

PURPOSE OF THE POLICY

To establish prior authorization criteria for new starts only on coverage of Butrans

STATEMENT OF THE POLICY

Health Alliance will establish criteria for coverage of Butrans as stated below

PROCEDURES

1. Coverage Criteria

- 1.1. Butrans will be covered for all FDA indications, not otherwise excluded from Part D
- 1.2. Prescribed for patients with moderate to severe chronic pain requiring continuous around the clock opioid analgesia for an extended period of time
- 1.3. 3 months at a time authorization

HISTORY

THowerton RPh-1.1.2011-policy created for Part D

THowerton RPh-9.15.2011- P&T review no changes