Commercial/Healthcare Exchange PA Criteria

Effective: February 2016

Prior Authorization: Belbuca

Products Affected: Belbuca (buprenorphine hydrochloride) buccal films

Medication Description: Buprenorphine, a mixed agonist-antagonist agent, exerts analgesic effects by binding to CNS opiate receptors. It produces partial agonistic effect at the mu-opioid receptors and an antagonistic effect at kappa-opioid receptors.

Covered Uses: Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative options (e.g., non-opioid analgesics or immediate-release opioids) treatment options are inadequate.

Exclusion Criteria:

1. Known hypersensitivity to buprenorphine
2. Use as an as-needed (prn) analgesic
3. Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment
4. Known or suspected gastrointestinal obstruction, including paralytic ileus
5. Significant respiratory depression

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a pain management specialist.

Coverage Duration: 12 months

Other Criteria:

A. Patient has a diagnosis of pain severe enough to require daily, around-the-clock, long-term opioid treatment; AND
B. Patient has had an intolerance to or treatment failure with alternative options to treat their pain (e.g., non-opioid analgesics or immediate-release opioids).

References:

1. Product Information: BELBUCA(TM) buccal film, buprenorphine buccal film. Endo Pharmaceuticals Inc. (per FDA), Malvern, PA, 2016

ConnectiCare

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	02/2016
2	Update	Moved to updated template; Removed LA opioid trials and updated criteria to include other qualifiers; CCI P&T History Review: 2/16, 8/16, 2/17, 1/18 CCI Revision History: 8/16 (Pain management criteria added)	All	02/03/2020
3	Update	Removed following criteria: A. Patient has had a documented intolerance to, or treatment failure with, an adequate trial of buprenorphine sublingual tablets to comply with FDA approved indication Removed the following: Requests for continuation of treatment must be accompanied by rationale for why the patient is not being transitioned to Buprenorphine/Naloxone tablets or films AND updated Coverage duration to 12 months	Other Criteria Coverage Duration	08/11/2021