

Priority Health Medicare Prior Authorization Criteria (Part D)

Fentora®

Products affected

- Fentora® BUCCAL TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Patient must be age 18 or over.
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	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.