

Hot Tip: Chronic Pain¹

Your Amerigroup District of Columbia, Inc. 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.

Nonpreferred products	Preferred products
<p>OxyContin[®] <i>Generic: Oxycodone ER²</i></p> <p>Opana[®] <i>Generic: Oxymorphone ER²</i></p> <p>Exalgo[®] <i>Generic: Hydromorphone ER²</i></p> <p>Avinza[®] and Kadian[®] <i>Generic: Morphine ER²</i></p> <p>Butrans[®] <i>Generic: Buprenorphine Transdermal Patch ER²</i></p>	<p>Morphine Sulfate ER tablets (15 mg, 20 mg, 60 mg and 100 mg) <i>Brand name: MS Contin[®]</i></p> <p>Fentanyl patch <i>Generic for Duragesic[®]</i></p>
<p>1 Prior authorization for medical necessity is required for all products. Call 1-800-454-3730 or fax 1-844-487-9292.</p> <p>2 Neither brand nor generic formulations are covered.</p>	

If you have questions regarding this *Hot Tip*, please call Provider Services at 1-800-454-3730.

Preferred Drug List: http://fm.formularynavigator.com/FBO/4/DC_PDL_English.pdf.