

<b>Clinical Policy Title:</b>	bupivacaine and meloxicam
<b>Policy Number:</b>	RxA.694
<b>Drug(s) Applied:</b>	Zynrelef®
<b>Original Policy Date:</b>	08/17/2021
<b>Last Review Date:</b>	10/19/2023
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Postoperative pain management (must meet all):

1. Member had any one of the following surgical procedures (a, b or c):
  - a. Foot and ankle surgical procedures;
  - b. Small-to-medium open abdominal surgical procedures;
  - c. Lower extremity total joint arthroplasty surgical procedures;
2. Prescribed by or in consultation with a pain management specialist;
3. Age ≥ 18 years;
4. Dose does not exceed one of the followings (a, b or c):
  - a. Foot and ankle surgical procedures: 2.3 mL (bupivacaine 60 mg/meloxicam 1.8 mg) as a single dose;
  - b. Small-to-medium open abdominal surgical procedures: 10.5 mL(bupivacaine 300 mg/meloxicam 9 mg) as a single dose;
  - c. Lower extremity total joint arthroplasty surgical procedures: 14 mL(bupivacaine 400 mg/meloxicam 12 mg) as a single dose.

#### Approval Duration

**Commercial:** One time authorization for 3 days

**Medicaid:** One time authorization for 3 days.

### II. Continued Therapy Approval

#### A. Postoperative pain management:

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

#### Approval Duration

**Commercial:** Not Applicable

**Medicaid:** Not Applicable

## References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	08/18/2021	09/14/2021
Policy was reviewed:	02/15/2022	04/18/2022

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>1. Initial Approval Criteria:</p> <ul style="list-style-type: none"> <li>a. I.A.1.a: Updated diagnostic criteria from bunionectomy to foot and ankle surgical procedures.</li> <li>b. I.A.1.b: Updated diagnostic criteria from open inguinal herniorrhaphy to small-to-medium open abdominal surgical procedures.</li> <li>c. I.A.1.c: Updated diagnostic criteria from total knee arthroplasty to lower extremity total joint arthroplasty surgical procedures.</li> </ul>		
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> <li>1. Initial Approval Criteria, I.A.1.c: Updated diagnostic criteria from Foot and ankle surgical procedures to Lower extremity total joint arthroplasty surgical procedures.</li> </ul>	02/06/2023	04/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023