STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Belbuca® (buprenorphine film)
Effective 10/01/2016

Prior Authorization Request Form

Belbuca is a buccal film containing buprenorphine, a partial opioid agonist. Belbuca is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

To be eligible for prior-authorization of Belbuca, patients must satisfy all of the following criteria:

1) Recent medication history must indicate 6-day trials of Butrans patch and at least one other preferred agent; **AND**
2) A 6-day trial of another generic non-preferred agent; **AND**
3) The prescriber must indicate why they expect Belbuca to be effective when Butrans was not; **AND**
4) The patient must be titrated down to 30 mg of morphine equivalents daily (or less) to be eligible for approval of the initial dose of Belbuca.

The following table indicates approvable doses of Belbuca following a taper of the patient's current opioid requirement to ≤ 30 mg oral morphine sulfate equivalents (MSE):

Table 1: Initial BELBUCA Dose Based on Prior Opioid Expressed as Oral Morphine Sulfate Equivalents

Prior Daily Dose of Opioid Analgesic Before Taper to 30 mg Oral MSE	Initial BELBUCA Dose
Less than 30 mg oral MSE	BELBUCA 75 mcg once daily or every 12 hours
30 mg to 89 mg oral MSE	BELBUCA 150 mcg every 12 hours
90 mg to 160 mg oral MSE	BELBUCA 300 mcg every 12 hours
Greater than 160 mg oral MSE	Consider alternate analgesic

References

1) Belbuca Package insert 12/2015
2) Lexi-Comp drug monograph for Belbuca (9/06/2016)