

Healthy Blue Hot Tip: Chronic Pain

Your Healthy Blue patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization and step therapy may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Healthy Blue website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Chronic pain ¹	<p>Oxycontin and Xtampza ER <i>Generic name: Oxycodone ER</i>²</p> <p>Oxymorphone ER</p> <p>Exalgo <i>Generic name: Hydromorphone ER</i>²</p> <p>Avinza, Kadian, Arymo ER and Morphabond <i>Generic name: Morphine ER</i>²</p> <p>Hysingla ER and Zohydro ER <i>Generic name: Hydrocodone ER</i></p> <p>Nucynta ER <i>Generic name: Tapentadol ER</i></p> <p>Conzip, Ultram ER <i>Generic name: Tramadol ER</i>²</p> <p>Butrans transdermal patch <i>Generic name: Buprenorphine patch</i>²</p> <p>Levorphanol</p> <p>Belbuca <i>Generic name: Buprenorphine film</i></p> <p><u>Embeda</u> <i>Generic name: Morphine/Naltrexone)</i></p>	<p>Morphine Sulfate tablets ER (15 mg, 30 mg, 60 mg, 100 mg, and 200 mg) <i>Brand name: MS Contin</i></p> <p>Fentanyl Patch <i>Brand name: Duragesic</i></p> <p>Methadone</p>
<p>¹ PA for medical necessity is required for all products. ² Neither brand nor generic formulations are covered.</p>		

If you have questions regarding this *Hot Tip*, call the Customer Care Center at **866-757-8286**. To view the *PDL*, visit www.HealthyBlueSC.com and select **Providers**.

www.HealthyBlueSC.com