

PHARMACY PRE-AUTHORIZATION CRITERIA



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| DRUG (S) | Tramadol ER Biphasic (tramadol extended release tablets) |
| POLICY # | 14143 |
| INDICATIONS | Tramadol Biphasic is indicated for the management of moderate to moderately severe pain in adults (immediate release); for the management of moderate to moderately severe chronic pain in adults who require around-the-clock treatment of pain for an extended period of time (extended release [ER]). |
| CRITERIA | ConnectiCare considers Tramadol Biphasic to be medically necessary in patients who meet the following criteria: <ol style="list-style-type: none">1. Patient has a diagnosis of chronic pain and requires around-the-clock pain management AND2. Patient has had an intolerance to, or treatment failure of, both immediate-release and extended-release tramadol |
| REFERENCES | <ol style="list-style-type: none">1. Facts & Comparisons online |
| P&T REVIEW HISTORY | 11/15, 11/16, 11/17, 11/18 |
| REVISION RECORD | |