



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 23, 2012 April 22, 2022

BUTALBITAL-CONTAINING PRODUCTS

APPROVAL AMOUNT: UP TO A MAXIMUM OF ANOTHER 120 TABLETS/CAPSULES OR 180 ML (for the liquid) **ABOVE THE EXISTING QUANTITY LIMITATION (SEE SUMMARY OF DRUG LIMITATIONS).**

REVIEW CRITERIA:

- **Tensions (Muscle Contraction) Headaches:** *(for requests exceeding the quantity limit)*
 - Must have a chronic history of attacks (per progress notes).
 - Must be prescribed or recommended upon consultation with a specialist (eg. neurologist) as per progress notes submitted.
 - Must have had trial and failure of at least three of the four therapies in the past 365 days:
 - NSAIDs (eg. ibuprofen, naproxen)
 - Tricyclics (eg. amitriptyline)
 - Muscle relaxants (eg. tizanidine)
 - Non-drug Therapies (relaxation training, cognitive behavior therapy, EMG biofeedback)

- **Migraine Headaches:** *(for requests exceeding the quantity limit)*
 - Must have a chronic history of attacks (per progress notes).
 - Must have current (within past 30 days) treatment failure of prophylaxis therapy (eg. metoprolol, topiramate, amitriptyline).
 - Must be prescribed or recommended upon consultation with a specialist (eg. neurologist) as per progress notes submitted.
 - Must have had trial and failure of at least one medication from each the classes of therapy below in the past 365 days:
 - NSAIDs (eg. ibuprofen, naproxen)
 - Triptans [eg. Axert (*almotriptan*), Maxalt (*rizatriptan*), Imitrex (*sumatriptan*), Relpax (*eletriptan*), Treximet (*sumatriptan/naproxen*), Amerge (*naratriptan*), Frova (*frovatriptan*), Zomig (*zolmitriptan*)]

DOSING & ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.