

NUCYNTA AND NUCYNTA ER PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

For Nucynta (immediate-release)

- ❖ Approvable for the diagnosis of moderate to severe acute pain in members 18 years or older

AND

- ❖ Submit documentation of trial and failure, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred analgesics (hydromorphone, meperidine, morphine IR, oxycodone IR, oxycodone/APAP, oxycodone/ASA, or oxymorphone).

For Nucynta ER (extended-release)

- ❖ Approvable for the diagnosis of moderate to severe chronic pain in members 18 years or older who require continuous opioid analgesia for an extended period of time

AND

- ❖ Submit documentation of trial and failure, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to ALL the preferred long-acting narcotic products (Kadian, Morphine Sulfate SA, Fentanyl Patch/Duragesic).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.