Tramadol PA Criteria

PA required for requests exceeding QL of 120 tabs per 30 days, and PA required for requests exceeding 90 days of treatment per 365 days

PA Criteria:

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, move to question #2.
    b. If No, Category 1 denial.

2. Does the patient have a history of seizures or have a high seizure risk? *Tramadol may cause seizures. Patients with a history of seizures or with a high risk of seizures (head trauma, metabolic disorders, CNS infection, malignancy, or during alcohol/drug withdrawal) are at an increased risk of tramadol causing seizures.*
    a. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation.
    b. If No, move to question #3.

3. Is the patient currently taking any medications that may increase seizure risk when combined with tramadol or any medications that lower the seizure threshold? *Relevant medications include: SSRIs, SNRIs, bupropion, tricyclic antidepressants, anorexiants, other opioids, antipsychotics, MAO inhibitors.*
    a. If Yes, move to question #4.
    b. If No, move to question #5.

4. Is the provider that is prescribing tramadol the same provider that is prescribing the other medication(s) that may increase seizure risk? Or does the provider acknowledge that patient is using other medications that may increase seizure risk? *Review provider submitted documentation for indications that the provider prescribing tramadol is aware of the other medications patient is taking.*
    a. If Yes, move to question #5.
    b. If No, forward to Medical Director for medical appropriateness (Category 5) evaluation.

5. Is the patient currently taking a medication that is an absolute contraindication to treatment with tramadol? *Avoid concomitant use of tramadol with: azelastine (nasal), carbamazepine, conivaptan, fusidic acid, idelalisib, isocarboxazide, orphenadrine, paraldehyde, phenelzine, selegiline, thalidomide, tranylcypromine.*
    a. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation.
    b. If No, move to question #6.

6. Does the patient have history of suicidal ideation, suicide attempt, mood disorders, addiction, or misuse of CNS-active drugs? *Patients that meet this criteria are at an increased risk for tramadol-associated death.*
    a. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation.
    b. If No, move to question #7.

7. Does the patient have a history of substance abuse or dependence (drugs and/or alcohol)?
    a. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation. *Rational: Schedule medications have a high risk for abuse and/or diversion and need to be used with caution in this population.*
    b. If No, move to question #8.

8. Is the medication being used for an FDA approved indication and is the prescribed dose of tramadol within the FDA approved dosing limits? *Tramadol is FDA approved for the treatment of moderate to moderately-severe pain at doses of 50 to 100 mg every 4 to 6 hours (not to exceed 400 mg per day).*
    a. If Yes, **Approve.**
    b. If No, Category 3 denial.
    Approval requires medication be used for an FDA approved indication and requires FDA approved dosing of the medication.

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted