



Fentanyl lozenges

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
You may also send your request via email to: medicarepartdparequests@express-scripts.com

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:

SECTION A Please answer the following questions

- 1. Yes No Is the initial prescription written or recommended by an oncologist or pain specialist?
2. Yes No Is the diagnosis or indication for the management of breakthrough cancer pain?
3. Please indicate member's cancer diagnosis (type of cancer) below:
4. Yes No Does the patient have a documented history of opioid use?
5. Yes No Is transmucosal fentanyl citrate being used in an opioid naive patient, such as a patient who is not taking at least 60 mg morphine/day, at least 25 mcg transdermal fentanyl/hour, at least 30 mg of oxycodone daily, at least 8 mg oral hydromorphone daily or an equianalgesic dose of another opioid for a week or longer?
6. Yes No Is the diagnosis or indication for the management of acute, intermittent or postoperative pain?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>