



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 10, 2012; July 13, 2021

NUCYNTA[®] (tapentadol)

LENGTH OF AUTHORIZATION: ONE MONTH

REVIEW CRITERIA:

- The patient must be 18 years of age or older.
- The patient must have acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
- Documentation must be submitted which shows previous trial and failure of a minimum of two C-II centrally-acting analgesic medications on the PDL.

DOSAGE AND ADMINISTRATION

- Refer to product labeling at https://www.nucynta.com/assets/pdf/NIR_PI.pdf.
- Tablets: 50 mg, 75 mg, 100 mg