



**Transmucosal Fentanyl (Actiq[®], Fentora[®], Onsolis[™])
PRIOR REVIEW/CERTIFICATION FAXBACK FORM**

**INCOMPLETE FORMS MAY DELAY PROCESSING
ALL NC PROVIDERS MUST PROVIDE THEIR 5 DIGIT BCBSNC PROVIDER ID# BELOW**

PRESCRIBER INFORMATION		PATIENT INFORMATION	
PHYSICIAN NAME	PROVIDER ID/TAX ID (if out of state must have tax ID)	PATIENT NAME	
CONTACT PERSON/PRACTICE NAME		PATIENT'S BCBSNC ID	
PRACTICE PHONE	PRACTICE FAX	PATIENT'S DATE OF BIRTH	
PRACTICE ADDRESS	CITY	STATE	ZIP

Requested Drug and Strength: _____

Requested Quantity for 30 days: _____

Note: Quantity Limit of 120 units per 30 days. Patients should limit consumption to 4 or fewer units per day.

- *Actiq (including generic fentanyl citrate): 120 lozenges per 30 days*
- *Fentora: 120 tablets per 30 days*
- *Onsolis: 120 films per 30 days*

Please answer the following questions:

- 1) Is the requested drug being prescribed for the management of breakthrough pain due to cancer? Yes No
- 2) Is the requested drug being prescribed for acute or post-operative pain? Yes No
- 3) Is the patient currently receiving a long-acting opioid analgesic (e.g., methadone, sustained-release morphine, oxycodone controlled-release tablets [OxyContin[®]], or fentanyl transdermal system [Duragesic[®]]) for treatment of chronic pain? Yes No
- 4) Is the patient tolerant to a long-acting opioid analgesic? Yes No
Patients considered opioid tolerant are those who are taking, for one week or longer,
 - *at least 60 mg morphine/day,*
 - *at least 25 mcg transdermal fentanyl/hour,*
 - *at least 30 mg of oxycodone daily,*
 - *at least 8 mg oral hydromorphone daily,*
 - *at least 25 mg oral oxymorphone daily, or*
 - *an equianalgesic dose of another opioid.*
- 5) This request for fentanyl represents:
 New start on transmucosal fentanyl therapy Continuation of transmucosal fentanyl therapy

Other Pertinent Information:

I certify that the above information is accurate and **is documented in the medical record.**

Prescriber's Signature Required: _____ Date: _____

Fax completed form to 1-800-795-9403