



**GEORGIA MEDICAID FEE-FOR-SERVICE
TRANSMUCOSAL FENTANYL PA SUMMARY**

Preferred	Non-Preferred
n/a	Actiq (fentanyl oral lozenge) Fentanyl oral lozenge generic Fentora (fentanyl buccal tablets) Lazanda (fentanyl nasal spray) Subsys (fentanyl sublingual spray)

LENGTH OF AUTHORIZATION: 1 year

NOTE: If generic transmucosal fentanyl oral lozenge is approved, the PA will be issued for brand Actiq.

PA CRITERIA:

Actiq and Fentanyl Oral Lozenge Generic

- ❖ Approvable for members 16 to 17 years of age with a diagnosis of breakthrough cancer pain who are currently on long-acting narcotic therapy and whose pain has not been relieved by oral immediate-release opioids and adequate dosing of around-the-clock opioids or who are unable to swallow or who have uncontrollable nausea and vomiting.
- ❖ For members 18 years of age or older with a diagnosis of breakthrough cancer pain who are currently on long-acting narcotic therapy and whose pain has not been relieved by oral immediate-release opioids and adequate dosing of around-the-clock opioids or who are unable to swallow or who have uncontrollable nausea and vomiting, prescriber must submit a written letter of medical necessity stating the reasons Fentora is not appropriate for the member.

Fentora

- ❖ Approvable for members 18 years of age or older with a diagnosis of breakthrough cancer pain who are currently on long-acting narcotic therapy and whose pain has not been relieved by oral immediate-release opioids and adequate dosing of around-the-clock opioids or who are unable to swallow or who have uncontrollable nausea and vomiting.

Lazanda or Subsys

- ❖ For members 18 years of age or older with a diagnosis of breakthrough cancer pain who are currently on long-acting narcotic therapy and whose pain has not been relieved by oral immediate-release opioids and adequate dosing of around-the-clock opioids or who are unable to swallow or who have uncontrollable nausea and vomiting, prescriber must submit a written letter of medical necessity stating the reasons Fentora is not appropriate for the member.

EXCEPTIONS:



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

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

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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