Fentora® (Fentanyl Buccal Tablet)
Buccal tablets: 100mcg, 200mcg, 300mcg, 400mcg, 600mcg and 800mcg

PREFERRED MEDICATION:
NA

NON-PREFERRED MEDICATION:
NA

INDICATION:
“FENTORA is indicated only for the management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain. Patients considered opioid tolerant are those who are taking around-the-clock medicine consisting of at least 60 mg of oral morphine daily, at least 25 mcg of transdermal fentanyl/hour, at least 30 mg of oxycodone daily, at least 8 mg of oral hydromorphone daily, or an equianalgesic dose of another opioid daily for a week or longer.”¹

CRITERIA FOR APPROVAL:
The following criteria must be met for the approval of coverage:

1. The patient is at least 18 years old; AND
2. The patient is being treated for cancer pain; AND
3. The patient is receiving around-the-clock opioid therapy; AND
4. The patient is opioid tolerant as described above.

CRITERIA CAUSING DENIAL:
1. The medication is prescribed for anything other than breakthrough cancer pain.
2. The patient is not receiving around-the-clock opioid therapy.
3. The patient is not opioid tolerant.
LENGTH OF AUTHORIZATION:

1. Coverage may be approved for up to 6 months.

DISPENSING LIMIT:

1. The dispensing limit is a 30 day supply of medication.

QUANTITY LIMIT:

1. The quantity limit is 90 tablets per 30 days.

REFERENCES / FOOTNOTES: