



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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Janumet, Janumet XR, Juvisync, Kombiglyze XR Prior Authorization Criteria

You must answer ALL of the following questions		
1. Please document ICD-9 code: _____		
2. Has the patient received the requested drug within the past 30 days?	Y	N
3. Has the patient experienced an inadequate treatment response or intolerance to the use of Tradjenta or Jentadueto? Please document intolerance, name of product(s) and dates of trial: _____	Y	N
4. Does the patient have a contraindication to Tradjenta or Jentadueto? Please document contraindication and name of product(s): _____	Y	N

Januvia or Onglyza Prior Authorization Criteria

You must answer ALL of the following questions		
1. Please document ICD-9 code: _____		
2. Has the patient received the requested drug with the past 30 days?	Y	N
3. Has the patient experienced an inadequate treatment response or intolerance to the use of Tradjenta? Please document inadequate response or intolerance and date of trial: _____	Y	N
4. Does the patient have a contraindication to Tradjenta? Please document contraindication: _____	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).