

# QUANTITY LIMIT CRITERIA

**BRAND NAME**  
(generic)

(butorphanol tartrate nasal spray)

**Status:** CVS Caremark® Criteria  
**Type:** Quantity Limit

## POLICY

### **FDA-APPROVED INDICATIONS**

Butorphanol tartrate nasal spray is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

### Limitations of Use

Because of the risks of addiction, abuse, and misuse, with opioids, even at recommended doses, reserve butorphanol tartrate nasal spray for use in patients for whom alternative treatment options [e.g., non-opioid analgesics]

- Have not been tolerated, or are not expected to be tolerated,
- Have not provided adequate analgesia, or are not expected to provide adequate analgesia.

### **INITIAL LIMIT QUANTITY**

Drug	1 Month Limit*	3 Month Limit*
butorphanol nasal spray	2 bottles / 25 days	6 bottles / 75 days

\*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

### **REFERENCES**

1. Butorphanol Tartrate Nasal Spray [package insert]. Weston, FL: Apotex Corp.; January 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 21, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/21/2023).

Butorphanol Nasal Solution (Stadol) Limit Policy 06-2023.docx

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