



Prior Authorization Criteria for Butrans (Buprenorphine transdermal system)

Background

Butrans (Buprenorphine transdermal system) is a transdermal formulation of buprenorphine indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time. At its August, 2011 meeting the DoD Pharmacy and Therapeutics (P & T) Committee voted to recommend prior authorization criteria for Butrans.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee:

Prior Authorization Criteria for Butrans (Buprenorphine transdermal system)

All current and new users of Butrans (Buprenorphine transdermal system) must meet one of the following criteria in order for coverage to be approved:

1. Coverage provided for patients \geq 18 yrs with moderate to severe chronic pain requiring opioid therapy.
 - a. Opioid naïve patients (prior use of < 30 mg/day of morphine or equivalent in past 60 days) are limited to Butrans 5 mcg/hr patch.
 - b. Opioid tolerant patients (prior use of < 30 mg/day of morphine or equivalent in past 60 days or Butrans 5 mcg/hr patch) can receive Butrans 10 mcg/hr.
 - c. Maximum dose of Butrans is 20 mcg/hr.
2. Coverage is NOT provided for treatment of opioid dependence.
3. Coverage is NOT provided for patients:
 - a. Requiring > 80 mg/day of morphine or equivalent for pain control.
 - b. With significant respiratory depression or severe bronchial asthma.
 - c. With long QT syndrome or family history of long QT syndrome.
 - d. On concurrent Class 1A (procainamide, quinidine) or Class II (defetilide, amiodarone, sotalol) antiarrhythmics.

Criteria approved through the DoD P&T Committee process October 2011

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