

Select Tramadol Products

Policy # 00738

Original Effective Date: 04/12/2021

Current Effective Date: 05/01/2026

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.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

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, tramadol 100 mg tablets, branded Tramadol 25 mg tablets, QdoloTM† (tramadol oral solution), branded Tramadol oral solution, and Seglantis[®]‡ (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, tramadol 100 mg tablets, branded Tramadol 25 mg tablets, Qdolo (tramadol oral solution), branded Tramadol oral solution, and Seglantis (tramadol/celecoxib tablets) when their respective criteria are met:

- For **tramadol 100 mg tablet** and **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 selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*

Select Tramadol Products

Policy # 00738

Original Effective Date: 04/12/2021

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- For **branded Tramadol 25 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) ONE of the following GENERIC products: tramadol immediate release 50 mg tablets or 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 selection 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) and branded Tramadol oral solution** 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 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 selection 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 selection 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 selection 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 tramadol 100 mg tablets and branded Tramadol 100 mg tablets when the patient has not 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.****

Select Tramadol Products

Policy # 00738

Original Effective Date: 04/12/2021

Current Effective Date: 05/01/2026

Based on review of available data, the Company considers the use of branded Tramadol 25 mg tablets when the patient has not tried and failed ONE of the following GENERIC products: tramadol immediate release 50 mg tablets or tramadol/acetaminophen tablets to be **not medically necessary**.**

Based on review of available data, the Company considers the use of Qdolo (tramadol oral solution) or branded Tramadol oral solution when the patient does NOT have a gastrostomy tube (G-tube) or is otherwise able to swallow tablets 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 Seglantis (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 tramadol 100 mg tablets, branded Tramadol 100 mg tablets, branded Tramadol 25mg tablets, Qdolo (tramadol oral solution), branded Tramadol oral solution, or Seglantis (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 25 mg and tramadol 100 mg tablets, Qdolo oral solution, branded Tramadol oral solution, and Seglantis 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. Seglantis is available in tablets containing 56 mg of celecoxib and 44 mg of tramadol. Tramadol 100 mg tablets, branded Tramadol 25 mg tablets, and Qdolo oral solution were not studied in unique clinical trials to prove their efficacy but rather were proven equivalent to the tramadol tablets currently on the market. Seglantis was studied in a randomized trial versus tramadol, celecoxib, and placebo as separate entities. Seglantis 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 are no generic tramadol 25 mg tablets available on the market, but the patient selection criteria considers clinical evidence or patient history that suggests alternative generic tramadol products will be ineffective or will cause an adverse reaction to the patient. In addition, using two generic 50 mg tablets is still a more economical option than taking a single generic or branded Tramadol 100 mg tablet. Qdolo oral solution would be an option

Select Tramadol Products

Policy # 00738

Original Effective Date: 04/12/2021

Current Effective Date: 05/01/2026

for therapy when members are unable to take other versions of tramadol as reflected in the patient selection criteria. Seglantis would be an option for patients who have tried and failed therapy with the two separate tramadol and celecoxib entities taken together.

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 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 generic or branded Tramadol 100 mg tablets or branded Tramadol 25 mg tablets, Qdolo, or branded Tramadol oral solution (except for the inability to use other tramadol formulations) over the available generic formulations of tramadol. There is also no advantage of using Seglantis tablets over the separate generic celecoxib and tramadol entities.

References

1. Tramadol 100 mg tablets [package insert]. Rubicon Research Private Limited. Thank, India. Updated August 2024.
2. Qdolo [package insert]. Athena Bioscience, LLC. Athens, Georgia. Updated September 2020.
3. Seglantis [package insert]. Towa Pharmaceuticals. Barcelona, Spain. Updated October 2021.
4. Tramadol 25 mg tablets [package insert]. Rubicon Research Private Limited. Thank, India. Updated February 2024.
5. Tramadol oral solution [package insert]. TruPharma, LLC. Tampa, FL. Updated January 2023.

Policy History

Original Effective Date: 04/15/2021

Current Effective Date: 05/01/2026

03/04/2021	Medical Policy Committee review
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, Seglantis, 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.
04/04/2024	Medical Policy Committee review
04/10/2024	Medical Policy Implementation Committee approval. Added branded Tramadol 25 mg tablets to the medical policy with associated criteria and added branded Tramadol solution to the policy.

Select Tramadol Products

Policy # 00738

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04/03/2025 Medical Policy Committee review

04/09/2025 Medical Policy Implementation Committee approval. Added generic tramadol 100mg tablets to the medical policy with associated criteria.

04/02/2026 Medical Policy Committee review

04/10/2026 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 04/2027

***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
- 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.

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Policy # 00738

Original Effective Date: 04/12/2021

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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.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan's pharmacy benefit.