

## FLORIDA MEDICAID PRIOR AUTHORIZATION

## Abstral®/Actiq®/Fentora®/Lazanda®/Onsolis®/Subsys®

(fentanyl sublingual tablet / oral transmucosal lozenge / buccal tablet / nasal spray / buccal soluble film / sublingual spray)

Maximum Length of Approval = Three Months

Note: Form must be completed in full. An incomplete form may be returned.

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2.	of trials)  Drug:; Dose:  Drug:; Dose:								; Start & End dates:; Start & End dates:											r verification of history and therapeutic outcomes; Outcome:; Outcome:; Outcome:											_						
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Fax this form to 1-866-940-7328

copies of related labs. The provider must retain copies of all documentation for five years.

Pharmacy PA Call Center: 1-855-258-1593

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