



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#  
[Grid for 10 digits]

Date of Birth (MM/DD/YYYY)  
[Grid for MM/DD/YYYY]

Recipient's Full Name  
[Grid for 30 characters]

Prescriber's Full Name  
[Grid for 30 characters]

Prescriber License # (ME, OS, ARNP, PA)  
[Grid for 10 characters]

Prescriber Phone Number  
[Grid for 10 digits]

Prescriber Fax Number  
[Grid for 10 digits]

- Is the patient currently receiving a short acting and long acting opioid analgesic on a routine basis?  
Yes                      No
- 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 empty box for comments]
- Does patient have an existing cancer diagnosis?  
Yes                      No
- Is the prescribing physician's specialty an oncologist or pain management related to oncology?  
Yes                      No
- Has restricted drug distribution program enrollment been completed? (documentation verifying enrollment must be submitted)  
Yes                      No

Prescriber's Signature \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUIRED FOR REVIEW:** Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

**The provider must retain copies of all documentation for five years.**

Fax Information to:



Pharmacy Provider Services  
Fax: 855-825-2717  
Phone: 1-800-617-5727