Non-formulary **buprenorphine transdermal patch (Butrans®)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescribed by a Pain Management Specialist
   - AND -
2. Prior adequate trial and failure of or intolerance to 4 formulary or preferred opioids, (e.g. oxycodone, morphine, tramadol, hydrocodone/APAP, fentanyl transdermal)
   - AND -
3. Patient currently titrated to 30 mg/day or less of morphine equivalent dose (MED)^
   - AND -
4. No concurrent Rx for an opioid to be continued after buprenorphine therapy has begun.
   (If there is a prescription for another opioid (in the last 3 months) clinician has documented that patient was instructed to discontinue it.)
   - AND -
5. Dose may not exceed one 20 mcg/hr patch per 7 days.

- OR –

- Dose Change Only: Patient previously met criteria, is currently using buprenorphine patch and dose does not exceed one 20 mcg/hr patch per 7 days.

- OR –

- New Member to KPNW and patient is currently using Butrans patch and dose does not exceed one 20 mcg/hr patch per 7 days; Refer to Pain Management (may be prescribed to continue at current dose for up to 3 months until reviewed by a Pain Management Specialist at KPNW).

^ 30mg MED is approximately 30 mg hydrocodone, 20 mg oxycodone, 12 mcg fentanyl transdermal, 10 mg oxymorphone, 8 mg hydromorphone.