VENTURA COUNTY
HEALTH CARE PLAN

FORMULARY EXCEPTION POLICY

POLICY: Opioids Transmucosal – Fentora Formulary Exception Policy
- Fentora® (fentanyl buccal tablet – Teva/Cephalon, authorized generic)

REVIEW DATE: 09/21/2021

Verification of Therapies Required: Previous trials of other fentanyl transmucosal therapies are required to be verified by a clinician in the ESI Coverage Review Department when noted in the criteria as [verification of therapies required].

Approval Duration: All approvals are provided for the duration noted below.

CRITERIA

1. **Breakthrough Pain in Patients with Cancer:** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** Patient meets ONE of the following conditions (i or ii):
     - **i.** Patient is unable to swallow, has dysphagia, esophagitis, mucositis, or uncontrollable nausea/vomiting; OR
     - **ii.** Patient is unable to take two other short-acting narcotics secondary to allergy or severe adverse events; AND
       Note: Examples of short-acting narcotics include immediate-release formulations of oxycodone, morphine sulfate, hydromorphone, etc.
   - **B)** Patient is on or will be on an oral or transdermal long-acting narcotic, or the patient is on intravenous, subcutaneous, or spinal (intrathecal, epidural) narcotics; AND
     Note: Examples of long-acting narcotics include Duragesic, OxyContin, and morphine extended-release. Examples of intravenous, subcutaneous, or spinal narcotics include morphine sulfate, hydromorphone, and fentanyl citrate.
   - **C)** Patient meets ONE of the following conditions (i or ii):
     - **i.** The patient has tried two of the following, if two are formulary (or one if only one is formulary or none if none are formulary): fentanyl citrate oral transmucosal lozenge (Actiq, generics) or Abstral [verification of therapies required]; OR
     - **ii.** In patients who cannot tolerate the sugar content of fentanyl citrate oral transmucosal lozenge (Actiq, generics) [e.g., patients who are glucose intolerant, diabetic, at high risk of dental caries], the patient has tried the following, if it is formulary (or none if it is not formulary): Abstral [verification of therapies required].

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	05/08/2020
Selected Revision	**Breakthrough Pain in Patients with Cancer:** Removal of Lazanda and Subsys as options in the formulary criteria.	05/18/2020
Annual Revision	**Breakthrough Pain in Patients with Cancer:** Removed the statement "In the professional opinion of specialist physicians reviewing the data, we have adopted this criterion" from criteria. Changed examples of narcotics to notes.	09/21/2021