

ALASKA MEDICAID
Prior Authorization Criteria

Actiq[®] (fentanyl citrate, oral transmucosal)

INDICATION AND USAGE

An opioid analgesic indicated for the management of breakthrough pain in cancer patients 16 years and older who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain.

Limitations

- Actiq may only be dispensed to outpatients enrolled in the TIRF (transmucosal immediate release fentanyl) REMS (risk evaluation and mitigation strategy) program.

APPROVAL CRITERIA

The following criteria must be met for approval of coverage:

1. The patient is being treated for cancer pain; **AND**
2. The patient is at least 16 years of age; **AND**
3. The patient is already receiving opioid therapy for underlying persistent cancer pain; **AND**
4. The patient is tolerant to the opioid therapy currently being used for their underlying persistent cancer pain.

LENGTH OF AUTHORIZATION:

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

QUANTITY LIMIT:

1. Quantity limit of 3 per day

REFERENCES / FOOTNOTES:

1. Actiq [package insert]. Frazer, PA; Cephalon, Inc., December 2011.