



Pain Medications Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
03-01-2024

Date of Origin
08-01-2011

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Butalbital-Acetaminophen Cap 50-300 MG	50-300 MG	180	Capsules	30	DAYS			
	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	50-325-40 MG	180	Capsules	30	DAYS			
Allzital	Butalbital-Acetaminophen Tab 25-325 MG	25 MG ; 25-325 MG	360	Tablets	30	DAYS			
Bac ; Esgic	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	50-325-40 MG	180	Tablets	30	DAYS			
Bupap	Butalbital-Acetaminophen Tab 50-300 MG	50-300 MG	180	Tablets	30	DAYS			
Esgic ; Zebutal	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	50-325-40 MG	180	Capsules	30	DAYS			
Fioricet	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	50-300-40 MG	180	Capsules	30	DAYS			
Tencon	Butalbital-Acetaminophen Tab 50-325 MG	50-325 MG	180	Tablets	30	DAYS			
Vtol lq	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	50-325-40 MG/15ML	2700	mLs	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Butalbital-Acetaminophen Cap 50-300 MG	50-300 MG	Medicaid
	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	50-325-40 MG	Medicaid
Allzital	Butalbital-Acetaminophen Tab 25-325 MG	25 MG ; 25-325 MG	Medicaid
Bac ; Esgic	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	50-325-40 MG	Medicaid
Bupap	Butalbital-Acetaminophen Tab 50-300 MG	50-300 MG	Medicaid
Esgic ; Zebutal	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	50-325-40 MG	Medicaid
Fioricet	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	50-300-40 MG	Medicaid
Tencon	Butalbital-Acetaminophen Tab 50-325 MG	50-325 MG	Medicaid
Vtol lq	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	50-325-40 MG/15ML	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND BOTH of the following: <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. BOTH of the following: <ol style="list-style-type: none"> A. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND B. Information has been provided to support therapy with a higher dose for the requested indication OR 2. BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND B. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR 3. BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND B. Information has been provided to support therapy with a higher dose for the requested indication AND B. If the requested agent contains acetaminophen, the daily dose of acetaminophen does NOT exceed over 4 grams per 24 hours <p>Length of Approval: Approval duration is 1 month for dose titration requests and up to 6 months for all other requests</p>