



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Nucynta IR™ (tapentadol)

Review Criteria

Member must meet all the following criteria:

- Member must be at least 18 years of age
- Prior authorization approved only for “acute” pain (surgery, injury); medication will be denied if request is made for chronic use or in conjunction with other opiates or pain medications
- Member must be intolerant to or have contraindication for other short-acting opioids
- Approval duration only for 14 days (may have one additional 14-day fill if there is appropriate, medical need)

Limitations:

- Maximum allowed dose is 700mg on day 1 and 600mg on subsequent days