**Actiq**

**Description**

Actiq (oral transmucosal fentanyl citrate)

**Background**

Actiq is indicated only for 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. Actiq should only be prescribed by oncologists and pain specialists who are knowledgeable in the use of Schedule II opioids for cancer pain (1).

Actiq has a high potential for abuse, addiction, and diversion. Actiq 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: Actiq is an opioid agonist indicated for the management of breakthrough cancer pain in patients 16 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 (1).

Actiq has a boxed warning regarding the risk of fatal respiratory depression in patients treated with Actiq, including following use in opioid non-tolerant patients and improper dosing. Actiq is contraindicated in the management of acute or postoperative pain, including headache/migraine and in opioid non-tolerant patients. Actiq cannot be substituted mcg per mcg for other fentanyl...
products. The substitution of Actiq for any other fentanyl product may result in fatal overdose. Outpatients, prescribers and distributors must be enrolled in the TIRF REMS Access program (1).

Safety and effectiveness in pediatric patients under the age of 16 have not been established (1).

**Related policies**
Abstral, Butorphanol, Butrans, Duragesic, Extended Release Opioid Drugs, Fentanyl Powder, Fentora, Immediate Release Opioid Drugs, IR Opioid Combo Drugs, Lazanda, Methadone, Opioid Powders, Opioid Step Policy, Suboxone Drug Class, Subsys

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

Actiq may be considered medically necessary for the management of breakthrough cancer pain in patients age 16 years old or older with malignancies who are already receiving and tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain and the prescribing healthcare professional is an oncologist or pain specialist who is knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain. Patients are considered opioid tolerant if they are taking at least 60 mg morphine/day, at least 25 mcg transdermal fentanyl/hr, at least 30 mg of oxycodone daily, at least 8 mg oral hydromorphone daily, at least 25mg of oxymorphone daily or an equianalgesic dose of another opioid for a week or longer. However, lower dosage requirements may achieve tolerance in renal impaired or elderly patients.

Actiq is considered investigational in patients below 16 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**
16 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 is already receiving around the clock opioid therapy for underlying persistent cancer pain

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

3. Prescribing health care professional is an oncologist or pain specialist who is knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.

4. Patient and prescriber are enrolled in TIRF REMS Access program.

5. Initial dose of Actiq must be 200mcg even if converting from another immediate release fentanyl product

Prior – Approval Renewal Requirements

Age  
16 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. Patient and prescriber are enrolled in TIRF REMS 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**

200mcg - up to 4 units / day

**Duration**

6 months

**Prior – Approval Renewal Limits**

**Dosage**

- Actiq 200mcg – up to 4 units/ day or
- Actiq 400mcg – up to 4 units/ day or
- Actiq 600mcg – up to 4 units/ day or
- Actiq 800mcg – up to 4 units/ day or
- Actiq 1200mcg – up to 4 units/ day or
- Actiq 1600mcg- up to 4 units/ day

**Duration**

6 months

**Rationale**

**Summary**

Actiq, 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. Actiq should only be prescribed by oncologist 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 Actiq while maintaining optimal therapeutic outcomes.
Section: Prescription Drugs  Effective Date: April 1, 2019  
Subsection: Analgesics and Anesthetics  Original Policy Date: November 1, 2009  
Subject: Actiq  Page: 5 of 5

References

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2009</td>
<td>Criteria was updated to include the definition of opioid tolerant per the prescribing information. The time frame for initiation and renewal was changed to be consistent for all fentanyl products.</td>
</tr>
<tr>
<td>October 2011</td>
<td>Decreased dosage limit from 6 units/day to 4 units/day. Added a requirement of at least one week of around-the-clock opioid analgesia. Removed hematologist from accepted specialist prescribing physicians. Added requirement of enrollment in REMS</td>
</tr>
<tr>
<td>April 2012</td>
<td>Added renal patients may require lower dose. Changed reference from REMS to TIRF REMS.</td>
</tr>
<tr>
<td>September 2012</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>June 2013</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>June 2014</td>
<td>Annual editorial review and reference update and addition of type/location of cancer</td>
</tr>
<tr>
<td>March 2016</td>
<td>Annual editorial review and reference update. Addition of subject to secondary review by clinical specialist</td>
</tr>
<tr>
<td>March 2017</td>
<td>Policy number changed from 5.02.02 to 5.70.02.</td>
</tr>
<tr>
<td>March 2018</td>
<td>Annual editorial review.</td>
</tr>
<tr>
<td>March 2019</td>
<td>Addition of age to renewal requirements.</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 15, 2019 and is effective on April 1, 2019.