



**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:**

- 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.