



## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Seglentis™ (celecoxib/tramadol hydrochloride)

### Review Criteria

Member must meet all the following criteria:

- Member must be at least 18 years of age.
- Member must have a diagnosis of acute pain (this medication is not indicated for chronic pain).
- Provider must provide clinical rationale why the individual medications (tramadol and celecoxib) cannot be taken separately.

### Limitations:

- If approved, member will not be approved for additional doses of celecoxib or tramadol.
- Maximum daily dose: 4 tablets per day
- Initial approval duration: one (1) 30-day fill
- Renewal approval duration: Authorization may be renewed in 30-day increments
- The maximum quantity approved is three (3) 30-day fills (including the initial fill)
  - Approvals beyond three (3) **consecutive months** of therapy will not be approved.