

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

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| Program Number    | 2024 P 2099-14  |
| Program           | Prior Authorization/Medical Necessity – Buprenorphine Products (Pain Indications)                             |
| Medication        | Belbuca® (buprenorphine hydrochloride film) and Butrans*® (buprenorphine patch, extended-release)             |
| P&T Approval Date | 8/2016, 2/2017, 7/2017, 11/2017, 11/2018, 3/2019, 11/2019, 11/2020, 11/2021, 4/2022, 8/2022, 10/2023, 10/2024 |
| Effective Date    | 1/1/2025  |

### 1. Background:

Belbuca and Butrans\* are buprenorphine products indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. Similar to other long-acting opioids, the use of Belbuca and Butrans^ should be reserved for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or inadequate to provide sufficient management of pain. Belbuca and Butrans\* are not indicated for as-needed (prn) analgesics.

The CDC recommends the following best practices in the prescription of long-acting opioids:

- Nonopioid therapies are preferred for chronic pain.
- Before starting opioid therapy, treatment goals should be established with patients that include realistic goals for pain and function and should consider how therapy will be discontinued if benefits do not outweigh risks. For some clinical context (e.g., headache or fibromyalgia), the expected benefits of initiating opioids are unlikely to outweigh the risks. Track pain and function at every visit (at least every 3 months) using a brief, validated instrument. Continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting opioids.
- Document the daily morphine milligram equivalents (MME) in mg/day from all sources of opioids. Access the state prescription drug monitoring program (PDMP) data at treatment initiation and periodically during treatment.
- Caution should be used when prescribing opioid pain medication and benzodiazepines concurrently and consideration should be given to whether benefits outweigh risks of concurrent prescribing of opioids and other central nervous system depressants.
- Screen for past and current substance abuse and for severe depression, anxiety, and PTSD prior to initiation.
- Benefits and risks of toxicology testing should be considered to assess for prescribed and nonprescribed controlled substances.
- Methadone should not be the first choice for a long-acting opioid. Only clinicians who are familiar with methadone’s unique risk profile and who are prepared to educate and closely monitor their patients should consider prescribing methadone for pain.
- Avoid escalating doses above 50-90 mg/day MME unless sustained meaningful improvement in pain and function is attained.

- Clinicians should evaluate benefits and harms of continued therapy at least every 3 months. If benefits do not outweigh harms, clinicians should maximize other therapies and work closely with the patients to gradually reduce or taper opioids. Evaluation should include assessment of substance use disorder/opioid dependence. Validated scales (such as the DAST-10) are available at [www.drugabuse.gov](http://www.drugabuse.gov).

Table 1. Maximum Recommended Dose Per Product Label

| Brand    | Active Ingredient           | Max Dose <sup>^</sup>             |
|----------|-----------------------------|-----------------------------------|
| Belbuca  | Buprenorphine (buccal film) | 1800 mcg (900 mcg every 12 hours) |
| Butrans* | Buprenorphine (patch)       | 20 mcg/hour patch every 7 days    |

<sup>^</sup>Doses are not considered equianalgesic and table does not represent a dose conversion chart.

## 2. Coverage Criteria<sup>a</sup>:

### A. Cancer or End of Life (defined as a < 2 year life expectancy) related pain<sup>b</sup>

1. **Belbuca and buprenorphine patch (generic Butrans)** will be approved based on the following criterion:

- a. Patient is being treated for pain due to active cancer diagnosis or end of life related pain (document cancer diagnosis or for end of life, expectancy of <2 years)

**Authorization will be issued for 24 months**

2. **Butrans\* (brand only)** will be approved based on **BOTH** of the following:

- a. Patient is being treated for pain due to active cancer diagnosis or end of life related pain (document cancer diagnosis or for end of life, expectancy of < 2 years)

**-AND-**

- b. The patient has a history of failure after a 30-day trial, contraindication or intolerance to both of the following<sup>c</sup>:

- (1) Belbuca<sup>d</sup>
- (2) buprenorphine patch (generic Butrans)

**Authorization will be issued for 24 months.**

### B. Non-cancer pain

#### 1. Initial Authorization

- a. **Belbuca and buprenorphine patch (generic Butrans)** will be approved based on **ALL** of the following criteria:

- (1) The patient is being treated for pain severe enough to require daily, around-the-clock, longer-term opioid treatment.

-AND-

(2) **Prescriber attests to all of the following:**

- (a) Pain is moderate to severe and expected to persist for an extended period of time
- (b) Pain is chronic
- (c) Medication is not being used for opioid dependence
- (d) Dose does not exceed the maximum recommended dose per product label.  
(See Table 1)

-AND-

(3) The patient is not receiving other long-acting opioids concurrently.

b. **Butrans\* (brand only)** will be approved based on **ALL** of the following criteria:

- (1) The patient is being treated for pain severe enough to require daily, around-the-clock, longer-term opioid treatment.

