



**Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria**

Belbuca™ (buprenorphine buccal film)

Review Criteria:

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member has had an inadequate treatment response, intolerance or contraindication to the preferred long-acting buprenorphine pain management product on the Preferred Drug List
- Not covered for opioid substance use disorder

Limitations:

- Quantity limit is 2 buccal films daily
- Maximum dose limit is 900mcg every 12 hours
- Initial coverage authorization will be granted for 1 year
- Renewal authorization will be granted for 1 year

Additional Information:

Morphine Milligram Equivalent:

- <30mg oral MS = 75cmg Belbuca every 12 hours
- 30-89mg oral MS = 150mg Belbuca every 12 hours
- 90-160mg oral MS = 300mg Belbuca every 12 hours
- Greater than 160mg MS, Belbuca not recommended