QUANTITY LIMIT CRITERIA

BRAND NAME
(generic)

butorphanol tartrate nasal spray

Status: CVS Caremark Criteria
Type: Quantity Limit

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 nasal spray 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

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 [available with subscription]. Accessed June 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed June 2017.

LIMIT CRITERIA

Drug	1 Month Limit*	3 Month Limit*
butorphanol nasal spray	2 bottles / 25 days	6 bottles / 75 days

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*