

Iowa Department of Human Services

FAX Completed Form To 1 (800) 574-2515

Request for Prior Authorization FENTANYL, SHORT ACTING PRODUCTS

Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	ledicaid Member ID # Patient name		DOB	
Patient address				
Provider NPI Prescriber name			Phone	
Prescriber address			Fax	
Pharmacy name	Address		Phone	
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.				
Pharmacy NPI Pharmacy fax NDC				
 Prior authorization is required for short acting fentanyl products. Payment will be considered only if the diagnosis is for breakthrough cancer pain in opioid tolerant patients. Short acting fentanyl products: Are indicated only for the management of breakthrough cancer pain in patients with malignancies already receiving and tolerant to opioid therapy for their underlying persistent cancer pain. Are contraindicated in the management of acute or postoperative pain. Because life-threatening hypoventilation could occur at any dose in patients not taking chronic opiates, do not use in opioid non-tolerant patients. PLEASE NOTE THERE IS A BLACK BOX WARNING FOR THIS PRODUCT Non-Preferred 				
Abstral Actiq	FentoraOnsolisLazandaSubsys			
Strength	Dosage Instructions Qu	antity	Days Supply	
Diagnosis: Diagnosis: Diagnosis: Diagnosis: Diagnosis: Breakthrough Cancer Pain (no malignancies) Diagnosis:				
Prescriber Specialty: Oncologist Pain management specialist Other (specify):				
Current opioid therapy: Drug NameStree		Stren	gth	
Dosage instructions Opioid duration of therapy:weeks/months/years (circ			weeks/months/years (circle)	
Additional relevant information:				
Possible drug interactions/conflicting drug therapies:				
Attach lab results and other documentation as necessary.				
Prescriber signature (Must match prescriber listed above.)		Date of sul	Date of submission	

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.