

MEDICATION PRIOR AUTHORIZATION REQUEST FORM FAX this completed form to 1-833-546-1507 OR Mail request to: Pharmacy Services Prior Authorization Dept.

5 River Park Place East, Suite 210 | Fresno, CA 93720 Call 1-866-399-0928 to request a 72-hour supply of medication.

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information,

expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

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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