

Hot Tip: Chronic Pain¹

Your Amerigroup Community Care 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.

Nonpreferred products	Preferred products
Oxycontin <i>Generic: Oxycodone ER²</i> Opana <i>Generic: Oxymorphone ER²</i> Exalgo <i>Generic: Hydromorphone ER²</i> Avinza and Kadian <i>Generic: Morphine ER²</i>	Morphine Sulfate tablets (15mg, 20mg, 60mg and 100mg) <i>Brand name: MS Contin</i> Fentanyl Patch <i>Generic for Duragesic</i>
1 Prior authorization for medical necessity is required for all products. Call 1-800-454-3730 or fax 1-844-490-4871. 2 Neither brand nor generic formulations are covered.	

If you have questions regarding this *Hot Tip*, please call Provider Services at 1-800-454-3730.

Preferred Drug List: <https://providers.amerigroup.com/MD> > Pharmacy > Medicaid Preferred Drug List