# STADOL NS (BUTORPHANOL TARTRATE)

## Products Affected
- butorphanol tartrate injection
- butorphanol tartrate nasal
- STADOL

<table>
<thead>
<tr>
<th>PA Criteria</th>
<th>Criteria Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Covered Uses</strong></td>
<td>*Indicated for the management of pain when the use of an opioid analgesic is appropriate.</td>
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<tr>
<td><strong>Exclusion Criteria</strong></td>
<td>N/A</td>
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| **Required Medical Information** | *Migraine Headaches:  
*Must be clinically diagnosed with migraine headaches.  
*Must have failed or intolerant to two Triptans.  
*Must be receiving prophylactic therapy.  

OR  
*Prophylaxis with at least two different therapy classes was either ineffective or not tolerated.  
Pain:  
*Must have clinically documented moderate or severe pain.  
*Patient has failed at least 2 non-opioid therapies.  
*Patient has failed at least 1 opioid therapy.  

OR  
*Patient is NPO. |
| **Age Restrictions**         | *Must be 18 years of age or older                                               |
| **Prescriber Restrictions**  | N/A                                                                              |
| **Coverage Duration**        | *Initial 1 year  
* Renewal 1 year                                                               |
| **Other Criteria**           | *Continuation of therapy criteria:  
*Patient is tolerating treatment.  
*Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient's condition).  
*Benefit Type: Pharmacy  
*Adopted: 12/16/12  
*Reviewed: 04/11/18: criteria updated, removed contraindications, Not approved if, Rationale for Criteria, Remove QL |