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5.70.21

Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Analgesics and Anesthetics	**Original Policy Date:**	April 1, 2012
Subject:	Subsys	**Page:**	1 of 5

Last Review Date March 12, 2021

Subsys

Description

Subsys (fentanyl sublingual spray)

Background
Subsys has one indication, the management of breakthrough cancer pain in patients with malignancies who are already receiving, and are tolerant to, opioid therapy for their underlying persistent cancer pain. Subsys should only be prescribed by oncologists and pain specialists who are knowledgeable in the use of Schedule II opioids for cancer pain (1).

Subsys has a high potential for abuse, addiction, and diversion. Subsys prescribing guidelines indicate that if more than 4 units are required per day, the dosage of the underlying opioid therapy should be titrated**.** During titration periods, the patient may require more than 4 units per day (1).

Regulatory Status
FDA-approved indication: Subsys is an opioid agonist indicated for the management of breakthrough cancer pain in patients 18 years of age and older who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain. Patients must remain on around-the-clock opioids when taking Subsys (1).

Limitations of use:
Subsys may be dispensed only to patients enrolled in the TIRF REMS Access program (1).

Subsys has a boxed warning regarding the risk of fatal respiratory depression in patients treated with Subsys, including following use in opioid non-tolerant patients and improper dosing.

Subsys is contraindicated in the management of acute or postoperative pain, including headache/migraine and in opioid non-tolerant patients. Subsys cannot be substituted mcg per mcg for other fentanyl products. The substitution of Subsys for any other fentanyl product may result in fatal overdose (1).

Safety and effectiveness of Subsys in pediatric patients less than 18 years of age have not been established (1).

Related policies
Abstral, Actiq, Butrans, Duragesic, Extended Release Opioid Drugs, Fentanyl Powder, Fentora, Immediate Release Opioid Drugs, IR Opioid Combo Drugs, Methadone, Opioid Injectables, Opioid Powders, Suboxone Drug Class

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Subsys may be considered **medically necessary** for the management of breakthrough cancer pain in patients age18 years old and older and if the conditions indicated below are met. All initial PA requests must be for 100mcg, even if patient is already established on another fentanyl product.

Subsys may be considered **investigational** in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Breakthrough cancer pain – type or location of cancer must be specified

AND ALL of the following:
1. Patient has been on around-the-clock opioid analgesia for underlying persistent cancer pain

2. Patient is tolerant to opioid therapy.
   Patients are considered opioid tolerant if they are taking at least:
   a. 60mg of oral morphine/day
   b. 25mcg transdermal fentanyl/hour
   c. 30mg oral oxycodone daily
   d. 8 mg oral hydromorphone daily
   e. or an equianalgesic dose of another opioid daily for a week or longer.
   f. However, lower dosage requirements may achieve tolerance in renal impaired or elderly patients.

3. Prescriber is an oncologist or pain management specialist who is knowledgeable and skilled in the use of schedule II opioids to treat cancer pain.

4. Patient and prescribing healthcare professional are enrolled in TIRF REMS Access program

5. Initial dose of Subsys must be 100mcg if converting from another immediate release fentanyl product other than Actiq
   a. Actiq 200mcg convert to Subsys 100mcg
   b. Actiq 400mcg convert to Subsys 100mcg
   c. Actiq 600mcg convert to Subsys 200mcg
   d. Actiq 800mcg convert to Subsys 200mcg
   e. Actiq 1200mcg convert to Subsys 400mcg
   f. Actiq 1600mcg convert to Subsys 400mcg

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Breakthrough cancer pain – type or location of cancer must be specified

AND ALL of the following:

1. Patient has remained on around-the-clock opioid therapy

2. Prescriber is an oncologist or pain specialist
3. Prescriber and patient are enrolled in TIRF REMS Access program

All requests are subject to approval by a secondary review by a clinical specialist for final coverage determination

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Dosage Subsys 100mcg – up to 4 units/ day

Duration 6 months

Prior - Approval *Renewal* Limits

Dosage
Subsys 100mcg – up to 4 units/day, or
Subsys 200mcg – up to 4 units/day, or
Subsys 400mcg – up to 4 units/day, or
Subsys 600mcg – up to 4 units/day, or
Subsys 800mcg – up to 4 units/day, or
Subsys 1200mcg – up to 4 doses/day (8 X 600mcg per day per packaging), or
Subsys 1600mcg – up to 4 doses/ day (8 X 800mcg per day per packaging)

Duration 6 months

Rationale

Summary

Subsys, a short-acting opioid, is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and tolerant to opioid therapy for their underlying persistent cancer pain. Subsys should only be prescribed by oncologists and pain management specialists who are knowledgeable in the use of Schedule II opioids for cancer pain (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Subsys while maintaining optimal therapeutic outcomes.

References

1. Subsys [package insert], Northbrook, IL: West Therapeutic Development, LLC.; February 2020.

Policy History

Date	Action
April 2012	Renal patients may require lower doses. REMS changed to TIRF REMS
September 2012	Annual editorial review and reference update
June 2013	Annual editorial review and reference update
June 2014	Annual editorial review and reference update
June 2015	Annual editorial review and reference update. Addition of subject to secondary review by clinical specialist and Actiq conversion chart
March 2016	Annual editorial review Policy number changed from 5.02.21 to 5.70.21
March 2017	Annual editorial review. Addition of age requirement to renewal criteria.
March 2018	Annual editorial review and reference update
March 2019	Annual editorial review
March 2020	Annual review and reference update
March 2021	Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.