

## Hot Tip: Chronic Pain

## Wellpoint District of Columbia, Inc. | Medicaid

Your Wellpoint DC enrollees may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Wellpoint DC provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Chronic Pain <sup>1</sup>	Oxycontin and Xtampza ER Generic name: Oxycodone ER <sup>2</sup>	Morphine Sulfate tablets ER (15mg, 30mg, 60mg, 100 and 200 mg) Brand name: MS Contin Fentanyl Patch Brand name: Duragesic
	Opana Generic name: Oxymorphone ER	
	Exalgo Generic name: Hydromorphone ER <sup>2</sup>	
	Avinza, Kadian , Arymo ER and Morphabond	
	Generic name: Morphine ER <sup>2</sup>	Methadone
	Hysingla ER and Zohydro ER Generic name: Hydrocodone ER	
	Nucynta ER Generic name: Tapentadol ER	
	Conzip, Ultram ER Generic name: Tramadol ER <sup>2</sup>	
	Butrans Transdermal Patch Generic name: Buprenorphine patch <sup>2</sup>	
	Levorphanol	
	Belbuca Generic name: Buprenorphine film	
	Embeda Generic name: Morphine/Naltrexone)	
<sup>1</sup> PA for medical necessity is required for all products.		

<sup>2</sup>Neither brand nor generic formulations are covered.

If you have questions regarding this *Hot Tip*, call Provider Services at 833-359-1386 (TTY 711).

The *PDL* is available at **provider.wellpoint.com/dc**.