



2. Have chart notes or other documentation supporting a diagnosis of cancer-related pain been submitted to CVS Health?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Which drug is being requested? Please check the drug being requested.	
[Note: Ensure that the patient can safely take the requested dose based on their history of opioid use.]	
Abstral 600 mcg or 800 mcg (if checked, then go to 4)	<input type="checkbox"/>
Abstral 100 mcg, 200 mcg, 300 mcg, 400 mcg (if checked, then go to 6)	<input type="checkbox"/>
Actiq (all strengths) (if checked, then go to 6)	<input type="checkbox"/>
Fentora (all strengths) (if checked, then go to 6)	<input type="checkbox"/>
Lazanda 100 mcg (if checked, then go to 7)	<input type="checkbox"/>
Lazanda 300 mcg or 400 mcg (if checked, then go to 5)	<input type="checkbox"/>
Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (if checked, then go to 6)	<input type="checkbox"/>
Subsys 1200 mcg, 1600 mcg (if checked, then go to 8)	<input type="checkbox"/>
4. Coverage is provided for up to 120 units per month of Abstral 600 mcg, 800 mcg. Is MORE than this quantity needed to manage the patient's pain?	<input type="checkbox"/> Y <input type="checkbox"/> N
[No further questions.]	
5. Coverage is provided for up to 240 sprays per month (i.e., 30 bottles per month) of Lazanda 300 mcg, 400 mcg. Is MORE than this quantity needed to manage the patient's pain?	<input type="checkbox"/> Y <input type="checkbox"/> N
[No further questions.]	
6. Coverage is provided for up to 120 units per month of the following: A) Abstral 100 mcg, 200 mcg, 300 mcg, 400 mcg, B) Actiq (all strengths), C) Fentora (all strengths), D) Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg. If higher quantities are needed, then additional questions are required. Is MORE than this quantity needed to manage the patient's pain?	<input type="checkbox"/> Y <input type="checkbox"/> N
[Note Subsys packaging: Supplied as 1 spray per blister for Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg.]	
[If no, then no further questions.]	
[If yes, then skip to question 9.]	
7. Coverage is provided for up to 240 sprays per month (i.e., 30 bottles per month) of Lazanda 100 mcg. If higher quantities are needed, then additional questions are required. Is MORE than this quantity needed to manage the patient's pain?	<input type="checkbox"/> Y <input type="checkbox"/> N

[If no, then no further questions.]	
[If yes, then skip to question 9.]	
8. Coverage is provided for up to 240 sprays per month (i.e., 120 blisters per month) of Subsys 1200 mcg or 1600 mcg. If higher quantities are needed, then additional questions are required. Is MORE than this quantity needed to manage the patient's pain?	<input type="checkbox"/> Y <input type="checkbox"/> N
[Note Subsys packaging: Supplied as 2 sprays per blister for Subsys 1200 mcg and 1600 mcg.]	
[If no, then no further questions.]	
9. Is the patient's dose of a concomitant long-acting analgesic being increased?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If yes, then skip to question 11.]	
10. Are additional quantities of the requested drug needed for breakthrough pain because the dose of the patient's long-acting analgesic is unable to be increased?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If no, then no further questions.]	
11. Which drug is being requested? Please check the drug being requested.	
[Note: Ensure that the patient can safely take the requested dose based on their history of opioid use.]	
Abstral 100 mcg, 200 mcg, 300 mcg, 400 mcg (if checked, then go to 12)	<input type="checkbox"/>
Actiq (all strengths) (if checked, then go to 12)	<input type="checkbox"/>
Fentora (all strengths) (if checked, then go to 12)	<input type="checkbox"/>
Lazanda 100 mcg (if checked, then go to 13)	<input type="checkbox"/>
Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (if checked, then go to 12)	<input type="checkbox"/>
Subsys 1200 mcg, 1600 mcg (if checked, then go to 14)	<input type="checkbox"/>
12. Does the patient's pain require use of MORE than 180 units per month of any of the following: A) Abstral 100 mcg, 200 mcg, 300 mcg, 400 mcg, B) Actiq (all strengths), C) Fentora (all strengths), D) Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg?	<input type="checkbox"/> Y <input type="checkbox"/> N
[Note Subsys packaging: Supplied as 1 spray per blister for Subsys 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg.]	
[No further questions.]	
13. Does the patient's pain require use of MORE than 360 sprays per month (i.e., 45 bottles per month) of Lazanda 100 mcg?	<input type="checkbox"/> Y <input type="checkbox"/> N
[No further questions.]	

14. Does the patient's pain require use of MORE than 360 sprays per month (i.e., 180 blisters per month) of Subsys 1200 mcg or 1600 mcg?

Y N

[Note Subsys packaging: Supplied as 2 sprays per blister for Subsys 1200 mcg and 1600 mcg.]

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

**Prescriber (Or Authorized) Signature and Date**