

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Fentanyl

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health Florida at **1-855-799-2554**.

When conditions are met, we will authorize the coverage of Fentanyl.

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name

Abstral (fentanyl sublingual tablet)

Actiq (oral transmucosal lozenge)

Fentora (buccal tablet)

Lazanda (nasal spray)

Onsolis (buccal soluble film)

Subsys (sublingual spray)

Other, please specify \_\_\_\_\_

Quantity \_\_\_\_\_

Frequency \_\_\_\_\_

Strength \_\_\_\_\_

Route of Administration \_\_\_\_\_

Expected Length of therapy \_\_\_\_\_

Patient Information

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient Group No.: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Prescribing Physician

Physician Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Please circle the appropriate answer for each question.

1. Is the patient 18 years of age or older? Y N

2. Does the patient have a diagnosis of cancer confirmed by supporting documentation or health conditions? Y N  
[Note: Abstral, Actiq, Fentora, Lazanda, Onsolis, and Subsys are not covered for the management of acute or postoperative pain.]

3. Is the patient opioid tolerant and currently receiving around the clock opioids for background pain (over the past 30 days)? Y N

[Note: These opioids must include a minimum of one long-acting narcotic and one short-acting narcotic. Patients are considered opioid tolerant if they are taking at least 60 mg morphine/day, 25 mcg transdermal fentanyl/hour, 30 mg oral oxycodone/day, 8 mg oral hydromorphone/day, or an equianalgesic dose of another opioid for at least a week. Abstral, Actiq, Fentora, Lazanda, Onsolis, and Subsys are not covered for patients who are not tolerant to and are not on opioid therapy.]

- |  |   |   |
|--|---|---|
| 4. Has the patient had a 30 day minimum trial and failure (i.e., allergy, intolerance, or hypersensitivity) of an optimal dose of oral immediate-release formulation of morphine, hydromorphone, or oxycodone? | Y | N |
| 5. Is the prescribing practitioner's specialty in Oncology or Pain Management related to Oncology?   | Y | N |
| 6. Is this request being submitted with a copy of the patient prescriber agreement form verifying enrollment in the TIRF REMS Access Program?  | Y | N |
| 7. Is this request for a nursing home patient?   | Y | N |

Comments:

---

---

I affirm that the information given on this form is true and accurate as of this date.

---

Prescriber (Or Authorized) Signature

Date