

Bupap 50-300 MG TAB

Butalbital-Acetaminophen 50-300 MG TAB

Allzital 25-325 MG TAB

Butalbital-Acetaminophen 50-325 MG TAB

Butalbital-APAP 50-325 MG TAB

Marten-Tab 50-325 MG TAB

Tencon 50-325 MG TAB

Diagnoses Considered for Coverage:

- Tension headaches

Coverage Criteria:

For diagnoses listed above:

FOR REQUEST UP TO QUANTITY OVER TIME LIMIT

- Inadequate response or intolerable side with two oral prescription-strength NSAIDs OR contraindication to ALL oral prescription-strength NSAIDs (i.e. advanced age [> 70 years old], history of GI bleed or ulcer, bleeding disorder, drug-drug interaction), **and**
- Intolerance or contraindication to the preferred butalbital/APAP formulations not expected with the non-preferred butalbital/APAP combination product, **and**
- Dose does not exceed FDA label maximum.

FOR REQUEST EXCEEDING 48 CAPS/TABS PER 30 DAYS

- Being followed by a neurologist or a headache specialist, **and**
- Prescriber confirms the benefits of the drug outweigh any risks and will monitor for side effects, **and**
- Total number doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- Dose does not exceed FDA label maximum, **and**
- **For non-preferred agents:**
 - Inadequate response or intolerable side with two oral prescription-strength NSAIDs OR contraindication to ALL oral prescription-strength NSAIDs (i.e. advanced age [> 70 years old], history of GI bleed or ulcer, bleeding disorder, drug-drug interaction), **and**
 - Intolerance or contraindication to preferred butalbital/APAP formulation not expected with the non-preferred butalbital/APAP combination product.

Preferred products

Butalbital-Acetaminophen 50-325 MG TAB

Butalbital-APAP 50-325 MG TAB

Marten-Tab 50-325 MG TAB

Tencon 50-325 MG TAB

Coverage Duration: Length of benefit

Effective: 1/01/2021GF