



Prescriber Information

Last Name <input type="text"/>	First Name <input type="text"/>
DEA / NPI <input type="text"/>	Specialty <input type="text"/>
Phone <input type="text"/>	Fax <input type="text"/>

Member Information

Last Name <input type="text"/>	First Name <input type="text"/>
Member ID Number <input type="text"/>	DOB <input type="text"/>

Medication Information:

Drug Name and Strength: <input type="text"/>	Quantity: <input type="text"/>
Diagnosis: <input type="text"/>	Dosing: <input type="text"/>

Compounded Drugs Prior Authorization

You must answer ALL of the following questions

1. Does the compounded formulation contain at least one FDA-approved prescription drug/ingredient?	Y	N
2. Is the prescription ingredient in therapeutic amounts, as supported by peer reviewed literature or national compendia? National Compendia include: • American Hospital Formulary Service (AHFS) Compendium • Thomson Reuters (Healthcare) Micromedex/DrugDex (not Drug Points) Compendium • Elsevier Gold Standard's Clinical Pharmacology Compendium • National Comprehensive Cancer Network Drugs and Biologics Compendium	Y	N
3. Is the prescription ingredient(s) in a strength which is not commercially available or in short supply?	Y	N
4. Is the prescription ingredient(s) in a different dosage form for a patient who is unable to take the commercially-available formulation?	Y	N
5. Is the prescription ingredient prepared without some of the inactive ingredients (e.g. dyes, preservatives, sugars, etc.) that are found in the commercially-available drug?	Y	N
6. Has the patient tried and failed or had an intolerance to at least two FDA-approved commercially-available prescription therapeutic alternatives, one of which is the same route of administration as the requested compound?	Y	N
7. Is there a reason the patient cannot use at least two FDA-approved commercially-available prescription therapeutic alternatives, one of which is the same route of administration as the requested compound (e.g., contraindication, one or no similar products commercially-available)? (Please Circle) • Yes. Contraindication to alternatives. • Yes. Only one or no commercially available alternative is available. • No.		



<p>8. Is the safety and effectiveness for the active ingredient(s) in the requested dosage form for the prescribed indication supported by scientific literature, peer-reviewed medical literature, or national compendia? Please provide citation.</p> <p>National Compendia include:</p> <ul style="list-style-type: none"> • American Hospital Formulary Service (AHFS) Compendium • Thomson Reuters (Healthcare) Micromedex/DrugDex (not Drug Points) Compendium • Elsevier Gold Standard's Clinical Pharmacology Compendium • National Comprehensive Cancer Network Drugs and Biologics Compendium 	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 866-635-6906.

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).