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

Prescriber Information

Last Name:	First Name
DEA/NPI:	Specialty:
Phone	Fax

Member Information

Last Name:	First Name
Member ID Number	DOB:

Medication Information:

Drug Name and Strength:	Quantity and Dosing:
Diagnosis:	Duration:

Lamisil (Brand Only) Prior Authorization Criteria

You must answer ALL of the following questions		
1. What is the patient's diagnosis? Please document diagnosis and ICD-9 code:		
2. Has the patient had inadequate response to one prior topical therapy, including miconazole, tolnaftate, clotrimazole, ketoconazole, econazole, nystatin, butenafine, or terbinafine? Please document product and dates of trial: _____	Y	N
3. Has the patient had an intolerance to, or had a confirmed adverse event with at least one prior topical therapy, including miconazole, tolnaftate, clotrimazole, ketoconazole, econazole, nystatin, butenafine, or terbinafine? Please document product and intolerance/adverse event: _____	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 relevent comorbidities? • 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

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).