



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Butrans Patches™ (buprenorphine transdermal)

Review Criteria:

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Not indicated or covered for addiction treatment

Additional Information:

- Morphine Milligram Equivalent (MME):
 - 30mg oral MS = 5mcg Butrans
 - 30-80mg oral MS = 10mcg Butrans
 - >80mg oral MS = no comparison and manufacture advises member be put on different medication