

**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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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DOB:

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**Medication Information:**

Drug Name and Strength:

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Diagnosis:

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Quantity and Dosing:

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Duration:

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**Butrans (buprenorphine) Prior Authorization Criteria****Please complete all applicable questions**1. What is the patient's diagnosis? **(Please circle)**

- Mild pain
- Moderate to severe pain
- Other

2. Does the patient require continuous, around-the-clock opioid pain relief for an extended period of time?

Y

N

3. What is the strength of Butrans being prescribed?

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4. Will the patient be taking Butrans concurrently with any long acting opioids?

*Examples: Avinza, Duragesic, Exalgo, Kadian, MS Contin ER, Opana ER, Oramorph SR, Oxycodone CR, Oxycodone ER, and Oxycontin ER*

Y

N

5. Has the patient been assessed for clinical risks of opioid/substance abuse/or addiction using an assessment tool for opioid abuse?

Y

N

6. Will the patient be assessed for the continued need for around the-clock opioid analgesic therapy periodically?

Y

N

Comments:

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



**Catamaran Prior Authorization Department**

**Phone: 866-235-3062**

**Fax: 866-391-7222**

\_\_\_\_\_  
**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).**