

December 2, 2009

# Montana Healthcare Programs Notice

## Pharmacies, Physicians, Mid-Level Practitioners

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### Prior Authorization for Nucynta®

Effective immediately, prior authorization will be required for the following medication:

Nucynta® (tapentadol) is a C-II prescription medicine recently approved by the Food and Drug Administration (FDA) for the short-term treatment of moderate to severe acute pain. The following criteria must be met to allow payment of Nucynta®:

- Criteria
  - Patient must be 18 years or older.
  - Patient must have a diagnosis requiring the management of short-term acute pain (acute injury, surgery).
  - Failure or contraindication for other short-acting opioids.
- Limitations
  - Coverage will only be limited to initial 14-day supply, with one additional fill upon a showing of medical need.
  - Maximum dose authorized will be 700mg a day for the first day, 600mg daily continuing.
  - Dose optimization will apply.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Phone)  
(406) 443-7014 or (800) 294-1350 (Fax)

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

### Contact Information

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**  
**Helena: (406) 442-1837**

**E-mail: MTPRHelpdesk@ACS-inc.com**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**