



# Actiq® (Fentanyl Citrate) Prior Authorization Request

Fax completed form to (816) 271-1228  
or mail to 137 North Belt Highway, St. Joseph, MO 64506.

Questions? Call (816) 271-4019 or (800) 447-5819.

### Provider Information

Prescriber's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Patient Information

Name: \_\_\_\_\_ CHP Member ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Female  Male

Is the Member being treated for Breakthrough Cancer Pain?  Yes  No

### **Current treatment Regimen:**

Drug/Dose: \_\_\_\_\_ Result: \_\_\_\_\_

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Dose requested:  200mcg  400mcg  600mcg  800mcg  1200mcg  1600mcg

Quantity requested: \_\_\_\_\_ Frequency of Dose: \_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_

Requesting prescriber's signature: \_\_\_\_\_

**Coverage policy:** Community Health Plan will cover the cost of Actiq® for the management of breakthrough cancer pain in patients with malignancies who are **already receiving and who are tolerant to Opioid therapy for their underlying cancer pain.** Patients considered Opioid tolerant are those who are taking at least 60mg Morphine/day, 50mcg Transdermal Fentanyl/hour, or an equianalgesic dose of another Opioid for a week or longer.

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