



## Drug Quantity Management – Per Rx Nonsteroidal Anti-Inflammatory Drug – Tivorbex® (indomethacin capsules, generic)

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### Product Identifier(s)

**Effective 1/1/23 to 4/11/23:** 110202  
**Effective 4/12/23:** 106694

#### 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

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Tivorbex (branded generic). 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

Product	Strength	Maximum Quantity per Rx
Tivorbex® (indomethacin capsules, branded generic)	20 mg capsules	90 capsules

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

1. If the individual requires a dose of 40 mg twice daily, approve 120 capsules per dispensing.
2. If the individual requires a dose of 40 mg three times daily, approve 180 capsules per dispensing.

## Conditions Not Covered

Any other exception is considered not medically necessary.

## Background

### Overview

Tivorbex, a nonsteroidal anti-inflammatory drug (NSAID), indicated for treatment of mild to moderate acute pain in adults.<sup>1</sup>

### Dosing

For treatment of mild to moderate acute pain, the recommended dose of Tivorbex is 20 mg three times daily or 40 mg two or three times daily.<sup>1</sup> Tivorbex should be used at the lowest effective dosage for the shortest duration consistent with the patient's individual treatment goals. Different strengths and formulations of oral indomethacin are not interchangeable.

### Availability

Tivorbex is available as 20 mg capsules in bottles containing 30 capsules each.<sup>1</sup> A branded generic to Tivorbex is also available.

## References

1. Tivorbex<sup>®</sup> capsules [prescribing information]. Madisonville, LA: Basiem; April 2021.

## Revision History

Type of Revision	Summary of Changes	Approval Date
New Policy	No change to existing quantity limits. Policy created to provide new override criteria for a patient who requires either 40 mg twice daily or 40 mg three times daily dosing.	06/08/2022

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