

## Pre - PA Allowance

None

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## 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**

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 even 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



## **SUBSYS**

(fentanyl sublingual spray)

- 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 Limits**

**Dosage** Subsys 100mcg – up to 4 units/ day  
**Duration** 6 months

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

**Age** 18 years of age or greater

#### **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

### **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)



**BlueCross  
BlueShield**

Federal Employee Program.

**SUBSYS**  
(fentanyl sublingual spray)

**Duration**     6 months