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Provider Bulletin Number 658b

Professional Providers

Change in Actiq (Fentanyl Citrate) Transmucosal System Drug Coverage

Effective with dates of service on and after June 5, 2006, prior authorization (PA) is required for Actiq[®] (fentanyl citrate) transmucosal systems. PA criteria include the following:

- Beneficiary must be 16 years of age or older
- Quantity limit of four units (lozenges) per day
- Prescriber must be an oncologist or pain specialist
- Beneficiary must have a diagnosis of malignant cancer
- Beneficiary must be receiving opioid therapy and be considered opioid tolerant

For more information, refer to Section 8400 in the *Pharmacy Provider Manual*.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.