

## ***Amerigroup Community Care Hot Tip: Chronic Pain***

Your Amerigroup 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>
<p>1 Prior authorization for medical necessity is required for all products. <b>Call 1-800-454-3730 or fax 1-844-509-9863.</b></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:* <https://providers.amerigroup.com/pages/nj-2012.aspx>