Select Tramadol Products

Policy # 00738
Original Effective Date: 04/12/2021
Current Effective Date: 05/08/2023

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member’s contract/certificate, and
- Medical necessity criteria and guidelines are met.

Based on review of available data, the Company may consider select tramadol products, such as the branded Tramadol 100 mg tablets, Qdolo™ (tramadol oral solution), and Seglentis® (tramadol/celecoxib tablets) to be eligible for coverage** when the patient selection criteria for the requested drug are met.

Patient Selection Criteria

Coverage eligibility will be considered for branded Tramadol 100 mg tablets, Qdolo (tramadol oral solution), and Seglentis (tramadol/celecoxib tablets) when their respective criteria are met:

- For branded Tramadol 100 mg tablet requests:
  - Patient is experiencing pain; AND
  - Patient’s pain is severe enough to require an opioid analgesic and alternative treatments are inadequate; AND
  - Patient is 18 years of age or older; AND
  - Patient has tried and failed (e.g. intolerance or inadequate response) TWO of the following GENERIC products: tramadol immediate release 50 mg tablets, tramadol extended release tablets, tramadol/acetaminophen tablets unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient. (Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)

- For Qdolo (tramadol oral solution) requests:
  - Patient is experiencing pain; AND
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- Patient’s pain is severe enough to require an opioid analgesic and alternative treatments are inadequate; AND
- Patient is 18 years of age or older; AND
- Patient has a gastrostomy tube (G-tube) OR is otherwise unable to swallow tablets and/or capsules (for example, has dysphagia or difficulty swallowing tablets and/or capsules); AND
  (Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)
- Patient is NOT taking other medications in tablet and/or capsule form.
  (Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)

- For Seglentis (tramadol/celecoxib tablets) requests:
  - Patient is experiencing pain; AND
  - Patient’s pain is severe enough to require an opioid analgesic and alternative treatments for pain are inadequate; AND
  - Patient is 18 years of age or older; AND
  - Patient has tried and failed (e.g., intolerance or inadequate response) a combination of GENERIC tramadol immediate release 50 mg tablets and GENERIC celecoxib capsules for at least SIX months of therapy unless there is clinical evidence or patient history that suggests the use of a combination of GENERIC tramadol immediate release 50 mg tablets and GENERIC celecoxib capsules will be ineffective or cause an adverse reaction to the patient.
  (Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)

When Services Are Considered Not Medically Necessary
Based on review of available data, the Company considers the use of branded Tramadol 100 mg tablets when the patient has not has tried and failed TWO of the following GENERIC products: tramadol immediate release 50 mg tablets, tramadol extended release tablets, tramadol/acetaminophen tablets to be not medically necessary.**

Based on review of available data, the Company considers the use of Qdolo (tramadol oral solution) when the patient does NOT have a gastrostomy tube (G-tube) or is otherwise able to swallow tablets
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and/or capsules OR when the patient is taking any other medications in tablet and/or capsule form to be not medically necessary.**

Based on review of available data, the Company considers the use of Seglentis (tramadol/celecoxib tablets) when the patient has NOT tried and failed (e.g., intolerance or inadequate response) a combination of GENERIC tramadol immediate release 50 mg tablets and GENERIC celecoxib capsules for at least SIX months of therapy to be not medically necessary.**

When Services Are Considered Investigational
Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of branded Tramadol 100 mg tablets, Qdolo (tramadol oral solution), or Seglentis (tramadol/celecoxib tablets) when the patient selection criteria are not met (except those denoted as not medically necessary**) to be investigational.*

Background/Overview
Branded Tramadol 100 mg tablets, Qdolo oral solution, and Seglentis tablets are indicated in adults for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Qdolo is available in a 5 mg/mL oral solution. Seglentis is available in tablets containing 56 mg of celecoxib and 44 mg of tramadol. Neither branded Tramadol 100 mg tablets nor Qdolo oral solution were studied in unique clinical trials to prove their efficacy but rather were proven equivalent to the tramadol tablets currently on the market. Seglentis was studied in a randomized trial versus tramadol, celecoxib, and placebo as separate entities. Seglentis had better pain scores than any of the comparators used separately after bunionectomy.

There are more economical options when choosing a tramadol product to treat with, which include generic tramadol immediate release 50 mg tablets, generic tramadol extended release tablets, and generic tramadol/acetaminophen tablets. There is no generic tramadol 100 mg tablet available on the market, but using two 50 mg tablets is still a more economical option than taking a single branded Tramadol 100 mg tablet. Qdolo oral solution would be an option for therapy when members are unable to take other versions of tramadol as reflected in the patient selection criteria. Seglentis would
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be an option for patients who have tried and failed therapy with the two separate tramadol and celecoxib entities taken together.

**FDA or Other Governmental Regulatory Approval**

U.S. Food and Drug Administration (FDA)

Branded Tramadol 100 mg tablets, Qdolo oral solution, and Seglentis tablets are all indicated in adults for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

**Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

The intent of this policy is to ensure that these products are being used per their FDA approved indications. Additionally, the most economical option for therapy should be used as there is no advantage in using branded Tramadol 100 mg tablets or Qdolo (except for the inability to use other tramadol formulations) over the available generic formulations of tramadol. There is also no advantage of using Seglentis tablets over the separate generic celecoxib and tramadol entities.

**References**


**Policy History**

Original Effective Date:  04/12/2021
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03/04/2021  Medical Policy Committee review
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03/10/2021 Medical Policy Implementation Committee approval. New policy.
04/07/2022 Medical Policy Committee review
04/13/2022 Medical Policy Implementation Committee approval. Added a new product, Seglentis, to the medical policy with associated criteria.
04/06/2023 Medical Policy Committee review
04/12/2023 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 04/2024

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or

B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;

B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and

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C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

**NOTICE:** If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.