



Prior Authorization Request for Market Priced Drug (MPD) Program

Fax to: 866-511-2202

Mail: to Catamaran Prior Authorization

Department

P.O. Box 3214

Lisle, Illinois 60532-8214

Phone: 800-626-0072

Patient Information

Name: _____ Date of Birth: _____ Member ID: _____

Pharmacy Information

Name: _____ Phone: _____ Fax: _____

Medication Information:

Name and Strength of Drug: _____ Quantity & Dosing: _____

Diagnosis: _____ Duration of Therapy: _____

Market Priced Drug (MPD) Program

Please answer the following questions

1. Has the member tried the therapeutic alternative? If no, please skip to question 2 below.	Y	N
a. Did the member experience adverse effects that resulted in discontinuation of the therapeutic alternative?	Y	N
b. Did the member fail to achieve the therapy goal after an adequate trial of the therapeutic alternative?	Y	N
2. Use of the therapeutic alternative is contraindicated with other medications. If answer is yes, MUST Specify:	Y	N
3. Is there any additional information to be considered and used in determination of this exception? If the answer is yes, please include here:	Y	N

Prescriber Information

Name: _____ Specialty: _____

DEA/NPI: _____ Phone: _____ Fax: _____

I attest that the information given on this form is accurate as of this date.

Prescriber or Authorized Signature

Date _____

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).

Market Priced Drug (MPD) Program Summary

The Market Priced Drug (MPD) program helps UFCW & Employers Benefit Trust employees save on prescription drug costs while providing safe, quality prescription drug coverage.

MPD Drug Categories					
Drug Category	Medical Conditions	Name of drug covered by UFCW & Employers	Drug Category	Medical Conditions	Name of drug covered by UFCW & Employers Benefit
Analgesics, Anti-Inflammatory Agents	Pain, inflammation, Arthritis	Indomethacin, naproxen, piroxicam	Estrogens	Postmenopausal symptoms	Estradiol tablet, estropipate, estriol tablets, Menostar transdermal
Antidiabetics	Diabetes	Glipizide, metformin	Fibric Acid Derivatives	High cholesterol	Gemfibrozil, fenofibrate
Antidepressants – SSRI, SSNRI, and others	Depression, panic attacks/anxiety	Bupropion, venlafaxine, fluoxetine, paroxetine, sertraline	Hypnotics	Sleep disorders	Zolpidem, temazepam
Antihypertensives	High blood pressure	Captopril, lisinopril	Nasal Steroids	Allergy symptoms	Fluticasone Nasal
Beta Blockers	Cardiac arrhythmia	Propranolol, metoprolol tartrate, labetalol	Opiate Agonists	Pain	Codeine, hydromorphone, morphine sulfate, oxycodone, tramadol
Calcium Channel Blockers	High blood pressure	Amlodipine	PPIs (Proton Pump Inhibitors)	GERD, acid reflux, heartburn, ulcers	Omeprazole
Other cardiac medications	High Blood Pressure	Diltiazem, verapamil	Stimulants for Weight Loss and ADHD	Weight Loss, ADHD	Dextroamphetamine, methylphenidate, dexmethylphenidate, amphetamine/ dextroamphetamine salt combination
Drugs for Overactive Bladder	Incontinence	Oxybutinin chloride, Oxytrol transdermal	Statins	High Cholesterol	Simvastatin
			Thyroid Agents	Thyroid conditions	Levothyroxine

Why were these drugs chosen?

The prescription drugs included in the MPD program all have therapeutic alternatives that, according to the FDA, may treat the targeted medical condition just as effectively and safely, but at a much lower price. These brands, generics or over-the-counter therapeutic alternatives can save you hundreds of dollars each year.

If your prescription drug is included in the MPD program, you have three options...

1. **Continue using your brand-name prescription drug.** You will have to pay the full difference between the prescribed drug and the lowest-cost therapeutic alternative. This means that your out-of-pocket costs will change as the market price for the prescribed drug changes.
2. **Save money by switching to a therapeutic alternative,** if you and your doctor decide it's a good option. Depending on your prescription drug, you may be able to choose from several therapeutic alternatives. UFCW & Employers Benefit covers the lowest-cost therapeutic alternative prescription drug with the usual copay under the prescription drug plan. If you select one of the other therapeutic alternatives, you will have to pay the difference between your choice and the lowest-cost alternative that UFCW & Employers Benefit covers.
3. **Ask your doctor to file an appeal for an exception** with Catamaran if the therapeutic alternatives are not right for you. For instance, your doctor may have already prescribed the alternative and found it was not suitable for you, or does not recommend the alternative due to other medications you are taking. If an exception is granted, you pay the regular copay, whether generic or brand-name. You can download the appeal form from www.mycatamaranRx.com, but your doctor must submit it to Catamaran using the fax number on the form.