

**Policy Name:****Fentanyl Breakthrough Pain****Policy #:****1326P**

## 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).

## Statement of the Policy

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

## Criteria

### 1. Coverage Criteria

- 1.1 Diagnosis of Cancer.
- 1.2 Documentation showing that patients are tolerant to current long-acting opioid regimen and requires an immediate-release opioid for breakthrough pain.
  - Opioid tolerance is defined as a 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

## HCPCS Codes

## References

1. Actiq (fentanyl) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA Inc; December 2023.
2. Fentora (fentanyl) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA Inc; December 2023.
3. 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.

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