



Prior Authorization Form

**Arkansas Blue Cross and Blue Shield (Medicare)  
Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS)  
Actiq Post Limit (Medicare Prior Authorization)**

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.  
Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.  
When conditions are met, we will authorize the coverage of Actiq Post Limit (Medicare Prior Authorization).

**Drug Name (select from list of drugs shown)**

Actiq

**Patient Information**

Patient

Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient

Group No.: \_\_\_\_\_

Patient

DOB: \_\_\_\_\_

**Prescribing Physician**

Physician

Name: \_\_\_\_\_

Physician

Phone: \_\_\_\_\_

Physician

Fax: \_\_\_\_\_

Physician

Address: \_\_\_\_\_

City, State,

Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD

Code: \_\_\_\_\_

Please circle the appropriate answer for each applicable question.

1. Will the oral fentanyl product (e.g., Actiq, Fentora) be used to manage breakthrough cancer pain? Y    N  
[If the answer to this question is no, then no further questions are required.]
2. Are more than 4 units per day required? Y    N  
[If the answer to this question is no, then no further questions are required.]
3. Are more than 4 units per day required while adjusting/increasing the patient's concomitant long-acting analgesic? Y    N  
[If the answer to this question is yes, then no further questions are required.]
4. Are more than 4 units per day required because of increased or more frequent breakthrough pain? Y    N  
[If the answer to this question is no, then no further questions are required.]
5. Are more than 4 units per day required because the member is unable to tolerate or experiences inadequate pain control with fewer doses of a higher strength of oral fentanyl? Y    N  
[If the answer to this question is yes, then no further questions are required.]
6. Does the patient require more than 4 units per day of the 1600mcg strength of oral fentanyl? Y    N



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**Comments:**

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I affirm that the information given on this form is true and accurate as of this date.

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