



**Medicare Advantage-Prescription Drug Plan  
Butorphanol Tartrate Nasal Spray  
Quantity Limitation Request Form  
Incomplete Forms May Delay Processing**

PHYSICIAN NAME		PATIENT NAME	
OFFICE CONTACT PERSON		PATIENT INSURANCE ID #	
PHYSICIAN PHONE	PHYSICIAN FAX	PATIENT DATE OF BIRTH	
PHYSICIAN ADDRESS			
Street		City	State Zip

<b>QUANTITY LIMITATIONS:</b>	<b>Short Term:</b> 30 days	<b>Extended Supply:</b> 90 days
Butorphanol Nasal Spray	2 canisters	6 canisters
Quantity Requested: _____		

To request quantities greater than above, please check all that are applicable.

- The patient has post-operative pain and is unable to take oral medications (including liquids).  YES  NO
- The patient has a diagnosis of moderate to severe migraine headache.  YES  NO
- The patient has tried and failed at least 2 other abortive migraine therapy agents (e.g., acetaminophen, NSAIDs, combination products such as Fioricet® or Midrin®, 5-HT1 agonists such as Imitrex®, and/or ergot-containing products such as Migranal® or Cafergot®).  YES  NO  
List names of medications: \_\_\_\_\_
- For patients experiencing >4 severe headaches per month, prophylactic therapy has been given an adequate trial.  YES  NO
- The possibility of medication-incurred, rebound, or chronic daily headache has been considered.  YES  NO  
  
Some diagnostic criteria for medication-induced headache include: headache that occurs daily or almost daily for more than 6 months, headache pain that is refractory to standard medications, even though the patient is compliant with therapy, and headache present on awakening. In patients with rebound headache, the physician should consider discontinuing the medication.
- The patient is >65 years old and a diagnosis of an underlying organic disease or other causes of headache have been considered.  YES  NO

I certify that, to the best of my knowledge, the above information is accurate:  
Physician signature required: \_\_\_\_\_

**Please Return Completed Form To:**  
 Fax number: 1-888-446-8535  
 Address: PARTNERS  
 Attention: Exceptions-Health Services  
 P.O. Box 17509  
 Winston-Salem, NC 27116-7509  
 Provider telephone: 1-888-296-9790