

## Priority Health Medicare Prior Authorization Criteria (Part D)

# Fentanyl Citrate Transmucosal

### Products affected

- Fentanyl Citrate Oral Transmucosal

### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	Patient must be age 16 or over.
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	For diagnosis of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.