



AmeriHealth.

Policy Title Tramadol Extended Release (Ryzolt)

Policy Number FS.CLIN.28

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy	<p>Tramadol Extended Release (Ryzolt) is indicated for the management of moderate to moderately severe chronic pain in adults who require around the clock treatment of their pain for an extended period of time.</p> <p>The use of Tramadol Extended Release (Ryzolt) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).</p>				
Policy description	<p>Tramadol Extended Release (Ryzolt) is a centrally acting synthetic opioid analgesic. The exact mechanism of action is not completely understood. It is believed the effects are due to the fact tramadol binds to μ opioid receptors and also exhibits a weak inhibition of reuptake of norepinephrine and serotonin.</p>				
Policy guideline inclusion	<p>Tramadol extended-release (Ryzolt) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none">• Documentation patient is 16 years of age or older• Documentation of a trial and failure of or intolerance to generic tramadol extended release				
Policy guideline exclusion	<p>Tramadol extended-release (Ryzolt) is denied when any of the following exclusion criteria are present:</p> <ul style="list-style-type: none">• No documentation patient is 16 years of age or older• No documentation of a trial and failure of or intolerance to generic tramadol extended release				
Policy List of Applicable Drugs	<table border="1"><thead><tr><th>Brand Name</th><th>Generic Name</th></tr></thead><tbody><tr><td>Ryzolt</td><td>Tramadol Extended Release</td></tr></tbody></table>	Brand Name	Generic Name	Ryzolt	Tramadol Extended Release
Brand Name	Generic Name				
Ryzolt	Tramadol Extended Release				
Dosing and Administration	Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.				
Policy references	Facts and Comparisons website [Ryzolt]. Available at www.factsandcomparisons.com . Accessed May 18, 2011				

	Micromedex website [Tramadol]. Available at www.micromedex.com . Accessed May 18, 2011.
	Ryzolt [package insert]. Stamford, CT: Purdue Pharma; February 2010.
Policy Link to Related Policies	
Version effective date	07/01/2011

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