

ALASKA MEDICAID

ONSOLIS™ (Fentanyl Buccal Soluble Film)

Buccal film: 200mcg, 400mcg, 600mcg, 800mcg, and 1,200mcg

PREFERRED MEDICATION:

NA

NON-PREFERRED MEDICATION:

NA

INDICATION:

“ONSOLIS is an opioid analgesic indicated only for the management of breakthrough pain in patients with cancer, 18 years of age and older, **who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.**”¹

“Patients considered opioid tolerant are those who are taking at least: 60 mg oral morphine/day, 25 mcg transdermal fentanyl/hour, 30 mg oral oxycodone/day, 8 mg oral hydromorphone/day, 25 mg oral oxymorphone/day, or an equianalgesic dose of another opioid for one week or longer.”¹

CRITERIA FOR APPROVAL:

The following criteria must be met for the approval of coverage:

1. The patient is at least 18 years old; **AND**
2. The patient is being treated for cancer pain; **AND**
3. The patient is opioid tolerant as described above; **AND**
4. The patient is receiving around-the-clock opioid therapy; **AND**
5. The patient, pharmacy and prescriber are enrolled in the FOCUS Program.

CRITERIA CAUSING DENIAL:

1. The medication is prescribed for anything other than breakthrough cancer pain.
2. The patient is not receiving around-the-clock opioid therapy.

ONSOLIS™ Criteria

Version 1

Last Updated 02/09/2010

Approved: 3/19/2010

3. The patient is not opioid tolerant.

LENGTH OF AUTHORIZATION:

1. Coverage may be approved for up to 6 months.

DISPENSING LIMIT:

1. The dispensing limit is a 30 day supply of medication.

QUANTITY LIMIT:

1. The quantity limit is 90 films per 30 days.

REFERENCES / FOOTNOTES:

¹ ONSOLIS™ package insert, available at: < http://www.onsolis.com/pdf/onsolis_pi.pdf >
Accessed 02/09/2010.