

Anthem Blue Cross and Blue Shield HP Hot Tip: Chronic Pain

Your Anthem 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 Anthem provider website. The *PDL* is subject to change quarterly.

Therapeutic	Nonpreferred products	Preferred products
Therapeutic class Chronic pain ¹	 Nonpreferred products Arymo ER (morphine sulfate ER) Duragesic (fentanyl patch) Exalgo (hydromorphone ER) Hydromorphone ER (generic Exalgo) Hydrocodone ER (generic Zohydro ER) Hysingla ER (hydrocodone bitartrate ER) Ionsys (fentanyl patch) Kadian ER (morphine sulfate ER) Morphabond ER (morphine sulfate ER) Morphine sulfate ER caps (generic Kadian ER) MS Contin (morphine sulfate ER) Opana ER (oxymorphone ER) Oxycodone ER (generic Oxycontin) Oxycontin CR (oxycodone ER) Oxymorphone ER (generic Opana ER) Xtampza ER (oxycodone ER) Zohydro ER (hydrocodone ER) 	 Preferred products Morphine sulfate ER tabs² (generic MS Contin) Fentanyl patch³ (generic Duragesic) Methadone tablets and solution⁴
Prior authorization for medical necessity is required for all long-acting opiate products. Morphine sulfate ER capsules are non-preferred, while morphine sulfate ER tablets are		

2. Morphine sulfate ER **capsules** are non-preferred, while morphine sulfate ER **tablets** are preferred.

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- 3. Fentanyl patch (generic Duragesic) is available as a preferred agent in the following strengths: 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, and 10 mcg/hr.
- 4. Methadone request will only be approved for pain indications.

If you have questions regarding this Hot Tip, call Provider Services at 800-450-8753.

PDL: https://providers.anthem.com/ny/pages/formularies.aspx