CONTAINS CONFIDENTIAL PATIENT INFORMATION

Nucynta ER (tapentadol extended release)

Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:
Prior Authorization of Benefits Center at (800) 601- 4829

1. PATIENT INFORMATION

Patient Name: _____

Patient ID #: _____

Patient DOB: _____

Date of Rx: _____

Patient Phone #: _____

Patient Email Address: _____

2. PHYSICIAN INFORMATION

Prescribing Physician: _____

Physician Address: _____

Physician Phone #: _____

Physician Fax #: _____

Physician Specialty: _____

Physician DEA: _____

Physician NPI #: _____

Physician Email Address: _____

3. MEDICATION	4. STRENGTH	5. DIRECTIONS	6. QUANTITY PER 30 DAYS
Nucynta ER (tapentadol extended release)	□ 50mg □ 100mg □ 150mg □ 200mg □ 250mg	_____	Specify: _____

7. DIAGNOSIS: _____

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

□ Yes □ No Has the patient had a trial of any two of the following generic long acting agents in the previous 180 days? **(please indicate)**

- □ Fentanyl Patch
- □ Levorphanol
- □ Methadone
- □ Methadose
- □ Morphine Sulfate ER (MS Contin)
- □ Tramadol ER (Ultram ER)
- □ Oxymorphone ER (Opana ER)
- □ Hydromorphone ER

□ Yes □ No Has the patient completed titration and is already maintained on a stable dose of the requested drug?

9. PHYSICIAN SIGNATURE

_____ _____

Prescriber or Authorized Signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.