

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Transdermal Fentanyl			
Medication	Generic Name	Strength	Quantity Limit
Duragesic	Fentanyl	12mcg/hr	15 patches per 30 days
Duragesic	Fentanyl	25mcg/hr	15 patches per 30 days
Fentanyl	Fentanyl	37.5mcg/hr	15 patches per 30 days
Duragesic	Fentanyl	50mcg/hr	15 patches per 30 days
Fentanyl	Fentanyl	62.5mcg/hr	15 patches per 30 days
Duragesic	Fentanyl	75mcg/hr	15 patches per 30 days
Fentanyl	Fentanyl	87.5mcg/hr	15 patches per 30 days
Duragesic	Fentanyl	100mcg/hr	15 patches per 30 days

OVERRIDE(S)

Prior Authorization of Benefits and/or Quantity Supply

APPROVAL DURATION

1 year

APPROVAL CRITERIA

For approval of increased quantities of transdermal fentanyl, the following criteria must be met:

- I. Diagnosis of chronic pain associated with malignancy (cancer); **OR**
- II. Requests for increased quantity will be reviewed on a case by case basis.

*****Note: It may be possible in some instances to use a higher strength of the requested medication and use fewer patches to achieve the same total daily dosage requested.*****

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.