

Butalbital Containing Products

Goal(s):

- Decrease potential for dependence and medication overuse headache through quantity limits.

Length of Authorization:

- Up to 6 months

Requires PA:

- All butalbital products

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Check the Reason for PA:

- All butalbital products are non-preferred

Table 1. Quantity Limits per Labeling.

Generic	Max Daily Dose	Quantity Limit Per 30 days
Butalbital containing formulations	6 capsules or tablets	30 capsules or tablets

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Does the patient have a diagnosis of migraine headaches?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #3
3. Does the patient have medication overuse headache?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #4
4. Does the patients have a diagnosis of tension headache?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness.
5. Has the patient had an adequate trial, without response, or has contraindications, to at least 2 of the following OHP preferred drugs for tension headache: <ul style="list-style-type: none"> • Ibuprofen • Acetaminophen • Amitriptyline 	Yes: Approve for up to 6 months. Quantities to not exceed limits provided in Table 1 above.	No: Pass to RPh. Deny; medical appropriateness.