

Pharmacy

PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax to: (877) 974-4411 toll free, or (616) 942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Abstral[®] (fentanyl [sublingual tablet])

fentanyl citrate [oral transmucosal lollipop]

Fentora[®] (fentanyl [buccal tablet])

Onsolis[®] (fentanyl [buccal film])

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

PRODUCT INFORMATION

Abstral[®] 100 mcg 200 mcg 300 mcg 400 mcg 600 mcg 800 mcg

fentanyl citrate (generic Actiq[®]) 200 mcg 400 mcg 600 mcg 800 mcg 1,200 mcg 1,600 mcg

Fentora[®] 100 mcg 200 mcg 400 mcg 600 mcg 800 mcg

Onsolis[®] 200 mcg 400 mcg 600 mcg 800 mcg 1,200 mcg

Start Date: _____

Dosing frequency: _____

