



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

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First Name

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DOB:

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Medication Information:

Drug Name and Strength:

Diagnosis:

Quantity and Dosing:

Duration:

Savella (milnacipran) Prior Authorization Criteria

Please complete all applicable questions

1. Please document ICD-9 code: _____

2. Does the patient have a diagnosis of fibromyalgia?	Y	N
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3. At the time of diagnosis, did the patient have widespread pain (on the left and right side of the body, above and below the waist), which was present for at least 3 months?	Y	N
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4. At the time of diagnosis, did the patient have axial skeletal pain (cervical pain or anterior chest or thoracic spine or low back), which has been present for at least 3 months?	Y	N
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5. At the time of diagnosis, did the patient have at least 11 out of 18 positive (painful) specific bilateral tender point sites (e.g. occiput, low cervical, trapezius, supraspinatus, second rib, lateral, epicondyle, gluteal, greater trochanter, or knee) after digital palpitation with an approximate force of 4 kg?	Y	N
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6. Has the patient tried and failed one of the following medications:	Y	N
<ul style="list-style-type: none"> Cyclobenzaprine Tricyclic antidepressant Fluoxetine Lyrica (PA may be required) Cymbalta (PA may be required) 		

Please document name of product(s) and dates of trial: _____

Comments: _____

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



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Phone: 866-235-3062
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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).