

NYRx Formulary Update: Nucynta and Xtampza

What Pharmacy Providers and Prescribers Need to Know

Effective **January 1, 2025**, Collegium Pharmaceutical, the manufacturer of Nucynta®, Nucynta ER®, and Xtampza® is no longer participating in the Medicaid Drug Rebate Program and therefore these drugs will no longer be covered by NYRx. Prior authorization is not available for these drugs.

Prescribers should switch their patients to a preferred long-acting opioid product. Preferred Long-Acting Opioids include buprenorphine patch, fentanyl patch, and morphine sulfate ER tablet. Preferred drugs will not require PA if the required coverage parameters are found in the member’s Medicaid claim history at the time of pharmacy claim submission and if clinical criteria are met as outlined in the PDL. Non-preferred drugs will require PA.

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
I. Analgesics		
Opioids – Long-Acting ^{CC}		
buprenorphine patch fentanyl patch (12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg) morphine sulfate ER tablet	Belbuca® Butrans® ConZip® ST fentanyl patch (37.5 mcg, 62.5 mcg, 87.5 mcg) hydrocodone ER hydrocodone ER (gen Hysingla ER) hydromorphone ER Hysingla® ER morphine ER capsule (gen Avinza) morphine ER capsule (gen Kadian) MS Contin® Nucynta® ER ST oxycodone ER Oxycontin® oxymorphone ER tramadol ER ST Xtampza® ER	CLINICAL CRITERIA (CC) * <ul style="list-style-type: none"> Limited to a total of 4 opioid prescriptions every 30 days; Exemption for diagnosis of cancer, hospice or palliative care, or sickle cell disease PA required for initiation of opioid therapy for patients on established opioid dependence therapy PA required for use if ≥ 90 MME (MME = morphine milligram equivalents) of opioid per day for management of non-acute pain (pain lasting > 7 days) PA required for initiation of long-acting opioid therapy in opioid-naïve patients. PA required for any additional long-acting opioid prescription for patients currently on long-acting opioid therapy. PA required for initiation of opioid therapy in patients currently on benzodiazepine therapy PA required for any codeine- or tramadol-containing products in pts < 12 years STEP THERAPY (ST) <ul style="list-style-type: none"> Nucynta® ER (tapentadol ER): Trial with tapentadol IR before tapentadol ER for patients who are naïve to a long-acting opioid Tramadol ER (tramadol naïve patients): Attempt treatment with IR formulations before the following ER formulations: ConZip®, tramadol ER *Exemption from requirements for diagnosis of cancer, sickle cell disease, or hospice or palliative care.

Resources

- [NYRx Drug Class Coverage Overview: Long-Acting Opioids](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

Visit the [NYRx Education & Outreach website](#) for more information.