Drug/Drug Class:

**Fentanyl Agents**

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. Changes to the original edit are noted in yellow highlight within this document. *Fentora products have been removed from the edit and will be considered for coding at a later time.*

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at [https://www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa](https://www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa).

**Clinical Edit Information Included in this Document:**

- **Abstral (Fentanyl Sublingual Tablet) / Lazanda (Fentanyl Nasal Spray) / Subsys (Fentanyl Sublingual Spray)**
- **Actiq (Oral Transmucosal Fentanyl)**
- **Duragesic (Transdermal Fentanyl)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria.
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules.
- **Logic diagram:** a visual depiction of the clinical edit criteria logic.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable. The supporting tables by VDP are so large that a cross reference has been provided to the original VDP edit as Superior implements the VDP’s logic inside these tables.
- **Clinical Edit References:** clinical edit references as provided by the Texas Vendor Drug Program.
- **Publication history:** to track when the eased criteria was put into production and any updates since this time.

*Please note: All tables are provided by original Texas Vendor Drug Program Edit.*
Drugs Requiring Prior Authorization Abstral / Lazanda / Subsys:

<table>
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<tr>
<th>Label Name</th>
<th>GCN</th>
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<tr>
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Superior HealthPlan Clinical Criteria Logic Abstral / Lazanda / Subsys:

1. Is the client ≥ 18 years of age?
   - [ ] Yes (Go to #2)
   - [ ] No (Deny)

2. Does the client have a diagnosis of malignancy in the last 730 days?
   - [ ] Yes (Go to #4)
   - [ ] No (Go to #3)

3. Does the client have a history of antineoplastic therapy in the last 365 days?
   - [ ] Yes (Go to #4)
   - [ ] No (Deny)

4. Does the client have a claim for a long-acting opioid analgesic in the last 30 days?
   - [ ] Yes (Go to #5)
   - [ ] No (Deny)

5. Does the patient have a claim for an MAOI or CYP3A4 inhibitor in the last 30 days?
   - [ ] Yes (Deny)
   - [ ] No (Go to #6)

6. Is the total daily dose less than or equal to (≤) 3200mcg?
   - [ ] Yes (Approve – 365)
   - [ ] No (Deny)
Superior HealthPlan Clinical Edit Logic Diagram Abstral / Lazanda / Subsys:

Step 1
Is the client ≥ 18 years of age?

Yes → Step 2
No → Deny

Step 2
Does the client have a diagnosis of a malignancy in the last 730 days?

Yes → Step 4
No → Deny

Step 3
Does the client have a history of an antineoplastic agent in the last 365 days?

Yes → Deny
No → Step 6

Step 4
Does the client have a claim for a long-acting opioid analgesic in the last 30 days?

Yes → Step 5
No → Deny

Step 5
Does the client have a claim for an MAOI or CYP3A4 inhibitor in the last 30 days?

Yes → Deny
No → Step 6

Step 6
Is the total daily dose ≤ 3200mcg?

Yes → Deny
No → Deny

Approve (365 days)
Drugs Requiring Prior Authorization Actiq (Transmucosal Fentanyl):

<table>
<thead>
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<td>FENTANYL CITRATE OTFC 800 MCG</td>
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Superior HealthPlan Clinical Criteria Logic Actiq (Transmucosal Fentanyl)

1. Is the client less than (<) 16 years of age?
   [ ] Yes (Deny)
   [ ] No (Go to #2)

2. Does the client have a diagnosis of cancer or fibrotic lung disease in the last 730 days?
   [ ] Yes (Go to #5)
   [ ] No (Go to #3)

3. Does the client have a history of antineoplastic therapy in the last 365 days?
   [ ] Yes (Go to #5)
   [ ] No (Go to #4)

4. Does the client have a diagnosis of CNMP in the last 365 days?
   [ ] Yes (Go to #5)
   [ ] No (Deny)

5. Does the client have less than or equal to (≤) 7 days of opioid therapy in the last 30 days?
   [ ] Yes (Deny)
   [ ] No (Go to #6)

6. Does the client have a claim for an MAOI or a strong/moderate CYP3A4 inhibitor in the last 30 days?
   [ ] Yes (Deny)
   [ ] No (Go to #7)

7. Is the request for transmucosal fentanyl 200mcg?
   [ ] Yes (Go to #10)
   [ ] No (Go to #8)

8. Is the request for transmucosal fentanyl greater than or equal to (≥) 400mcg?
   [ ] Yes (Go to #9)
   [ ] No (Deny)

9. Does the client have a history of transmucosal fentanyl therapy in the last 30 days with the dose greater than or equal to (≥) 200mcg?
   [ ] Yes (Go to #10)
   [ ] No (Deny)

