Jefferson Health Plans

2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Fentanyl Citrate Transmucosal Lozenge

Fax back to: (833) 605-4407
Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**Specialty/facility name (if applicable):**

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.
Please answer the following questions and sign.

Q1. Has the patient been previously approved for fentanyl citrate transmucosal lozenges?

☐ Yes ☐ No

Q2. Have you attached an updated evaluation that includes the following documentation? a. Assessment of pain severity and functional ability; b. Progress towards achieving therapeutic goals; c. Presence of adverse effects; d. Plan of care including duration of treatment; e. Assessment for possible aberrant drug-related behaviors, substance use, and psychological issues

☐ Yes ☐ No

Q3. Will the patient remain on around-the-clock opioids while receiving treatment with fentanyl citrate transmucosal lozenges?

☐ Yes ☐ No

Q4. Is the prescriber either a pain management specialist or an oncologist?

☐ Yes ☐ No

Jefferson Health Plans

2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Fentanyl Citrate Transmucosal Lozenge

Fax back to: (833) 605-4407
Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**

Q5. Is the patient 16 years of age and older?

☐ Yes ☐ No

Q6. Are both the patient and the prescriber enrolled in the Transmucosal Immediate Release Fentanyl (TIRF) REMs Access Program? Please attach documentation of enrollment.

☐ Yes ☐ No

Q7. Does the patient have a diagnosis of cancer? Please attach documentation.

☐ Yes ☐ No

Q8. Has the patient become tolerate to around-the-clock opioid therapy for persistent cancer pain?

☐ Yes ☐ No

Q9. Will the patient remain on around-the-clock opioids while receiving treatment with fentanyl citrate transmucosal lozenges?

☐ Yes ☐ No

Q10. Additional Information:

Prescriber Signature

Date

2024 Prior Authorization Request