



Office of Pharmacy Services  
Prior Authorization Criteria

**Butrans  
(buprenorphine)**

Butrans will be approved if the following criteria are met:

1. Diagnosis of moderate to severe chronic pain requiring continuous around-the-clock analgesia **or**
2. Patient cannot take oral medications and has a diagnosis of chronic pain **and**
3. Needs analgesic medication for an extended period of time **and**
4. Has had a previous trial\*\* of a non-opioid analgesic medication **and**
5. Previous trial of one opioid medication **and**
6. Current total daily opioid dose is  $\leq 80$  mg. daily or dose of transdermal fentanyl is  $\leq 12.5$  mcg per hour.

\*\*Requirement is waived for patients who cannot swallow.

References

1. Butrans [Full Prescribing Information]. Stamford, CT: Purdue Pharma L.P.
2. Data on File [Study BUP3015]. Stamford, CT: Purdue Pharma