



**Medicare Part D – 2016**

**Prior Authorization Group Description**

FENTORA

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

**Required Medical Information:**

A treatment plan is required including: Diagnosis or conditions that are contributing to the pain, Pain intensity (scales or ratings), Functional status (physical and psychosocial), Patient's goal of therapy (level of pain acceptable and/or functional status), Current analgesic (opioid and adjuvant) regimen, Current non-pharmacological treatment, Opioid-related side effects, Indications of medical misuse, Action plan if analgesic failure occurs.

**Age Restrictions:**

Age 18 or greater

**Prescriber Restrictions:**

**Coverage Duration:**

One year.

**Other Criteria:**

Patient is already taking and is tolerant to around-the-clock opioid therapy. Patients are considered opioid tolerant when taking another opioid daily for a week or longer (for example, at least 60 mg of oral morphine or an equianalgesic dose of another opioid).