



## FENTANYL POWDER (fentanyl citrate)

### Pre - PA Allowance

None

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### Prior-Approval Requirements

**Age** 16 years of age or older

#### Diagnoses

Patient must have **ALL** of the following diagnoses if fentanyl powder is being compounded into oral transmucosal lozenge, tablet, sublingual tablet or buccal film or a dosage form similar to Actiq, Fentora, Abstral and Onsolis or into any immediate release dosage form such as nasal spray, sublingual spray, inhaler, suppository or solution for use in a nebulizer similar to Lazanda and Subsys.

1. Breakthrough cancer pain
  - a. Patient is already receiving **around the clock** opioid therapy for underlying persistent cancer pain
  - b. Patient is tolerant to opioid therapy.

Patients are considered opioid tolerant if they are taking at least:

    - i. 60mg of oral morphine/day
    - ii. 25mcg of transdermal fentanyl/hr
    - iii. 30mg of oral oxycodone daily
    - iv. 25mg of oral oxymorphone daily
    - v. 8 mg of hydromorphone daily
    - vi. 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
  - c. Prescribing healthcare professional is knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain
  - d. Requested dosage form **is** commercially available
  - e. Requested dose is **not** commercially available and does **not** exceed the FDA approved maximum strength for the equivalent commercially available product



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**OR**

2. Patient must have following if fentanyl powder is being compounded into a sterile solution for intrathecal use:
  - a. Intraoperative anesthesia and/or postoperative analgesia

**AND**

1. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary  
(<https://opioidanalgesicrems.com>)

## **Prior - Approval Limits**

**Duration** 6 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 16 years of age or older

### **Diagnoses**

Patient must have **ALL** of the following:

1. Breakthrough cancer pain
  - a. Patient has remained on around-the-clock opioid therapy
  - b. Prescribing healthcare professional is knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain
  - c. Requested dosage form **is** commercially available
  - d. Requested dose is **not** commercially available and does not exceed the FDA approved maximum strength for the equivalent commercially available product

**OR**

2. Patient must have following if fentanyl powder is being compounded into a sterile solution for intrathecal use:
  - a. Intraoperative anesthesia and/or postoperative analgesia

**AND**



**BlueCross  
BlueShield**

Federal Employee Program.

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**Prior – Approval *Renewal* Limits**

Same as above