



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

**Prescriber Information**

<b>Last Name:</b> <input type="text"/> <b>DEA/NPI:</b> <input type="text"/> <b>Phone</b> <input type="text"/>	<b>First Name</b> <input type="text"/> <b>Specialty:</b> <input type="text"/> <b>Fax</b> <input type="text"/>
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**Member Information**

<b>Last Name:</b> <input type="text"/> <b>Member ID Number</b> <input type="text"/>	<b>First Name</b> <input type="text"/> <b>DOB:</b> <input type="text"/>
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**Medication Information:**

<b>Drug Name and Strength:</b> <input type="text"/> <b>Diagnosis:</b> <input type="text"/>	<b>Quantity and Dosing:</b> <input type="text"/> <b>Duration:</b> <input type="text"/>
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**Actiq (Generic Only)**  
**Prior Authorization Criteria**  
**Initial Therapy**

You must answer ALL of the following questions that apply to patient		
1. Is the patient 16 years of age or older?	Y	N
2. Does the patient have a diagnosis of cancer and use of the medication is for breakthrough cancer pain?  Please document patient's cancer: _____	Y	N
3. Is the medication prescribed by an oncologist or in consultation with the treating oncologist?	Y	N
4. Is the patient opioid tolerant and taking at least 60 mg morphine/day, at least 25 mcg transdermal fentanyl/hour, at least 30mg of oxycodone daily, at least 8mg oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer?	Y	N
5. Has the patient tried at least TWO other formulary short-acting strong narcotic analgesic alternatives (other than fentanyl) and the medication was ineffective, not tolerated, or contraindicated? <b>Please Circle</b> <ul style="list-style-type: none"> <li>Concentrated morphine oral solution</li> <li>Oxycodone</li> <li>Hydromorphone</li> <li>Other: _____</li> </ul>	Y	N



6. Is the physician enrolled in the Transmucosal Immediate Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS) Access Program?	Y	N
7. Which of the following contraindications or exclusions (if any) to the use of therapy does the patient have? <b>Please Circle</b>		
<ul style="list-style-type: none"> <li>• Use in the management of acute or postoperative pain, including headache/migraine, dental pain, or use in the emergency room</li> <li>• Use in opioid non-tolerant patients</li> <li>• None</li> </ul>		

### Actiq (Generic Only) Prior Authorization Criteria Renewal Therapy

You must answer ALL of the following questions that apply to patient		
1. Is the patient 16 years of age or older?	Y	N
2. Does the patient have a diagnosis of cancer and use of the medication is for breakthrough cancer pain?  Please document patient's cancer: _____	Y	N
3. Is the medication prescribed by an oncologist or in consultation with the treating oncologist?		
4. Is the patient opioid tolerant and taking at least 60 mg morphine/day, at least 25 mcg transdermal fentanyl/hour, at least 30mg of oxycodone daily, at least 8mg oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer?	Y	N
5. Has the patient experienced an objective response to therapy?	Y	N

### Abstral, Fentora, Lazanda, Onsolis & Subsys Prior Authorization Criteria Initial Therapy

You must answer ALL of the following questions that apply to patient		
1. Is the patient 18 years of age or older?	Y	N
2. Does the patient have a diagnosis of cancer and use of the medication is for breakthrough cancer pain? Please document patient's cancer: _____	Y	N
3. Is the medication prescribed by an oncologist or in consultation with the treating oncologist?		
4. Is the patient opioid tolerant and taking at least 60 mg morphine/day, at least 25 mcg transdermal fentanyl/hour, at least 30mg of oxycodone daily, at least 8mg oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer?	Y	N
5. Has the patient tried at least TWO other formulary short-acting strong narcotic analgesic alternatives (other than fentanyl) and the medication was ineffective, not tolerated, or contraindicated? <b>Please Circle</b>	Y	N
<ul style="list-style-type: none"> <li>• Concentrated morphine oral solution</li> <li>• Oxycodone</li> <li>• Hydromorphone</li> <li>• Other: _____</li> </ul>		



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6. Is the physician enrolled in the Transmucosal Immediate Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS) Access Program?	Y	N
7. Which of the following contraindications or exclusions (if any) to the use of therapy does the patient have? <b>Please Circle</b> <ul style="list-style-type: none"> <li>• Use in the management of acute or postoperative pain, including headache/migraine, dental pain, or use in the emergency room</li> <li>• Use in opioid non-tolerant patients</li> <li>• None</li> </ul>		
8. Did the patient have a trial and intolerance to generic short-acting transmucosal fentanyl (ie. generic Actiq)? Please describe: _____	Y	N

**Abstral, Fentora, Lazanda, Onsolis & Subsys**  
**Prior Authorization Criteria**  
**Renewal Therapy**

You must answer ALL of the following questions that apply to patient		
1. Is the patient 18 years of age or older?	Y	N
2. Does the patient have a diagnosis of cancer and use of the medication is for breakthrough cancer pain? Please document patient's cancer: _____	Y	N
3. Is the medication prescribed by an oncologist or in consultation with the treating oncologist?		
4. Is the patient opioid tolerant and taking at least 60 mg morphine/day, at least 25 mcg transdermal fentanyl/hour, at least 30mg of oxycodone daily, at least 8mg oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer?	Y	N
5. Has the patient experienced an objective response to therapy?	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).**