Fentanyl Transdermal Patch PA Criteria

*****Continuation of therapy requests that do not meet criteria may be approved as amended for up to 6 months to allow for PA criteria compliance or dose tapering*****

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, move to question #2.
    b. If No, review documentation for relevant comorbid conditions. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat. 1 denial.

2. Is the patient opioid-tolerant?
   Opioid-tolerant is defined as patients who are taking at least 60 mg/day of oral morphine, transdermal fentanyl 25 mcg/hour, oral oxycodone 30 mg/day, oral hydromorphone 8 mg/day, oral oxymorphone 25 mg/day, or equianalgesic dose of another opioid for ***at least one week****.*
    a. If Yes, move to question #3.
    b. If No, Cat. 3 denial and Cat. 5 denial.
       Fentanyl transdermal patches are not indicated for opioid-naïve patients.

3. Is the medication being used for the treatment of chronic pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatments are inadequate?
    a. If Yes, move to question #4.
    b. If No, Cat. 3 denial and Cat. 5 denial.
       Fentanyl transdermal patches are only indicated for the treatment of chronic pain that meets this criteria.

4. Is the medication being used for the treatment of pain associated with cancer or a terminal illness?
    a. If Yes, **Approve for 12 months.**
    b. If No, move to questions #5.

5. Does the dosing of the medication exceed the 50 mcg/hr patches?
    a. If Yes, move to question #6.
    b. If No, move to question #8.

6. Has patient tried and failed medication doses under the 50 mcg/hr patches?
    a. If Yes, move to question #7.
    b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

7. Has patient been evaluated by a pain management specialist?
    a. If Yes, move to question #8.
    b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

8. Is the medication dosing interval within the FDA approved dosing?
   FDA approved dosing interval for fentanyl transdermal patches is every 48 to 72 hours.
    a. If Yes, move to question #9.
    b. If No, Cat. 3 denial and Cat. 5 denial.

9. Is there an established pain treatment agreement between patient and provider?
   Pain Treatment Agreements
   Pain treatment agreements should include plans for random UAs, random pill counts, provider review of the prescription drug monitoring program (PDMP), patient use of a single pharmacy, a material risk notice (MRN), and patient abstinence from illegal drug use, marijuana use, and alcohol abuse.
    a. If Yes, move to question #10.
    b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

10. Does the request represent a new start or a continuation of therapy?
    a. If request is a New Start, **Approve for up to 90 days.**
    b. If request is a continuation of therapy, move to question #11.

11. Does the provider submitted documentation indicate that medication use has demonstrated an improvement in patient's function and pain status?
    a. If Yes, move to question #12.
    b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

12. Has the patient been adherent to their established pain treatment agreement?
    a. If Yes, **Approve for 6 months.**
    b. If No, forward to Medical Director to assess medical appropriateness (Possible Cat. 5 denial).

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted