

## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Fentora™ (fentanyl buccal tablet)

## **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 have <u>no</u> monoamine oxidase inhibitor (MAOI) use in the last 30 days