AdvancedHealth
Bridging the Future of Healthcare

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Butalbital Containing Products Drug Use Criteria

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Includes:

Brand©	*Generic*
Bupap, Allzital	Butalbital 50 mg and acetaminophen 300 mg
Fiorinal	Butalbital 50 mg, aspirin 325 mg, and caffeine 40 mg
Esgic, Zebutal	Butalbital 50 mg, acetaminophen 325 mg, and caffeine 40mg mg
Fioricet	Butalbital 50 mg, acetaminophen 300 mg, and caffeine 40 mg
Ascomp-Codeine, Fiorinal/Codeine #3	Butalbital 50 mg, aspirin 325 mg, caffeine 40 mg, and codeine phosphate 30 mg
Fioricet/Codeine #3	Butalbital 50 mg, acetaminophen 300 mg, caffeine 40 mg, and codeine phosphate 30 mg

<u>GUIDELINE FOR USE:</u>

Initial Request:

1. Is the member being treated for the acute treatment of chronic migraine or tension-type headache?
    a. If yes, go to 4
    b. If no, go to 2

2. Is the member 20 years of age or younger?
    a. If yes, go to 3
    b. If no, deny as not meeting criteria or below the line.
        i. If criteria not met: Off label use of medication is not a covered benefit under the Oregon Health Plan.
        ii. If below the line: The Oregon Health Plan does not pay for treatment of this condition.

3. Is there documentation that the condition is of sufficient severity that it impacts the member's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?
    a. If yes, go to 4
    b. If no, send to MD review to determine medical appropriateness and/or medical necessity.

4. Is the member pregnant?
    a. If yes, go to 5
    b. If no, go to 6

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5. Has the member trialed and failed acetaminophen (1000mg per day)?
   a. If yes, approve up to 9 months of 18 tablets/3 days every 30 days.
   b. If no, deny as not meeting criteria. Please trial acetaminophen (up to 1000mg per day) prior to moving to butalbital combination products.

6. Is there documentation that the headaches are not due to medication overuse?
   a. If yes, go to 7
   b. If no, deny as not meeting criteria. Please submit documentation that the headaches are not due to medication overuse. Review fill history and let provider know if there are medications that cause MOH are being filled consistently (aspirin, acetaminophen, NSAIDs, opioids, etc.).

7. What is the member being treated for?
   a. If for tension-type headache, go to 8
   b. If for acute treatment of migraine, go to 9

8. Has the member trialed and failed or have contraindications to all of the following: NSAIDs (ibuprofen, naproxen or aspirin), **AND** acetaminophen, **AND** combination analgesics with caffeine (caffeine with NSAID or caffeine with acetaminophen) or acetaminophen/aspirin/caffeine?
   a. If yes, approve up to 12 months of 18 tablets/3 days (6 doses per day) every 30 days.
   b. If no, deny as not meeting criteria. State which of the following the member has not met.

9. Has the member trialed and failed or have contraindications to all of the following: at least one NSAIDs **AND** acetaminophen **AND** at least 1 triptan?
   a. If yes, approve up to 12 months of 18 tablets/3 days (6 doses per day) every 30 days.
   b. If no, deny as not meeting criteria. State which of the following the member has not met.

Dosing: please see individual compounds

Contraindications: please see individual components

References:

Acute Treatment of Migraine in Adults. Up to Date.
Product labeling Ascomp-Codeine.
Product labeling Esgic.
Product labeling Fioricet.
Product labeling Fiorinal.
Product labeling Fioricet/Codeine #3.
Product labeling Fiorinal/Codeine #3
Product labeling Zebutal.