

# 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

**LIMIT CRITERIA**

<b>Drug</b>	<b>1 Month Limit*</b>	<b>3 Month Limit*</b>
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.*

**REFERENCES**

1. Butorphanol Tartrate Nasal Spray [package insert]. Weston, FL: Apotex Corp.; January 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 1, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 1, 2021.