Reset Form Print Form

FLORIDA MEDICAID PRIOR AUTHORIZATION

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 = Six Months

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

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber's Phone Number - -

Prescriber's Fax Number - -

1. Is the patient currently receiving a short acting and long acting opioid analgesic on a routine basis?
   ☐ Yes ☐ No
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:
3. Does patient have an existing cancer diagnosis?
   ☐ Yes ☐ No
4. Is the prescribing physician's specialty an oncologist or pain management related to oncology?
   ☐ Yes ☐ No
5. Has restricted drug distribution program enrollment been completed? (documentation verifying enrollment must be submitted)
   ☐ Yes ☐ No

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.

Call or Fax Information to: Florida Community Care Prior Authorization
Phone number for non-specialty Prior Authorization: 877-433-7643
Phone number for specialty Prior Authorization: 866-814-5506
Fax number for non-specialty Prior Authorization: 866-255-7569
Fax number for non-specialty Prior Authorization: 866-249-6155