

<b>Policy Name:</b>	<b>Fentanyl Breakthrough Pain</b>	<b>Policy #:</b>	<b>1326P</b>
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## Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of fentanyl used in the treatment of breakthrough pain, including, but not limited to, fentanyl citrate lozenge (Actiq), fentanyl buccal tablets (Fentora), and fentanyl sublingual spray (Subsys).

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of fentanyl immediate release formulations when the following criteria have been met.

## Criteria

- 1. Coverage Criteria requires all of the following:**
  - 1.1 Diagnosis of Cancer.
  - 1.2 Documentation showing that patient is tolerant to current long-acting opioid regimen and requires an immediate-release opioid for breakthrough pain.
    - Opioid tolerance defined as patient taking at least 60 mg morphine/day, 50 mcg topical fentanyl/hour, or an equal dose of another opioid for a week or longer.
  - 1.3 Inability or difficulty swallowing

## CPT Codes

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## HCPCS Codes

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## References

1. Actiq (fentanyl) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA Inc; December 2022.
2. Fentora (fentanyl) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA Inc; November 2022.
3. Subsys (fentanyl) [prescribing information]. Lakewood, NJ: Renaissance Lakewood LLC; April 2021.
4. Swarm RA, Paice JA, Anghelescu DL, et al. Adult Cancer Pain, Version 3.2019, NCCN Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2019 Aug 1;17(8):977-1007.

**Created Date:** 05/17/07

**Effective Date:** 05/17/07

**Posted to Website:** 01/01/2022

**Revision Date:** 08/03/2023

#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.