

Butalbital-Caffeine Products

Applies To:

Non-Preferred Products

- Butalbital-Acetaminophen-Caffeine 50-300-40 mg Capsule (FIORICET)
- Butalbital-Acetaminophen-Caffeine 50-325-40 mg Capsule (ESGIC)
- Butalbital-Acetaminophen-Caffeine-Codeine 50-300-40-30 mg (FIORICET WITH CODEINE)
- VTOL LQ 50-325-40 mg/15 ml Solution
- ZEBUTAL 50-325-40 mg Capsule

Preferred Products

- Butalbital-Acetaminophen-Caffeine 50-325-40 mg Tablet (ESGIC)
- Butalbital-Aspirin-Caffeine 50-325-40 mg Capsule (Fiorinal)
- Butalbital-Aspirin-Caffeine 50-325-40 mg Tablet
- ASCOMP-CODEINE 50-325-40-30 mg Capsule
- Butalbital-Aspirin-Caffeine-Codeine 50-325-40-30 mg Capsule
- Butalbital-Acetaminophen-Caffeine-Codeine 50-325-40-30 mg Capsule

Diagnosis Considered for Coverage:

- Tension headaches

Coverage Criteria:

For diagnosis listed above:

FOR NON-PREFERRED REQUESTS UP TO QUANTITY LIMIT
<ul style="list-style-type: none"> • Dose does not exceed 6 doses per day or 48 doses per month, and • Inadequate response or intolerable side with two oral prescription-strength NSAIDs OR contraindication to all oral prescription-strength NSAIDs, and • Intolerance or contraindication to the preferred butalbital-caffeine with either acetaminophen or aspirin formulation not expected with the non-preferred butalbital-caffeine combination product.
FOR ALL REQUESTS EXCEEDING QUANTITY LIMIT
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Inadequate response or intolerable side with two oral

prescription-strength NSAIDs OR contraindication to ALL oral prescription-strength NSAIDs, and

- Intolerance or contraindication to the preferred butalbital-caffeine with either acetaminophen or aspirin formulation not expected with the non-preferred butalbital-caffeine combination product

Coverage Duration: one year

Effective Date: 5/3/2023