



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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**Onglyza, Kombiglyze XR, Nesina, Kazano, Oseni
Prior Authorization Criteria**

You must answer ALL of the following questions that apply to patient		
1. Is the patient receiving the medication currently (ie. in the past 120 days)?	Y	N
2. Has the patient tried and had an inadequate treatment response to at least one of the following sitagliptin containing medications? (If yes, please circle) a. Januvia b. Janumet c. Janumet XR d. Juvisync	Y	N
3. If Yes to Question 2, please skip: Did the patient have an intolerance/adverse drug event to at least one of the following sitagliptin containing medications? (If yes, please circle) a. Januvia b. Janumet c. Janumet XR d. Juvisync	Y	N
4. Has the patient tried and had an inadequate treatment response to at least one of the following linagliptin containing medications? (If yes, please circle) a. Tradjenta b. Jentadueto	Y	N

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5. **If Yes to Question 4, please skip:** Did the patient have an intolerance/adverse drug event to at least one of the following linagliptin containing medications? **(If yes, please circle)**

- a. Tradjenta
- b. Jentadueto

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).