1. Will the patient be using Belbuca concurrently with methadone (Dolophine) or a buprenorphine medication such as Suboxone for opioid addiction? Yes (please select buprenorphine or methadone and answer questions a & b below) No

   - Buprenorphine medication for addiction: Do you agree the patient will be tapered off of the opioid within 30 days? Yes No
     *If YES, please specify what medication(s), strength and quantity will be needed for 30 day taper:

   - Methadone: Do you agree the patient will be tapered off of the methadone or the requested opioid within 30 days? Yes No
     *If YES, please select taper methadone or taper opioid below:
     - Taper methadone: Please specify strength and quantity that will be needed for the 30 day taper:
     - Taper opioid: Please specify what medication(s), strength and quantity that will be needed for the 30 day taper:

     a. Has the patient had a recent injury, accident or surgery that requires the addition of an opioid to their therapy? Yes No
b. Will the patient be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential of diversion to others? Yes No

2. Will the patient be taking Belbuca concurrently with another buprenorphine product? Yes No

3. Is Belbuca being used for the treatment of opioid dependence? Yes No

4. Does the patient have pain severe enough to require daily, around-the-clock long term opioid treatment? Yes No

5. Will the patient be taking another long acting opioid analgesic(s)? Yes No

6. Does the physician agree to assess the patient for serotonin syndrome? Yes No

7. Does the physician agree to assess the benefits of pain control for example: by implementing a care plan, check for signs of abuse and evaluating severity of pain after 3 months of therapy? Yes No

8. Will the patient be using Belbuca in combination with alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium) or lorazepam (Ativan)? Yes No

9. Will the patient be using Belbuca in combination with oxazepam (Serax), chlor Diazepoxide (Librium) or clorazepate dipotassium (Tranxene)? Yes No

10. Has the patient been on Belbuca therapy continuously for the last 4 months, excluding samples? Yes No

   *If NO, this is INITIATION of therapy, please answer ALL of the following questions:
   a. Have alternative treatment options, including non-opioid analgesics and immediate release analgesics, been ineffective, not tolerated or inadequate for controlling the pain? Yes No
b. Is the prescriber knowledgeable in the use of potent opioids for the management of chronic pain? Yes No

The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. Prescriber Certification: I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer. Belbuca – FEP CSU_MD Fax Form Revised 6/23/2017
Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically Online (ePA)</td>
<td>Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</td>
</tr>
<tr>
<td>Phone (4-5 minutes for response)</td>
<td>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</td>
</tr>
<tr>
<td>Fax (3-5 days for response)</td>
<td>Fax the attached form to (877)-378-4727 Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. Please only fax the completed form once as duplicate submissions may delay processing times.</td>
</tr>
</tbody>
</table>

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