



**Independence
Blue Cross**

Prior Authorization Form

Fentora®/Opana®/Opana ER®/Magnacet®/Actiq®

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Drug Requested: Fentora® Opana® Magnacet® Actiq® lozenge Fentanyl citrate lozenge
 Opana ER® Other (specify) _____

Dose _____ *Quantity _____

Date: _____ Patient ID#: _____ DOB: _____

Patient Name: _____ Provider NPI: _____

Prescribing Physician: _____ Office Contact: _____

Office Fax #: _____ Office Phone: _____

* Fentora is limited to 120 tablets per 30 days, Opana is limited to 180 tablets per 30 days, Opana ER to 90 tablets per 30 days, Magnacet to 180 tablets per 30 days and generic and brand Actiq to 120 units per 30 days

ONLY COMPLETED REQUESTS WILL BE REVIEWED

1. PROVIDER SPECIALTY (specify all) _____

2. DIAGNOSIS FOR DRUG REQUESTED:

Breakthrough pain associated with cancer Other (specify) _____

3. MEDICATION HISTORY (Please list any previous or current therapy related to the diagnosis, using drug names and dates)

N/A If none or not applicable to diagnosis, indicate "N/A."

Drug Name	Date	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. PATIENT HISTORY:

(Fentora®, generic Actiq®, brand Actiq®):

a. Is the patient tolerant to current opioid therapy (at least 60mg of oral morphine/day or an equi-analgesic dose of another opioid)? Yes No N/A

b. Has the patient tried and failed an oral transbuccal fentanyl citrate (Actiq®) for at least one week or longer? Yes No N/A
 Brand Generic

(Magnacet only)

c. Is there a reason why an oxycodone/acetaminophen containing product with greater than 400mg of acetaminophen would not be appropriate? Yes No N/A

Please add any other supporting medical information that may be useful in the decision-making process:

FAX TO (888) 671-5285. YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL.

Internal use only	Coverage effective date / /
Document # _____	Processor Initials _____ Date _____
M F Rx coverage Y N	STANDARD - SELECT LOB _____
Previous Auth Y N	Approved Reviewer Initials _____ Date _____