

ACTIQ, FENTORA, AND FENTANYL CITRATE PA SUMMARY

PREFERRED	fentanyl citrate with PA required
NON-PREFERRED	Actiq, Fentora

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA: These products are available for patients who are currently on a long-acting narcotic but are experiencing breakthrough Cancer pain and are unable to swallow or have uncontrollable nausea and vomiting. Use of the generic fentanyl citrate is required prior to obtaining approval for the brand name product.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.