-AND-

(2) **Prescriber attests to all of the following:**

- (a) Pain is moderate to severe and expected to persist for an extended period of time
- (b) Pain is chronic
- (c) Medication is not being used for opioid dependence
- (d) Dose does not exceed the maximum recommended dose per product label.  
(See Table 1)

-AND-

(3) The patient is not receiving other long-acting opioids concurrently.

-AND-

(4) The patient has a history of failure after a 30-day trial, contraindication or intolerance to a trial **BOTH** of the following <sup>c</sup>:

- (a) Belbuca<sup>d</sup>
- (b) buprenorphine patch (generic Butrans)

**Authorization for non-cancer pain will be issued for 6 months.**

## 2. Reauthorization

- a. **Belbuca or Butrans\* (brand and generic)** will be reauthorized based on **ALL** of the following:

(1) Prescriber attests to **ALL** of the following:

- Treatment goals are defined, including estimated duration of treatment.
- Treatment plan includes the use of a non-opioid analgesic and/or non-pharmacologic intervention
- Patient has been screened for substance abuse/opioid dependence
- If used in patients with medical comorbidities or if used concurrently with a benzodiazepine or other drugs that could potentially cause drug-drug interactions, the prescriber has acknowledged that they have completed an assessment of increased risk for respiratory depression.
- Pain is moderate to severe and expected to persist for an extended period of time
- Pain is chronic
- Pain is not postoperative (unless the patient is already receiving chronic opioid therapy prior to surgery, or if the postoperative pain is expected to be moderate to severe and persist for an extended period of time)

-AND-

- (a) Patient demonstrates meaningful improvement in pain and function  
(Document improvement in function or pain score improvement)

-AND-

- (b) Identify rationale for not tapering and discontinuing opioid. (Document rationale).

-AND-

- (2) Dose does not exceed maximum dose recommended by product label (see Table 1). (Document total daily dose).

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

<sup>b</sup> Coverage of medications to treat conditions associated with cancer may be approved based on state mandates.

<sup>c</sup> In Connecticut, trial must be a generic product.

<sup>d</sup> In Colorado, no trial will be required.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Step may be in place.

\* Butrans brand is typically excluded from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

### 4. References:

1. Belbuca [package insert]. Stoughton, MA: BioDelivery Sciences International, Inc.; December 2023.
2. Butrans [package insert]. Stamford, CT: Purdue Pharma L.P.; December 2023.
3. Franklin GM. Opioids for chronic noncancer pain. A position paper of the American Academy of Neurology. *Neurology*. 2014;83:1277-1284.
4. Argoff CE, Silvershein DI. A Comparison of Long- and Short-Acting Opioids for the Treatment of Chronic Noncancer Pain: Tailoring Therapy to Meet Patient Needs. *Mayo Clin Proc*. 2009;84(7):602-612.
5. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. *JAMA*. Published online March 15, 2016.
6. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>

| Program               | Prior Authorization/Medical Necessity – Buprenorphine Products (Pain Indications)   |
|-----------------------|---|
| <b>Change Control</b> |   |
| Date                  | Change  |
| 8/2016                | New program   |
| 11/2016               | Administrative change. Added California coverage information.   |
| 2/2017                | Separated criteria for Butrans and Belbuca to require trial and failure of Belbuca prior to approval of Butrans. Updated references.  |
| 7/2017                | State mandate reference language updated. Updated dose limit to allow for doses up to maximum recommended by the FDA Removed allowance for higher doses for pain management specialists. Removed need to provide specific assessment scores for reauthorization criteria. |
| 11/2017               | Modified step one options for Butrans and removed for Belbuca. Updated Connecticut regulatory information. Updated authorization timeframe for cancer pain.   |
| 11/2018               | Annual review. Revised requirements to allow provider attestation on initial authorization and reauthorization.   |
| 3/2019                | Added criteria for exceeding maximum dose to Butrans initial authorization.   |
| 11/2019               | Added a note for stage four advanced metastatic cancer and state mandates. Revised cancer and end-of-life criterion.  |

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| 11/2020 | Added duration of trial requirement. Updated references.   |
| 11/2021 | Annual review. No changes.   |
| 4/2022  | Updated cancer medications state mandate note.   |
| 8/2022  | Removed step requirements from generic Butrans. Updated step requirements to include generic Butrans.  |
| 10/2023 | Annual review. Updated background information with updated CDC guidelines. Removed “routine audit” language from criteria. Updated references. |
| 10/2024 | Annual review. Updated references.   |