

TRANSMUCOSAL FENTANYL CITRATE PA SUMMARY

MEDICATIONS: Abstral, Actiq (brand or generic), Fentora, Onsolis, Subsys

STATUS: Non-Preferred

NOTE: Both brand and generic Actiq are non-preferred. If brand-name Actiq is approved, the PA will be entered for the generic product, fentanyl citrate oral lozenge.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Abstral or Fentora

- ❖ Approvable for the diagnosis of breakthrough cancer pain in members 18 years of age or older currently on long-acting narcotic therapy who are unable to swallow or who have uncontrollable nausea and vomiting

For Actiq (brand or generic)

- ❖ Approvable for the diagnosis of breakthrough cancer pain in members 16 or 17 years of age currently on long-acting narcotic therapy who are unable to swallow or who have uncontrollable nausea and vomiting
- ❖ If member is 18 years or older, physician must submit a written letter of medical necessity stating the reason(s) the non-preferred products (which also require PA), Abstral and Fentora, are not appropriate for the member.

For Onsolis or Subsys

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the non-preferred products (which also require PA), Abstral and Fentora, are not appropriate for the member.

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.