Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Tapentadol sustained-release (Nucynta ER)

Notes:

- ^ Adequate trial is defined as a minimum of a 2 week treatment duration with titration as needed
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- † Intolerance occurring after adjusting dose and interval AND intolerance expected to improve with ER formulation

<u>Initiation (new start) criteria:</u> Non-formulary tapentadol extended-release (ER) (Nucynta ER) will be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Patient has failed an adequate trial[^] of or has an allergy or intolerance or contraindication^{*} to tramadol, oxycodone immediate-release (IR), morphine IR, hydrocodone IR, morphine ER tablets, fentanyl transdermal and oxycodone ER tablets -AND-
- Patient has documented clinically significant pain relief with trial of, but intolerance to tapentadol IR[†]
- Prescriber is a Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program or a Pain Management Specialist
- Patient has had an appointment with prescriber within prior 3 months and pain management was discussed.

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>. Non-formulary tapentadol ER (Nucynta ER) will be covered on the prescription drug benefit for 28 days when the following criteria are met:

• Since new enrollment in Kaiser Permanente, patient has upcoming referral or appointment with a Hospice/Palliative Care clinician or Pain Management Specialist for pain management.

kp.org

Revised: 09/10/20 Effective: 10/15/20 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Tapentadol sustained-release (Nucynta ER)

For additional prescriptions (beyond 28 days), new members entering Kaiser

Permanente already taking the medication: Non-formulary tapentadol ER (Nucynta ER) will be covered on the prescription drug benefit for 84 days when the following criteria are met:

- Patient has failed an adequate trial[^] of or has an allergy or intolerance or contraindication^{*} to tramadol, oxycodone immediate-release (IR), morphine IR, hydrocodone IR, morphine ER tablets, fentanyl transdermal and oxycodone ER tablets -AND-
- Patient has documented clinically significant pain relief with trial of, but intolerance to tapentadol IR[†]
- Prescriber is a Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program or a Pain Management Specialist.
- Since new enrollment in Kaiser Permanente, patient has had appointment in the prior 3 months with prescriber and pain management was discussed.

<u>Continued use criteria (3 months after initiation and for patients stable on the medication)</u>: Non-formulary tapentadol ER (Nucynta ER) will continue to be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Patient has failed an adequate trial[^] of or has an allergy or intolerance or contraindication^{*} to tramadol, oxycodone immediate-release (IR), morphine IR, hydrocodone IR, morphine ER tablets, fentanyl transdermal and oxycodone ER tablets -AND-
- Patient has documented clinically significant pain relief with trial of, but intolerance to tapentadol IR[†]
- Prescriber is a Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program or a Pain Management Specialist
- Patient has had an appointment with prescriber within prior 3 months and pain management was discussed.

kp.org

Revised: 09/10/20 Effective: 10/15/20 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest

