



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Nucynta ER™ (tapentadol ER)

Review Criteria

Member must meet all the following criteria for diagnosis:

- Chronic Pain Diagnosis:
 - Subject to Preferred Drug List Requirements (only needs to fail one preferred alternative)
- Diabetic Neuropathy Diagnosis:
 - Requires therapeutic failures on 2 other preferred alternatives for neuropathy (i.e., pregabalin, gabapentin or duloxetine)

Limitations:

- Maximum daily dose is 2.0