



Catamaran Prior Authorization Department
Phone: 866-235-3062
Fax: 866-391-7222

Prescriber Information

Last Name: <input type="text"/> DEA/NPI: <input type="text"/> Phone: <input type="text"/>	First Name: <input type="text"/> Specialty: <input type="text"/> Fax: <input type="text"/>
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Member Information

Last Name: <input type="text"/> Member ID Number: <input type="text"/>	First Name: <input type="text"/> DOB: <input type="text"/>
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Medication Information:

Drug Name and Strength: <input type="text"/> Diagnosis: <input type="text"/>	Quantity and Dosing: <input type="text"/> Duration: <input type="text"/>
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Brand Acne Products – Aczone (dapsone) and Azelex (azelaic acid) Prior Authorization Criteria

Please complete all applicable questions		
1. What is the patient's diagnosis? Document diagnosis and ICD-9 code: _____		
2. Has the patient had an inadequate treatment response for 30 days to the three groupings listed below?	Y	N
<ul style="list-style-type: none"> Generic salicylic acid or benzoyl peroxide Please document name of product and dates of trial: _____ Generic oral or topical antibiotic Please document name of product and dates of trial: _____ Generic Tretinoin Please document dates of trial: _____ 		
3. Has the patient had a serious adverse event to the three groupings listed below?	Y	N
<ul style="list-style-type: none"> Generic Salicylic Acid or benzoyl peroxide Please document: _____ Generic oral or topical antibiotic Please document: _____ Generic Tretinoin Please document: _____ 		

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Comments: _____

*Information given on this form is accurate as of this date.*_____
Prescriber or Authorized Signature_____
Date_____
Authorized Medical Staff – Name/Title

Attention Healthcare Provider: If you would like to discuss this request with a medical professional, please contact the Prior Authorization Department at 800-626-0072.

I understand that Catamaran's use or disclosure of individually identifiable health information, whether furnished by me or obtained by another source such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).