

# QUANTITY LIMIT CRITERIA

|                                      |   |
|--------------------------------------|---|
| <b>DRUG CLASS</b>                    | <b>BUTALBITAL CONTAINING ANALGESICS (BRAND AND GENERIC)</b>   |
| <b>BRAND NAME<br/>(generic)</b>      | <p>(butalbital and acetaminophen)</p> <p>(butalbital, acetaminophen, and caffeine)</p> <p>(butalbital, acetaminophen, caffeine, and codeine)</p> <p>(butalbital, aspirin, and caffeine)</p> <p>(butalbital, aspirin, caffeine, and codeine)</p> |
| <b>Status: CVS Caremark Criteria</b> |   |
| <b>Type: Quantity Limit</b>          |   |

## POLICY

### FDA-APPROVED INDICATIONS

Butalbital containing products are indicated for the relief of the symptom complex of tension (or muscle contraction) headache.

Evidence supporting the efficacy and safety of these combination products in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable.

### LIMIT CRITERIA

This quantity limit should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed.

| <b>Drug</b>                                      | <b>1 Month Limit*</b> | <b>3 Month Limit*</b> |
|--|-----------------------|-----------------------|
| butalbital, acetaminophen, and caffeine syrup    | 720 mL / 25 days      | 2160 mL / 75 days     |
| butalbital 25 mg and acetaminophen 325 mg        | 96 units / 25 days    | 288 units / 75 days   |
| butalbital and acetaminophen                     | 48 units / 25 days    | 144 units / 75 days   |
| butalbital, acetaminophen, and caffeine          | 48 units / 25 days    | 144 units / 75 days   |
| butalbital, acetaminophen, caffeine, and codeine | 48 units / 25 days    | 144 units / 75 days   |
| butalbital, aspirin, and caffeine                | 48 units / 25 days    | 144 units / 75 days   |

butalbital, aspirin, caffeine, and codeine

48 units / 25 days

144 units / 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.

\*The limit criteria apply to both brand and generic, if available.

## REFERENCES

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4. Fioricet [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; January 2021.
5. Fioricet with Codeine [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; March 2021.
6. Fiorinal [package insert]. Madison, NJ: Allergan USA, Inc.; April 2021.
7. Fiorinal with Codeine [package insert]. Madison, NJ: Allergan USA, Inc.; April 2021.
8. VTOL LQ [package insert]. Atlanta, GA: Mikart, LLC; August 2019.
9. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 2021.
10. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 2021.
11. 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.
12. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2019; 59:1-18.