



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

FENTANYL TRANSDERMAL PATCH

Generic	Brand	HICL	GCN	Strength	Exception/Other
FENTANYL	DURAGESIC		24635 19200 37952 19201 37947 19202 37948 19203	12MCG/HR 25MCG/HR 37.5MCG/HR 50MCG/HR 62.5MCG/HR 75MCG/HR 87.5MCG/HR 100MCG/HR	GPID ≠ 25879 ROUTE = TRANSDERM.

GUIDELINES FOR USE

- Does the patient meet the definition of opioid tolerance (defined as those who are taking, for one week or longer, at least 60mg oral morphine per day, 25mcg transdermal fentanyl/hour, 30mg oral oxycodone/day, 25mg oral oxymorphone/day, 8mg oral hydromorphone/day, or an equianalgesic dose of another opioid)?

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

- Does the request form indicate that this medication will be used on an "as needed" or "PRN" basis?

If yes, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

If no, continue to #3.

- Is the request for more than one strength of transdermal fentanyl patch OR does the patient have an active prior authorization(s) for a different strength of fentanyl patch?

If yes, send to Clinical Pharmacist for review.

If no, continue to #4.

- Is the request for every 72 hours dosing?

If yes, **approve for 12 months with the following quantity limits:**

- FOR EVERY 72 HOUR DOSING: (12, 25, 37.5, 50, 62.5, 75, 87.5mcg/hr) approve by GPID for #10 patches per 30 days.**
 - FOR 100mcg/hr: approve by GPID (100mcg/hr) for up to #20 patches per 30 days.**
- (NOTE: Please override both PA and step therapy [if applicable] restrictions by entering 'Y' for OVR_RES).**

If no, continue to #5.

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GUIDELINES FOR USE (CONTINUED)

5. Is the request for dosing every 48 hours?

If yes, continue to #6.

If no, send to Clinical Pharmacist for review.

6. Has the patient tried every 72 hours dosing?

If yes, **approve for 12 months with the following quantity limits:**

- **FOR EVERY 48 HOUR DOSING: (12, 25, 37.5, 50, 62.5, 75, 87.5mcg/hr) approve by GPID for #15 patches per 30 days.**
 - **FOR 100mcg/hr: approve by GPID (100mcg/hr) for up to #30 patches per 30 days.**
- (NOTE: Please override both PA and step therapy [if applicable] restrictions by entering 'Y' for OVR_RES).**

If no, do not approve.

DENIAL TEXT: The guideline named **FENTANYL TRANSDERMAL PATCH (Duragesic)** requires that the patient meets the following criteria:

- The patient meets the definition of opioid tolerance (defined as those who are taking, for one week or longer, at least 60mg oral morphine per day, 25mcg transdermal fentanyl/hour, 30mg oral oxycodone/day, 25mg oral oxymorphone/day, 8mg oral hydromorphone/day, or an equianalgesic dose of another opioid)
- The requested medication is not prescribed on an 'as needed' basis
- Requests for dosing every 48 hours requires a trial of transdermal fentanyl dosed every 72 hours

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Duragesic.

REFERENCES

- Fentanyl Patch [Prescribing Information]. Morgantown, WV: Mylan Pharmaceuticals, Inc.; March 2015.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/01/19

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P&T Approval: 07/19