

**ALLZITAL**  
**butalbital 50 mg/APAP 300 mg capsule**

**Diagnoses Considered for Coverage:**

- Tension headaches

**Coverage Criteria:**

**For diagnoses listed above:**

FOR REQUEST UP TO QUANTITY OVER TIME LIMIT
<ul style="list-style-type: none"> <li>• Inadequate response or intolerable side with two oral prescription-strength NSAIDs OR contraindication to ALL oral prescription-strength NSAIDs (i.e. advanced age [<math>&gt; 70</math> years old], history of GI bleed or ulcer, bleeding disorder, drug-drug interaction), <b>and</b></li> <li>• Intolerance or contraindication to the preferred butalbital/APAP formulations not expected with the non-preferred butalbital/APAP combination product, <b>and</b></li> <li>• Dose does not exceed FDA label maximum.</li> </ul>
FOR REQUEST EXCEEDING 48 CAPS/TABS PER 30 DAYS
<ul style="list-style-type: none"> <li>• Being followed by a neurologist or a headache specialist, <b>and</b></li> <li>• Prescriber confirms the benefits of the drug outweigh any risks and will monitor for side effects, <b>and</b></li> <li>• Inadequate response or intolerable side with two oral prescription-strength NSAIDs OR contraindication to ALL oral prescription-strength NSAIDs (i.e. advanced age [<math>&gt; 70</math> years old], history of GI bleed or ulcer, bleeding disorder, drug-drug interaction), <b>and</b></li> <li>• Intolerance or contraindication to the preferred butalbital/APAP formulations not expected with the non-preferred butalbital/APAP combination product.</li> <li>• Total number doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month, <b>and</b></li> <li>• Dose does not exceed FDA label maximum.</li> </ul>

**Preferred products**

- Bupap (50 mg butalbital/APAP 300 mg tablet)
- butalbital 50 mg/APAP 300 mg tablet
- butalbital 50 mg/APAP 325 mg tablet
- Tencon (50 mg butalbital/APAP 325 mg APAP tablet)

**Coverage Duration:** Length of benefit

Effective: 10/06/2020GF