Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 6, 2021 November 30, 2023

BUPRENORPHINE AGENTS FOR PAIN ONLY

Preferred Agents: Butrans® (buprenorphine) transdermal system

Non-Preferred Agents: Belbuca® (buprenorphine buccal film)

LENGTH OF AUTHORIZATION: Up to 3 months

INITIAL REVIEW CRITERIA FOR PAIN:

- Patient must be 18 years of age or older.
- Submission of justification of the need for the management of pain severe enough to require daily, around the clock, long-term opioid treatment (not indicated for as needed analgesic).
- Trial and failure documentation of preferred agent(s) required.

CONTINUATION OF THERAPY FOR PAIN:

- Patient continues to meet all the initial review criteria; **AND**
- Patient has been compliant with medication refills; **AND**
- Patient has no medication fills for any other long-acting opioid; **AND**
- There is no history of behavior indicative of abuse including requests for early refills.

DOSING AND ADMINISTRATION:

Belbuca® (buprenorphine buccal film)

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/
- Dosage Forms: 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, and 900 mcg buccal film

Butrans® (buprenorphine) transdermal system

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/
- Dosage Forms: 5 mcg/hour, 7.5 mcg/hour, 10 mcg/hour, 15 mcg/hour, and 20 mcg/hour transdermal system