Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Lazanda™ (fentanyl nasal spray)

**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 for being unable to use the generic fentanyl lozenge (generic Actiq)

Limitations:

- Initial therapy of greater than 100mcg is not approved
- No approval for greater than 1 bottle per day of either strength