



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

FENTANYL LOLLIPOP (ORAL TRANSMUCOSAL)

Coverage Criteria

Management of breakthrough pain in cancer patients ages 16 and older who are already taking and tolerating around-the-clock opioid therapy to treat their underlying persistent cancer pain. Patients must remain on around-the-clock opioid therapy while taking this product.

Exclusion Criteria

non FDA-approved use

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male	Female		
Date of Birth		Age	Weight in Kg		
Street Address					
City		State	Zip		

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State	Zip		
Phone		Fax			

Requested Drug

FENTANYL CITRATE	Reason for Request				
Condition/Diagnosis Related					

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing			Strength/Dosage		
Please List Alternative Formulary Drugs					
Comments					

Physicians Signature: _____ **Fax Form to 1-877-847-9904**