



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Abstral™ (fentanyl sublingual tablets)

**Review Criteria**

Member must meet all the following criteria:

- Member must be at least 18 years of age
- Member must have a diagnosis of neoplasm/cancer
- Member must first try, and have clinical reason, they cannot use the generic fentanyl lozenge

Limitations:

- Initial therapy of greater than 100mcg dose will not be approved
- Approval for greater than 8 units per day, of any strength, will not be approved