



# 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:

\_\_\_\_\_

## Daliresp (roflumilast) Prior Authorization Criteria

You must answer ALL of the following questions

1. Is the patient 18 years of age or older?	Y	N
2. What is the patient's diagnosis? Document diagnosis and ICD-9 code: _____		
3. Is the patient's FEV1 less than or equal to 50% of predicted and FEV1/FVC less than 0.7 (70%)?	Y	N
4. Does the patient have a history of COPD exacerbations which required the use of systemic corticosteroids (e.g., prednisone, prednisolone, methylprednisolone)? Please document name of product(s): _____	Y	N
5. Is the medication being used as adjunctive therapy to bronchodilator treatment (i.e. anticholinergics in combination with long-acting beta2 agonists or inhaled corticosteroids; or inhaled corticosteroid long-acting beta2 agonist combinations)? <i>Examples of anticholinergic agents: Atrovent HFA and ipratropium bromide inhalation solution</i> <i>Examples of long-acting beta2 agonists: Serevent, Foradil, and Brovana</i>	Y	N
6. Does the patient have moderate to severe liver impairment (Child-Pugh B or C)?	Y	N

Comments: \_\_\_\_\_

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

\_\_\_\_\_



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**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).**