

## PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

butorphanol tartrate nasal spray

**Status:** *CVS Caremark Criteria*

**Type:** *Post Limit Prior Authorization*

### POLICY

#### FDA-APPROVED INDICATIONS

Butorphanol tartrate nasal spray is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

#### Limitations of Use

Because of the risks of addiction, abuse, and misuse, with opioids, even at recommended doses, reserve butorphanol tartrate for use in patients for whom alternative treatment options [e.g., non-opioid analgesics]

- Have not been tolerated, or are not expected to be tolerated,
- Have not provided adequate analgesia, or are not expected to provide adequate analgesia

#### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of migraine headache.
- Medication overuse headache has been ruled out.
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to abortive migraine therapy.
- The patient is currently using migraine prophylactic therapy or has experienced an inadequate treatment response, intolerance, or contraindication to migraine prophylactic therapy

#### **AND**

- The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least 2 oral opioids
- OR
- The patient is unable to take oral medications, including liquids

Quantity Limits apply.

4 bottles / 25 days

12 bottles / 75 days

#### REFERENCES

1. Butorphanol Tartrate Nasal Spray [package insert]. Weston, FL: Apotex Corp.; January 2017.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed June 2017.

Butorphanol Nasal Solution (Stadol) Post Limit Policy 06-2017

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3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed June 2017.
4. Beithon J, Gallenberg M, Johnson K, et al. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. <http://bit.ly/Headache0113>. Updated January 2013. Accessed June 2017.
5. Silberstein S, Holland S, Freitag F, et al. Evidence-Based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology. *Neurology* 2012;78;1337-1346.