



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FENTANYL NASAL SPRAY

Generic	Brand	HICL	GCN	Exception/Other
FENTANYL NASAL SPRAY	LAZANDA		27648 29146	ROUTE = NASAL

GUIDELINES FOR USE

1. Does the patient have a diagnosis of cancer?

If yes, continue to #2.

If no, do not approve.

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

2. Is the patient on a maintenance dose of controlled release pain medication (MS Contin, Oxycontin, Oramorph SR, Duramorph, Roxanol SR, Duragesic, Avinza or the generic forms of any of these drugs)?

If yes, continue to #3.

If no, do not approve.

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

3. Has the patient tried, or does the patient have a contraindication to at least 1 immediate-release oral pain agent (morphine sulfate immediate-release [MSIR], Percodan, Percocet, Vicodin, Tylenol with Codeine, Dilaudid, Demerol or the generic forms of any of these)?

If yes, continue to #5.

If no, continue to #4.

4. Does the patient have difficulty swallowing tablets or capsules?

If yes, continue to #5.

If no, do not approve.

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

5. Has the patient tried, or does the patient have a contraindication to generic fentanyl citrate lozenge?

If yes, continue to #6.

If no, do not approve.

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

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GUIDELINES FOR USE (CONTINUED)

6. Has the patient tried, or does the patient have a contraindication to Abstral, Fentora, or Onsolis?

If yes, **approve for 6 months with a quantity limit of #15 per month.**

APPROVAL TEXT: Please note that this drug has an important FDA safety warning. For more information, please ask your doctor or pharmacist.

If no, do not approve.

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

DENIAL TEXT: Our guideline for **FENTANYL NASAL SPRAY** requires a diagnosis of cancer-related pain, and concurrent use with a controlled-release pain medication (MS Contin, Oxycontin, Oramorph SR, Duramorph, Roxanol SR, Duragesic, Avinza or the generic forms of any of these drugs), a trial of an oral immediate-release pain medication (morphine sulfate immediate-release [MSIR], Percodan, Percocet, Vicodin, Tylenol with Codeine, Dilaudid, Demerol or the generic forms of any of these), AND a trial of generic fentanyl citrate lozenge AND a trial of Abstral, Fentora, or Onsolis, which also requires a prior authorization.

RATIONALE

To ensure use of nasal fentanyl spray is consistent with indication.

FDA APPROVED INDICATIONS

LAZANDA is an opioid analgesic indicated only for the management of breakthrough pain in patients with cancer, 18 years of age and older, who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.

REFERENCES

- Archimedes Pharma US. Lazanda package insert. Bedminster, NJ. July 2011.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/15

Created: 08/11

Client Approval: 10/14

P&T Approval: 11/14