

## Wellpoint Hot Tip: Chronic Pain

Your Wellpoint patients on nonpreferred products will experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, please consider prescribing preferred products whenever possible.

Therapeutic class	Nonpreferred products	Preferred products
Chronic Pain <sup>1</sup>	OxyContin <i>Generic: Oxycodone ER<sup>2</sup></i>  Opana <i>Generic: Oxymorphone ER<sup>2</sup></i>  Exalgo <i>Generic: Hydromorphone ER<sup>2</sup></i>  Avinza and Kadian <i>Generic: Morphine ER<sup>2</sup></i>	Morphine Sulfate tablets (15 mg, 20 mg, 60 mg and 100 mg) <i>Brand name: MS Contin</i>  Fentanyl Patch <i>Generic for Duragesic</i>
1. Prior authorization for medical necessity is required for all products. Call <b>833-731-2149</b> or <b>fax 844-509-9863</b> . 2. Neither brand nor generic formulations are covered.		

If you have questions regarding this *Hot Tip*, please call Provider Services at **833-731-2149**.

Preferred Drug List: <https://providers.wellpoint.com/pages/nj-2012.aspx>