



**Drug Name: Buprenorphine (Butrans®)**

**Date:** Original: 12-2017 Revised: 7/2018

<b>Drug Name:</b>	<b>Buprenorphine Patch (Butrans®)</b>
<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>• 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"> <li>○ 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).</li> <li>○ 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.</li> <li>○ 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).</li> </ul> </li> </ul>
<b>Quantity Limit:</b>	4 patches per 28 days
<b>Coverage Duration:</b>	12 months