

ALASKA MEDICAID

**ACTIQ® (Fentanyl Citrate)**

Oral Transmucosal Lozenge: 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg

**PREFERRED DRUG:**

NA

**NON-PREFERRED DRUG:**

NA

**INDICATION:**

According to the manufacturer's FDA approved labeling;  
"ACTIQ is an opioid analgesic indicated only for management of breakthrough cancer pain in patients 16 and older with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain."<sup>1</sup>

**CRITERIA FOR APPROVAL:**

All four of the following criteria must be met for approval:

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.

**CRITERIA CAUSING DENIAL:**

1. Actiq® has been prescribed for anything other than persistent cancer pain.

**LENGTH OF AUTHORIZATION:**

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

**DISPENSING LIMIT:**

1. The dispensing limit is a 30 day supply of medication.

**ADDITIONAL INFORMATION:**

[“WARNINGS: IMPORTANCE OF PROPER PATIENT SELECTION and POTENTIAL FOR ABUSE](#)

[See full prescribing information for complete boxed warning.”<sup>1</sup>](#)

**REFERENCES / FOOTNOTES:**

<sup>1</sup> Actiq® package insert, available at:

<[http://www.actiq.com/pdf/actiq\\_package\\_insert\\_4\\_5\\_07.pdf](http://www.actiq.com/pdf/actiq_package_insert_4_5_07.pdf)>

Accessed 06/11/2007

Alaska Medicaid Opioid Guidelines, available on the PA web page

An opioid dose calculator can be downloaded at:

<<http://www.agencymeddirectors.wa.gov/opioiddosing.asp>>

Accessed 06/11/2007