ALASKA MEDICAID

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:

[1]Fentora® package insert, available at: <http://www.fentora.com/hcp300_default.aspx> Accessed 03/04/2010.