

# Pharmacy Policy Bulletin

**Title:** Tramadol extended release (Conzip)

**Policy #:** Rx.01.111

**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, 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. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. 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.**

**Intent:**

**Tramadol extended release (Conzip)** 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.

The use of Tramadol extended release (Conzip) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

**Description:**

**Tramadol extended release (Conzip)** is a centrally acting synthetic opioid analgesic. Although its mode of action is not completely understood, from animal tests, at least two complementary mechanisms appear applicable: binding of parent and M1 metabolite to opioid receptors and weak inhibition of reuptake of norepinephrine and serotonin.

**Policy:**

**Tramadol extended release (Conzip)** is approved when all of the following inclusion criteria are met:

- Documentation of a trial and failure of or intolerance to generic tramadol extended release

**Guidelines:**

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.


## BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**

Conzip [package insert] Sayerville, NJ. Vertical Pharmaceuticals. 2011.

**Applicable Drugs:**

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
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Conzip	tramadol extended release
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 **Cross References:**

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<b>Policy Version Number:</b>	1.00
<b>P&amp;T Approval Date:</b>	November 10, 2011
<b>Policy Effective Date:</b>	February 01, 2012
<b>Next Required Review Date:</b>	November 10, 2012

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