catamaran™

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

Prescriber Information

Last Name:	**First Name**
DEA/NPI:	**Specialty:**
Phone (___-___-____)	**Fax** (___-___-____)

Member Information

Last Name:	**First Name**
Member ID Number	**DOB:** (__-__-____)

Medication Information:

Drug Name and Strength: _____	Quantity and Dosing: _____
Diagnosis: _____	Duration: _____

Non-Preferred PPI Products
Aciphex, Nexium and Protonix Pak Prior Authorization Criteria

Please complete all applicable questions		
Patient that is less than 18 years of age		
1) Has the patient had a trial of a 30 day supply or documented serious adverse event to omeprazole 40mg/day?	Y	N
2) Has the patient had a trial of a 30 day supply or documented serious adverse event to lansoprazole 30mg/day?	Y	N
3) Has the patient had a trial of a 30 day supply or documented serious adverse event to pantoprazole 40 mg per day ?	Y	N
Patient that is 18 years of age or older		
1) Has the patient had a trial of a 30 day supply or documented serious adverse event to omeprazole 40mg/day?	Y	N
2) Has the patient had a trial of a 30 day supply or documented serious adverse event to Dexilant 60mg/day?	Y	N
3) Has the patient had a trial of a 30 day supply or documented serious adverse event to lansoprazole 30mg/day?	Y	N
4) Has the patient had a trial of a 30 day supply or documented serious adverse event to pantoprazole 40 mg per day ?	Y	N

Prevacid Solutabs and lansoprazole solutabs Prior Authorization Criteria

Please complete all applicable questions
Patient that is 6 to 17 years of age

1) Has the patient had a trial of a 30 day supply or documented serious adverse event to omeprazole 40mg?	Y	N
2) Has the patient had a trial of a 30 day supply of lansoprazole 30mg?	Y	N
3) Does the patient have difficulty swallowing?	Y	N
Patient that is 18 years of age and older		
1) Has the patient had a trial of a 30 day supply or documented serious adverse event to omeprazole 40mg?	Y	N
2) Has the patient had a trial of a 30 day supply or documented serious adverse event to Dexilant 60mg?	Y	N
3) Has the patient had a trial of a 30 day supply of lansoprazole 30mg?	Y	N
4) Does the patient have difficulty swallowing?	Y	N

Zegerid Powder and Omeprazole-Sodium Bicarbonate Capsules Prior Authorization Criteria

Please complete all applicable questions		
Patient that is less than 18 years of age		
1) Has the patient had a trial of a 30 day supply or documented serious adverse event to omeprazole 40mg?	Y	N
2) Has the patient had a trial of a 30 day supply or documented serious adverse event to lansoprazole 30mg?	Y	N
3) Has the patient had a trial of a 30 day supply or have a documented serious adverse event to a total daily dose of pantoprazole 40mg?	Y	N
4) Has the patient had a trial of a 30 day supply Zegerid OTC?		
Patient that is 18 years of age and older		
1) Has the patient had a trial of a 30 day supply or documented serious adverse event to omeprazole 40mg?	Y	N
2) Has the patient had a trial of a 30 day supply or documented serious adverse event to lansoprazole 30mg?	Y	N
3) Has the patient had a trial of a 30 day supply or documented serious adverse event to Dexilant 60mg?	Y	N
4) Has the patient had a trial of a 30 day supply or have a documented serious adverse event to a total daily dose of pantoprazole 40mg?	Y	N
5) Has the patient had a trial of a 30 day supply Zegerid OTC?	Y	N

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 866-235-3062.

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)