



Federal Employee Program.

FENTANYL POWDER PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the cardholder portion, and have the prescribing physician complete the physician portion and submit this completed form.

Member Information (required)				Provider Information (required)		
Date:				Provider Name:		
Cardholder Name:				Specialty:		NPI:
Member Name:				Office Phone:		
Date of Birth:		Sex: Male Female		Office Fax:		
Street Address:				Office Street Address:		
City:		State:	Zip:	City:		State: Zip:
Cardholder ID: R			Physician Signature:			
PHYSICIAN COMPLETES						

Fentanyl Powder (fentanyl citrate)

NOTE: Form must be completed in its **entirety** for processing

Please select the **dosage form** for the Fentanyl powder compound:

- Intrathecal Solution
 Oral buccal film/patch
 Oral tablet/capsule
 Nasal spray
 Oral lozenge/lollipop
 Other form (please specify): _____
Strength: _____ **Total quantity requested:** _____ per 90 days

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

- Will the patient be using the compounded Fentanyl product with another immediate release Fentanyl product? Yes No
- Does the prescriber agree to participate in the *Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction and overdose and discontinue if necessary? Yes No

*For information about Opioid Analgesic REMS please visit: <https://opioidanalgesicrems.com>

SECTION A: Please answer the following questions for ALL dosage forms EXCEPT intrathecal solution

- What is the patient's diagnosis?
 - Breakthrough cancer pain
 - Location or type of cancer being treated: _____
 - Other diagnosis (please specify): _____
- Is the prescribing healthcare professional knowledgeable of, and skilled in, the use of Schedule II opioids to treat cancer pain? Yes No
- Is this **INITIATION** or **CONTINUATION** of Fentanyl powder therapy? *Please select answer below:*
 - INITIATION** of therapy, please answer the following questions:
 - Is the patient already receiving **around the clock** opioid therapy for underlying persistent cancer pain? Yes No
 - Is the patient taking one of the following listed therapies for at least one week or longer and therefore considered opioid tolerant: at least 60mg of oral morphine/day, at least 25 mcg transdermal fentanyl/hr, at least 8mg oral hydromorphone/day, at least 25mg oral oxycodone/day, at least 30mg oral oxycodone/day, **OR** an equianalgesic dose of another opioid? Yes No*
 - *If **NO**, are the dosages lower to achieve tolerance in a renal impaired or elderly patient? Yes No
 - CONTINUATION (PA renewal)** of therapy, please answer the following question:
 - Has patient remained on around-the-clock opioid therapy? Yes No

SECTION B: Intrathecal Solution Use Only

- Is the intrathecal solution being used for intraoperative and/or postoperative analgesia? Yes No



**BlueCross
BlueShield**

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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax (3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727 Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

<p>faster... easier... better...</p>	<p>Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!</p> <p>CVS/caremark </p>
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