

# 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 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

**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  
**AND**
- Medication overuse headache has been ruled out  
**AND**
- The patient is unable to take alternative abortive migraine therapies due to an inadequate treatment response, intolerance, or contraindication [Note: Examples of abortive therapy are triptans, ergotamine, dihydroergotamine, nonsteroidal anti-inflammatory drugs (NSAIDs), mixed analgesics containing caffeine, isometheptene or butalbital.]  
**AND**
- The patient is currently using migraine prophylactic therapy or unable to take migraine prophylactic therapies due to an inadequate treatment response, intolerance, or contraindication [Note: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, venlafaxine.]  
**AND**
  - The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least two oral opioids  
**OR**
  - The patient is unable to take oral medications, including liquids

Quantity Limits apply.

**POST QUANTITY LIMITS FOR APPROVAL**

4 bottles / 25 days\*

12 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.
4. 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.
5. Marmura M, Silberstein S, Schwedt T. The Acute Treatment of Migraine in Adults: The American Headache Society Evidence Assessment of Migraine Pharmacotherapies. *Headache* 2015;55:3-20.
6. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2019; 59:1-18.