid]	
<b>PRESCRIBER Phone</b> [Grid]	<b>PRESCRIBER Fax</b> [Grid]
<b>PRESCRIBER Address</b> [Grid]	

**Medication Requested:** \_\_\_\_\_ **Strength** \_\_\_\_\_

**Directions** \_\_\_\_\_ **Dosage Form** \_\_\_\_\_ **Compound Y N**

**Duration of Therapy Requested** \_\_\_\_\_

**Diagnosis-Indication – Please do not include documentation that is not requested on this form.**

**Please circle which indication/diagnosis that applies to member:**

- a. Barrett’s Esophagus
- b. Peptic Ulcer Disease (PUD)/ Duodenal ulcer/ Gastric ulcer
- c. Erosive Esophagitis
- d. GERD without complications
- e. GERD with complications- please specify: \_\_\_\_\_
- f. H. Pylori
- g. Zollinger Ellison (ZE) Syndrome
- h. Pancreatitis
- i. Cerebral Palsy
- j. Cancer
- k. Crohn’s Disease
- l. Multiple endocrine adenomas
- m. Systemic mastocytosis
- n. Patient was recently discharged from the hospital (within the last 60 days) for an upper GI bleed, hemorrhage, perforation, or obstruction and was already started on PPI therapy in the hospital
- o. Gastric Bypass Surgery

Other Diagnosis/Complicated Disease State \_\_\_\_\_

**H2 receptor antagonist use history:**

**Drug** \_\_\_\_\_ **Strength** \_\_\_\_\_ **Directions** \_\_\_\_\_

**Dates used: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Failed due to:** \_\_\_\_\_

**Drug** \_\_\_\_\_ **Strength** \_\_\_\_\_ **Directions** \_\_\_\_\_

**Dates used: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Failed due to:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Catamaran will provide a response within 1 business day upon receipt.**

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