DURAGESIC

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
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<tbody>
<tr>
<td>Duragesic</td>
<td>fentanyl, transdermal</td>
<td>Calendar Year</td>
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**Approvable Criteria:**

Has the member tried and failed two or more oral opioid narcotics or is unable to take or intolerant to oral opioid narcotic analgesics?

- If yes, approve for Calendar Year.
- If no, do not approve.

**QL = 10 x 30 DAYS**

**FDA Approved Indication:**

Management of chronic pain in patients requiring continuous opioid analgesia for pain that cannot be managed by lesser means such as acetaminophen-opioid combinations, nonsteroidal analgesics, or PRN dosing with short-acting opioids.

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**References:**

- Duragesic prescribing information 2003