Cigna National Formulary Coverage Policy



Drug Quantity Management – Per Rx Opioids – Tramadol Extended-Release Products

Table of Contents

| National Formulary Medical Necessity | |
|--------------------------------------|---|
| Conditions Not Covered | 2 |
| References | 3 |
| Revision History | 3 |

Product Identifier(s)

Effective 1/1/23 to 4/11/23: 109804

Effective 4/12/23: 35680

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Drugs affected

- tramadol hydrochloride extended-release tablets generic only
- ConZip® capsules (tramadol hydrochloride extended-release capsules)
- tramadol hydrochloride extended-release capsules branded generic to ConZip
- tramadol hydrochloride extended-release capsules (150 mg strength) branded generic (obsolete 8/2020)

This Drug Quantity Management program has been developed to promote dose consolidation of tramadol. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

| Brand (generic) | FDA-Approved Dosing | Availability | Maximum |
|-------------------------------|---|----------------|-----------------|
| | | | Quantity per Rx |
| tramadol extended- | Not currently receiving tramadol IR: 100 mg QD, | 100 mg tablets | 30 tablets |
| release tablets | then titrated up by 100 mg increments every 5 | 200 mg tablets | 30 tablets |
| (generic only) | days according to need and tolerance. | 300 mg tablets | 30 tablets |
| ConZip [®] (tramadol | Currently receiving tramadol IR: The 24-hour | 100 mg | 30 capsules |
| extended-release | tramadol IR dose should be calculated and the | capsules | |
| capsules) | individual initiated on a total daily dose of | 200 mg | 30 capsules |
| | tramadol ER rounded down to the next lowest | capsules | |
| tramadol extended- | 100 mg increment. The dose should be adjusted | 300 mg | 30 capsules |
| release capsules | according to need and tolerance. | capsules | |
| (branded generic) | The dose should not exceed 300 mg per day. | | |
| | When an individual no longer requires therapy, | | |
| | taper the dose gradually, by 25% to 50% every 2 | | |
| | to 4 days. | | |
| tramadol extended- | • Not currently receiving tramadol IR: 100 mg QD, | 150 mg | 60 capsules |
| release capsules | then titrated up to 150 mg, 200 mg, and then to | capsules | |
| | 300 mg every 5 days according to need and | | |
| | tolerance. | | |
| | Currently receiving tramadol IR: The 24-hour | | |
| | tramadol IR dose should be calculated and the | | |
| | individual initiated on a total daily dose of | | |
| | tramadol extended-release rounded down to the | | |
| | next lowest 100 mg dose increment. The dose | | |
| | should be adjusted according to need and tolerance. | | |
| | | | |
| | Do not be administer a dose > 300 mg/day. When an individual no longer requires thereny. | | |
| | When an individual no longer requires therapy, taper the does gradually by 25% to 50% every 2. | | |
| | taper the dose gradually, by 25% to 50% every 2 | | |
| | to 4 days. | | |

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:

<u>Tramadol extended-release 100 mg tablets, ConZip 100 mg capsules, and tramadol extended-release 100 mg capsules</u>

1. If the individual's dose is being titrated (to a higher or lower dose), approve a one-time override for the requested quantity not to exceed 90 tablets or capsules (300 mg/day).

<u>Tramadol extended-release 200 mg tablets, ConZip 200 mg capsules, tramadol extended-release 200 mg capsules</u>

No overrides recommended.

<u>Tramadol extended-release 300 mg tablets and ConZip 300 mg capsules, tramadol extended-release 300 mg capsules</u>

No overrides recommended.

Tramadol extended-release 150 mg capsules No overrides recommended.

Conditions Not Covered

Any other exception is considered not medically necessary.

References

- 1. Tramadol hydrochloride extended-release tablets [prescribing information]. Cranbury, NJ: Sun; June 2021.
- 2. ConZip® extended-release capsules[prescribing information]. Sayerville, NJ: Vertical; September 2021.
- 3. Tramadol hydrochloride extended-release capsules [prescribing information]. Bridgewater, NJ: Trigen; October 2019.

Revision History

| Type of Revision | Summary of Changes | Approval Date |
|--------------------|--|---------------|
| Annual Revision | Policy name changed to Tramadol Extended-Release Products DQM. | 07/13/2022 |
| | Tramadol extended-release 100 mg tablets, ConZip 100 mg capsules, and tramadol extended-release 100 mg capsules. Criteria for a one-time override for patients titrating the dose was updated to approve a one-time override not to exceed 90 tablets or capsules (300 mg/day); these criteria were already in place. Criteria for patients taking a dose that does not correspond to a commercially available dosage form was removed. This criteria is not needed as the maximum dose is 300 mg/day. | |

[&]quot;Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2023 Cigna.