



Hot Tip: Chronic Pain

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBS patients 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 Highmark BCBS provider 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 ER²</i></p> <p>Opana <i>Generic name: Oxymorphone ER</i></p> <p>Exalgo <i>Generic name: Hydromorphone ER²</i></p> <p>Avinza, Kadian , Arymo ER and Morphabond <i>Generic name: Morphine ER²</i></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 ER²</i></p> <p>Butrans Transdermal Patch <i>Generic name: Buprenorphine patch²</i></p> <p>Levorphanol</p>	<p>Morphine Sulfate tablets ER (15mg, 30mg, 60mg, 100 and 200 mg) <i>Brand name: MS Contin</i></p> <p>Fentanyl Patch <i>Brand name: Duragesic</i></p> <p>Methadone</p>

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	Belbuca <i>Generic name: Buprenorphine film</i>	
	Embeda <i>Generic name: Morphine/Naltrexone</i>	
¹ PA for medical necessity is required for all products. ² Neither brand nor generic formulations are covered.		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at mybcbswny.com/stateplans > Provider > Eligibility & Pharmacy > Pharmacy Information.