



## DRUG QUANTITY MANAGEMENT POLICY – PER RX

- POLICY:** Nonsteroidal Anti-Inflammatory Drug – Tivorbex Drug Quantity Management Policy – Per Rx
- Tivorbex® (indomethacin capsules – Basiem, generic)

**REVIEW DATE:** 06/19/2024

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### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

## **CIGNA NATIONAL FORMULARY COVERAGE:**

### **OVERVIEW**

Tivorbex, a nonsteroidal anti-inflammatory drug (NSAID), indicated for treatment of mild to moderate acute pain in adults.<sup>1</sup>

### **Dosing**

For treatment of mild to moderate acute pain, the recommended dose of Tivorbex is 20 mg three times daily or 40 mg two or three times daily.<sup>1</sup> Tivorbex should be used at the lowest effective dosage for the shortest duration consistent with the patient's individual treatment goals. Different strengths and formulations of oral indomethacin are not interchangeable.

### **Availability**

Tivorbex is available as 20 mg capsules in bottles containing 30 capsules each.<sup>1</sup> An authorized generic to Tivorbex was also available, but was discontinued in 2022.

### **POLICY STATEMENT**

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Tivorbex (branded generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

**Drug Quantity Limits**

<b>Product</b>	<b>Strength</b>	<b>Retail Maximum Quantity per Rx</b>	<b>Home Delivery Maximum Quantity per Rx</b>
Tivorbex® (indomethacin capsules, authorized generic)	20 mg capsules	90 capsules	270 capsules

**Nonsteroidal Anti-Inflammatory Drug – Tivorbex Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

**CRITERIA**

1. If the patient requires a dose of 40 mg twice daily, approve 120 capsules per dispensing at retail or 360 capsules per dispensing at home delivery.
2. If the patient requires a dose of 40 mg three times daily, approve 180 capsules per dispensing at retail or 540 capsules per dispensing at home delivery.

**REFERENCES**

1. Tivorbex® capsules [prescribing information]. Madisonville, LA: Basiem; April 2021.

**HISTORY**

<b>Type of Revision</b>	<b>Summary of Changes</b>	<b>Review Date</b>
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery.  No criteria changes.	06/08/2023
Annual Revision	No criteria changes.	06/19/2024

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