



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

Reset Form

Print Form

FAX this completed form to 1-888-865-6531

OR Mail request to: Pharmacy Services Prior Authorization Dept. 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication.

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Abstral®/Actiq®/Fentora®/Lazanda®/Onsolis®/Subsys®

(fentanyl) sublingual tablet / oral transmucosal lozenge / buccal tablet / nasal spray / buccal soluble film / sublingual spray)

Maximum Length of Approval = Three Months

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber's Phone Number

Grid for Prescriber's Phone Number

Prescriber's Fax Number

Grid for Prescriber's Fax Number

- 1. Is the patient currently receiving a short acting and long acting opioid analgesic on a routine basis?
2. Current opioid therapy: (must provide progress notes or medical records for verification of history and therapeutic outcomes of trials)
Drug: ; Dose: ; Start & End dates: ; Outcome:
Drug: ; Dose: ; Start & End dates: ; Outcome:
Drug: ; Dose: ; Start & End dates: ; Outcome:

Comments:

Large text box for comments

- 3. Does patient have an existing cancer diagnosis?
4. Is the prescribing physician's specialty an oncologist or pain management related to oncology?
5. Has restricted drug distribution program enrollment been completed? (documentation verifying enrollment must be submitted)

Prescriber's Signature: Date:

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.