Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Onsolis™ (fentanyl buccal soluble film)

**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 **no** monoamine oxidase inhibitor (MAOI) use in the last 30 days

**Limitations:**

- Initial therapy of greater than 200mcg is not approved (initial therapy is no Actiq use in the last 30 days)
- Approval for greater than 4 units per day, of any strength, will not be approved

**Onsolis is not interchangeable with Fentora or Actiq (deaths reported) and it does not come in all the same strengths as Actiq.**