



Request for Prior Authorization
BUPRENORPHINE TRANSDERMAL SYSTEM (BUTRANS)
& BUCCAL FILM (BELBUCA)

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for Butrans™ and Belbuca™. Payment will be considered when the following criteria are met: 1) Previous trials and therapy failures at a therapeutic dose with two preferred long acting opioids. The preferred trials must allow for adequate dose titration and show use of a short acting narcotic for breakthrough pain. 2) A trial and therapy failure with fentanyl patch at maximum tolerated dose. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Non-Preferred

[] Belbuca [] Butrans

Strength

Dosage Instructions

Quantity

Days Supply

Diagnosis: _____

Trials of two preferred long acting opioids:

Trial 1: Drug Name & Dose: _____

Trial Dates: _____ Failure Reason: _____

Trial 2: Drug Name & Dose: _____

Trial Dates: _____ Failure Reason: _____

Trial of short acting narcotic for breakthrough pain: Drug Name & Dose: _____

Trial dates: _____ Failure Reason: _____

Trial of fentanyl patch: Dose: _____ Trial Dates: _____

Failure Reason: _____

Medical or contraindication reason to override trial requirements: _____

Attach lab results and other documentation as necessary.

Form with fields for Prescriber signature (Must match prescriber listed above.) and Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.