



Nucynta Prior Authorization

Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients receiving a new prescription for Nucynta must be unable to tolerate other opioids due to gastrointestinal side effects.

- **Oxycodone is covered without a prior authorization.**

Part I: TO BE COMPLETED BY PRESCRIBER

| | | | | | |
|--|--|-------------------------|------------------------------------|------------------------------|------------|
| Recipient Name | | Recipient Date of Birth | | Recipient Medicaid ID Number | |
| Prescriber Name | | | | | |
| Prescriber Medicaid Provider Number | | | Telephone Number | | Fax Number |
| Address | | City | | State | Zip Code |
| Requested Drug and Dosage: | | | Diagnosis for this request: | | |
| <input type="checkbox"/> Nucynta | | | | | |
| Qualifications for coverage: | | | | | |
| <input type="checkbox"/> UNABLE TO TOLERATE OTHER OPIOIDS DUE TO GASTROINTESTINAL SIDE EFFECTS | | | | | |
| OPIOID TRIED _____ | | START DATE: | | DOSE: | |
| | | END DATE: | | FREQUENCY: | |
| Prescriber Signature | | | | Date | |

Part II: TO BE COMPLETED BY PHARMACY

| | | | | | |
|----------------|------------|------|------------------------------|-------|--|
| PHARMACY NAME: | | | ND MEDICAID PROVIDER NUMBER: | | |
| PHONE NUMBER | FAX NUMBER | DRUG | | NDC # | |

Part III: FOR OFFICIAL USE ONLY

| | | | | | |
|---|--|--|--|--------------|--|
| Date Received | | | | Initials: | |
| Approved - Effective dates of PA: From: / / To: / / | | | | Approved by: | |
| Denied: (Reasons) | | | | | |