



**Fentanyl citrate
lozenges
(fentanyl citrate)**

**Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922**

Please have the information below ready when calling in the authorization.

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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1. Is the initial prescription written or recommended by an Oncologist or Pain Specialist?
2. Is the diagnosis or indication for the management of breakthrough cancer pain?
3. Is the diagnosis or indication for the management of acute or postoperative pain?
4. Is the patient already receiving and tolerant to opioid therapy for there underlying persistent cancer pain?
5. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.