



Drug Name: Buprenorphine (Butrans®)

Date: [Original: 12-2017](#) [Revised: 7/2018](#)

Drug Name:	Buprenorphine Patch (Butrans®)
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for chronic pain and requires regular, around the clock pain management; and all of the following: <ul style="list-style-type: none"> ○ Patient can safely take the requested dose based on their opioid use history (i.e. naïve or opioid experienced with be approved for appropriate patch strengths). ○ Patient has been evaluated for and will be monitored on an on-going basis for development of potential risk of substance misuse, dependence or misuse. ○ Provider has reviewed the previous 6 months of prescription fills loaded to the Prescription Drug Monitoring Program (PMP) for purposes of identifying any risks of opiate misuse (e.g. more than 3 different pharmacies and more than 3 different prescribers; OR more than 5 different prescribers).
Quantity Limit:	4 patches per 28 days
Coverage Duration:	12 months