Catamaran Prior Authorization Department
Phone: 877-228-7909
Fax: 866-511-2202
Caterpillar Prescription Drug Benefit

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:

When advised below, please include all requested fax documentation (lab results, etc.) when submitting this Prior Authorization fax form; not submitting requested documentation could delay the clinical review process.

Linzess Prior Authorization Form

You must answer ALL of the following questions		
1. Is the patient 18 years of age or older?	Y	N
2. Is the patient on any medications that are known to cause secondary constipation?	Y	N
3. Has the patient tried and had an inadequate response to lactulose and/or Miralax?	Y	N
4. Does the patient have a known or suspected mechanical gastrointestinal obstruction?	Y	N
5. What is the patient's diagnosis? **(Please Circle)** • Irritable bowel syndrome with constipation • Chronic idiopathic constipation • Other: _____		
6. Has the patient had chronic idiopathic constipation for six (6) months or longer?	Y	N

Please note, not all drugs/diagnoses are covered on all plans.

Comments: _____

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

Caterpillar Prior Authorization forms are located at **www.CatHealthBenefits.com** *on the "For Providers" tab. Print a new form for each request as forms are updated periodically.*

_____ _____
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 800-626-0072.

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).