An Independent Licensee
of the Blue Cross and
Blue Shield Association

Precertification Request Form for

Fentanyl: oral, sublingual, or nasal formulations:
Abstral®, Actiq®, Fentora®, Lazanda®, Onsolis®, Subsys®

Precertification for an oral, sublingual, or nasal Fentanyl formulation requires completion of this form in its entirety. All requested data must be provided. Once completed the form must be signed by the medical provider and faxed back to BCBSAZ Pharmacy Management at **(602) 864-3126**. Incomplete forms may result in denial of requested medication due to lack of needed information.

Provider Information			Patient Information		
Physician's Name			Patient's Name		
Physician Specialty	NPI #		BCBSAZ Member ID		
Mailing Address			Date of Birth / /	Gender ☐ Male ☐ Female	
City	State	Zip Code	Patient's Address		
Phone # ( ) - ext	Fax # ( ) -		City	State	Zip Code

Medication Information

Medication Name & Strength: ____________________

Directions for Use & Duration: ____________________

Diagnosis Code: ____________________

Diagnosis: ____________________

All of the following questions and/or information must be answered and provided to assess request:

Request is for which of the following Fentanyl formulation:
___ Abstral ___ Actiq ___ Fentora ___ Lazanda ___ Onsolis ___ Subsys

Yes	No	
		Individual has cancer
		Breakthrough pain is due to persistent cancer pain
		Individual is already receiving around-the-clock opioid therapy for underlying persistent cancer pain and is tolerant to the around-the-clock opioid therapy (check all that apply): ___ Individual is using at least 60 mg of oral morphine daily ___ Individual is using at least 25 mcg/hour of transdermal fentanyl ___ Individual is using at least 30 mg of oral oxycodone daily ___ Individual is using at least 8 mg of oral hydromorphone daily ___ Individual is using at least 25 mg or oral oxymorphone daily ___ Individual is using an equianalgesic dose of another opioid for a week or longer

Signature affirms that information given on this form is true and accurate and reflects office notes

Physician's Signature	Date