

## tramadol-celecoxib (SEGLENTIS)

### Diagnoses Considered for Coverage:

- Pain management

### Coverage Criteria:

#### For acute pain management, approve if:

##### For requests up to 14-day supply

- Dose does not exceed FDA label maximum, **and**
- Intolerance or contraindication to tramadol IR tablet not expected with Seglensis.

**Coverage Duration:** up to 14 days

##### For requests exceeding initial 14-day supply

- Dose does not exceed FDA label maximum, **and**
- Intolerance or contraindication to tramadol IR tablet not expected with Seglensis, **and**
- Prescribing or consulting physician attests narcotic quantity requested is necessary to adequately treat acute pain, **and**
- Not being used in combination with other short-acting narcotics, **and**
- Anticipated treatment duration is less than 60 days total.

**Coverage Duration:** up to 60 days

##### For requests for continued use after 14 days

- Prescribing or consulting MD attests narcotic quantity requested is necessary to treat ongoing pain, **and**
- Provider has documented patient-specific treatment plan for evaluating pain relief, potential misuse, monitoring plan for adverse side effects, and plan to taper opioid use, **and**
- Not being used in combination with other short-acting narcotics, **and**
- Dose does not exceed FDA label maximum up to 3 months.

**Coverage Duration:** 3 months

##### For requests for continued use after 3 months and yearly thereafter

- Provider has documented patient-specific treatment plan for evaluating pain relief, potential misuse, monitoring plan for adverse side effects, and plan to taper opioid use, **and**
- Not being used in combination with other short-acting narcotics, **and**
- Dose does not exceed FDA label maximum.

***Coverage Duration:*** up to 1 year

**Coverage Duration:** *see coverage criteria section*

Effective Date: 5/3/2023