



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:

Diagnosis:

Quantity and Dosing:

Duration:

Itraconazole Capsules & Powder Prior Authorization Criteria

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

1. What is the patient's diagnosis? (Please Circle)

- Tinea unguium (onychomycosis)
- Other tinea infections
- Blastomycosis
- Invasive aspergillosis
- Allergic bronchopulmonary aspergillosis
- Fungal vaginitis
- Histoplasmosis
- Paracoccidioidomycosis
- Sporotrichosis
- Cryptococcus
- Coccidioidomycosis
- Other _____

2. Has the patient had a trial and inadequate response to one prior topical therapy, including miconazole, tolinaftate, clotrimazole, ketoconazole, econazole, nystatin, butenafine, or terbinafine?

Y

N



3. Has the patient had an intolerance to, or had a confirmed adverse event with at least one prior topical therapy?	Y	N
4. Does the patient have a confirmed fungal infection (such as through physical exam)?	Y	N
5. Does the patient have any of the following relevant comorbidities? (Please Circle) <ul style="list-style-type: none"> Abnormal immune system [e.g., HIV positive, on immunosuppressant drugs] Diabetes Other disorder which predisposes the patient to infection in the extremities 	Y	N
6. Does the patient have evidence of functional impairment (such as loss of one or more toenails, pain, or swelling)?	Y	N
7. Has the patient had inadequate response to amphotericin B?	Y	N
8. Has the patient had an intolerance to, or a confirmed adverse event to treatment with amphotericin?	Y	N

Itraconazole Solution Prior Authorization Criteria

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

1. What is the patient's diagnosis? **(Please Circle)**

- Oropharyngeal candidiasis
- Esophageal candidiasis
- Other _____

Onmel Prior Authorization Criteria

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

1. What is the patient's diagnosis? **(Please Circle)**

- Tinea unguium (Onychomycosis)
- Other _____

2. Does the patient have a confirmed fungal infection (such as through physical exam)?

Y N

3. Does the patient have any of the following relevant comorbidities?

Y N

- Abnormal immune system [e.g., HIV positive, on immunosuppressant drugs]
- Diabetes
- Other disorder which predisposes the patient to infection in the extremities

4. Does the patient have evidence of functional impairment (such as loss of one or more toenails, pain, or swelling)?

Y N

5. Has the patient had a treatment course of itraconazole 100mg capsules?

Y N



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Jublia & Kerydin Prior Authorization Criteria

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

1 .What is the patient's diagnosis? (Please Circle)		
<ul style="list-style-type: none">• Tinea unguium (Onychomycosis)• Other _____		
2. Does the patient have a confirmed fungal infection on his/her toenail (such as through physical exam)?	Y	N
3. Does the patient have any of the following relevant comorbidities? (Please Circle)	Y	N
<ul style="list-style-type: none">• Abnormal immune system [e.g., HIV positive, on immunosuppressant drugs]• Diabetes• Other disorder which predisposes the patient to infection in the extremities		
4. Does the patient have evidence of functional impairment (such as loss of one or more toenails, pain, or swelling)?	Y	N
5. Has the patient had a treatment course of itraconazole 100mg capsules?	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).