

Date: [REDACTED] 2018

To: Dr. [REDACTED]

Fax Number: (270) 282-2073

Cc: Dispensing Pharmacy

Re: [REDACTED]

Subject: Pharmacy Prior Authorization Request [REDACTED]

We reviewed your request for TRAMADOL HCL ER 100MG TABLET EXTENDED RELEASE 24 HOUR submitted for the member identified above, and we denied your request for the following reason:

We denied this request because we did not see certain details about your use and treatment. We see that this request is for a certain drug called (Tramadol ER) for your use (Trigeminal neuralgia). We may consider approval of this drug after a trial of two certain other drugs first (after a trial and inadequate response or intolerance to two of the following preferred drugs: morphine sulfate ER tablets, fentanyl patch, or methadone; or, when these drugs are not acceptable due to a concomitant clinical situation such as hypersensitivity or contraindication