

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)	BELBUCA (buprenorphine oral dissolving film)
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Status: Client Requested Criteria
Type: Initial Prior Authorization

POLICY

COVERAGE CRITERIA

Belbuca (buprenorphine oral dissolving film) will be covered with prior authorization when the following criteria are met:

- The patient has a documented diagnosis of chronic pain severe enough to require daily, around-the-clock, long-term opioid treatment
AND
- Alternative treatment options are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain (i.e., non-opioid analgesics or immediate-release opioids)
AND
- Belbuca is NOT being used in combination with any other long-acting opioid therapy
AND
- Belbuca is NOT being used for the treatment of opioid dependence
AND
- The patient does NOT have any of the following contraindications to Belbuca: Acute or severe bronchial asthma OR known or suspected gastrointestinal obstruction, including paralytic ileus

Quantity limit applies.

QUANTITY FOR APPROVAL

The quantity for approval is 2 films per day.

REFERENCES

1. Assurant Health Prior Authorization Approval Policy.