



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

### Prescriber Information

Last Name:

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DEA/NPI:

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Phone

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First Name

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Specialty:

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Fax

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### Member Information

Last Name:

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Member ID Number

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First Name

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DOB:

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### Medication Information:

Drug Name and Strength:

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Diagnosis:

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Quantity and Dosing:

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Duration:

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## Lunesta 3mg Prior Authorization Criteria

**You must answer ALL of the following questions that apply to patient**

1. Is the patient 65 years of age or older?	Y	N
2. Has the patient demonstrated an inadequate treatment response to generic zolpidem AND Zolpidem CR?	Y	N
3. Did the patient have a serious adverse event/intolerance during a prior trial of generic zolpidem or Zolpidem CR?	Y	N

## Seconal, Lunesta 1-2mg Prior Authorization Criteria

**You must answer ALL of the following questions that apply to patient**

1. Has the patient demonstrated an inadequate treatment response to generic zolpidem AND Zolpidem CR?	Y	N
2. Did the patient have a serious adverse event/intolerance during a prior trial of generic zolpidem or Zolpidem CR?	Y	N

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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 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).**