



Aetna Better Health® of Florida (MEDICAID)
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 = Three Months

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

Recipient's Medicaid ID#

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Date of Birth (MM/DD/YYYY)

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Recipient's Full Name

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Prescriber's Full Name

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Prescriber's NPI

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Prescriber's Phone Number

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Prescriber's Fax Number

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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:

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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.

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

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