10. Is the request for less than or equal to (≤) 4 units per day?
    [ ] Yes (Approve – 365 days)
    [ ] No (Deny)
Superior HealthPlan Clinical Edit Logic Diagram Actiq (Transmucosal Fentanyl):

**Step 1**
Is the client < 16 years of age?
- Yes: Deny
- No: Next step

**Step 2**
Does the client have a diagnosis of cancer or fibrotic lung disease in the last 365 days?
- Yes: Deny
- No: Next step

**Step 3**
Does the client have a history of an antineoplastic agent in the last 365 days?
- Yes: Deny
- No: Next step

**Step 4**
Does the client have a diagnosis of CNMP in the last 365 days?
- Yes: Deny
- No: Next step

**Step 5**
Does the client have ≤ 7 days opioid therapy in the last 30 days?
- Yes: Deny
- No: Next step

**Step 6**
Does the client have a claim for an MAOI or a strong/moderate CYP3A4 inhibitor in the last 30 days?
- Yes: Deny
- No: Next step

**Step 7**
Is the request for transmucosal fentanyl 200mcg?
- Yes: Deny
- No: Next step

**Step 8**
Is the request for transmucosal fentanyl ≥ 400mcg?
- Yes: Deny
- No: Next step

**Step 9**
Does the client have a history of transmucosal fentanyl therapy in the last 30 days with the dose ≥ 200mcg?
- Yes: Deny
- No: Next step

**Step 10**
Is the request for ≤ 4 units/day?
- Yes: Deny
- No: Approve (365 days)
Drugs Requiring Prior Authorization Duragesic (Transdermal Fentanyl):

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<tr>
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Superior HealthPlan Clinical Criteria Logic Duragesic (Transdermal Fentanyl):

1. Does the client have a diagnosis of cancer or fibrotic lung disease in the last 730 days?
   [ ] Yes (Go to #6)
   [ ] No (Go to #2)

2. Does the client have a history of an antineoplastic agent in the last 365 days?
   [ ] Yes (Go to #6)
   [ ] No (Go to #3)

3. Does the client have less than or equal to (≤) 7 days of opioid therapy in the last 30 days?
   [ ] Yes (Go to #4)
   [ ] No (Go to #6)

4. Does the client have a diagnosis of chronic non-malignant pain in the last 365 days?
   [ ] Yes (Go to #6)
   [ ] No (Go to #5)

5. Does the client have a history of an inferring CNMP non-opioid analgesic for less than or equal to (≤) 60 days out of the last 90 days?
   [ ] Yes (Deny)
   [ ] No (Go to #6)

6. Is the dose less than or equal to (≤) 25ug per hour?
   [ ] Yes (Go to #8)
   [ ] No (Go to #7)

7. Does the client have less than or equal to (≤) 14 days of opioid therapy in the last 30 days?
   [ ] Yes (Deny)
   [ ] No (Go to #8)

8. Is the dose less than or equal to (≤) 600ug per hour?
   [ ] Yes (Approve – 365 days)
   [ ] No (Deny)
Superior HealthPlan Clinical Edit Logic Duragesic (Transdermal Fentanyl):

- Step 1: Does the client have a diagnosis of cancer or metastatic disease in the last 736 days? If no, go to Step 2. If yes, deny request.
- Step 2: Does the client have a history of antidepressant use in the last 365 days? If no, go to Step 3. If yes, deny request.
- Step 3: Does the client have a history of opioid therapy in the last 30 days? If no, go to Step 4. If yes, deny request.
- Step 4: Does the client have a diagnosis of chronic non-malignant pain in the last 365 days? If no, go to Step 5. If yes, deny request.
- Step 5: Does the client have a history of an opioid non-opioid analgesic for 60 days out of the last 90 days? If no, go to Step 6. If yes, deny request.
- Step 6: Is the dose ≤ 20 μg per hour? If no, go to Step 7. If yes, deny request.
- Step 7: Does the client have ≤ 14 days of opioid therapy in the last 30 days? If no, go to Step 8. If yes, deny request.
- Step 8: Is the dose ≤ 600 μg per hour? If no, deny request. If yes, approve request.

Deny Request

Approve Request
Due to the size of the supporting tables provided by Texas Vendor Drug Program please reference https://paxpress.txpa.hidinc.com/fentanyl.pdf for all supporting table documentation.
Clinical Criteria References:


### Publication History:

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