



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

Prescriber Information

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DEA/NPI:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specialty:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member Information

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DOB:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medication Information:

Drug Name and Strength:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Diagnosis:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Quantity and Dosing:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Duration:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bisphosphonate (Fosamax Plus D, Bonosto, Actonel, Atelvia, Skelid) Step Therapy Prior Authorization Criteria

Please complete all applicable questions

1. Please document ICD-9 code: _____

2. Has the patient had a trial and inadequate response to a generic bisphosphonate (ie. alendronate)?

Y

N

3. Does the patient have an intolerance to a generic bisphosphonate?

Y

N

Please document: _____

Comments: _____

Information given on this form is accurate as of this date.

Prescriber or Authorized Signature

Date

Authorized Medical Staff – Name/Title



Catamaran Prior Authorization Department

Phone: 866-235-3062

Fax: 866-391-7222

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).