

[PROPOSED FOR ADOPTION] MTUS Drug List (8 CCR § 9792.27.14-§9792.27.15)

The MTUS Drug List must be used in conjunction with 1) the MTUS Guidelines, which contain specific treatment recommendations based on condition and phase of treatment and 2) the drug formulary rules. (See 8 CCR §9792.20 - §9792.27.2423.) "Reference in Guidelines" indicates guideline topic(s) which discuss the drug. In each guideline there may be conditions for which the drug is Recommended (✓), Not Recommended (×), or No Recommendation (⊙). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use.

*Preferred/Non-Preferred – "Preferred" * Exempt/Non-Exempt

"Exempt" indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS.

1) Physician dispensed "Exempt/Preferred" drugs limited to one 7-day supply at initial visit within seven days of the date of injury without Prospective Review.

2) Prescription/dispensing of Brand name "Exempt/Preferred" drug where generic is available requires authorization through Prospective Review.

"Non-Exempt/Preferred" or "Unlisted" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.2423 for complete rules.)

** Special Fill - Indicates the Non-Exempt/Preferred drug may be prescribed/dispensed without Prospective Review: 1) Rx at initial visit within 7 days of injury, and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) if in accord with MTUS. (See 8 CCR § 9792.27.4412.)

***Perioperative Fill - Indicates the Non-Exempt/Preferred drug may be prescribed/dispensed without Prospective Review: 1) Rx issued during the perioperative period (≥ 4 days before through 4 days after surgery), and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) # is in accord with MTUS. (See 8 CCR § 9792.27.4213.)

	Drug Ingredient	Reference Brand Name	Preferred/Non-Preferred* Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Product/Pharmaceutical Identifier(s)
1	Acetaminophen	Tylenol	Preferred-Exempt			Analgesics - NonNarcotic	<ul style="list-style-type: none"> ✓⊙ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓× Elbow Disorders ✓ Eye ✓× Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders ✓ Shoulder 			
2	Adalimumab	Humira	Non-Preferred-Non-Exempt			Analgesics - Anti-Inflammatory (TNF-alpha blocker)	<ul style="list-style-type: none"> × Chronic Pain × Hip and Groin Disorders × Knee Disorders × Low Back Disorders 			
3	Albuterol Sulfate	Proventil	Preferred-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> ✓ Work Related Asthma 			
4	Alclometasone Dipropionate	Aclovate	Non-Preferred-Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> ✓ Ankle and Foot Disorders 			
4 5	Alendronate Sodium	Fosamax	Non-Preferred-Non-Exempt			Endocrine and Metabolic Agents- Misc. (Bisphosphonate)	<ul style="list-style-type: none"> ✓× Chronic Pain ✓⊙ Hip and Groin Disorders ⊙ Knee Disorders × Low Back Disorders ✓ Shoulder 			
5 6	Amantadine HCL	Symmetrel	Non-Preferred-Non-Exempt			Antiparkinson Agents (NMDA receptor antagonist)	<ul style="list-style-type: none"> × Chronic Pain × Low Back Disorders 			
7	Amcinonide	Cyclocort	Non-Preferred-Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> ✓ Ankle and Foot Disorders 			
6 8	Amitriptyline HCL	Elavil	Non-Preferred-Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> ✓× Cervical and Thoracic Spine Disorders ✓ Chronic Pain ×⊙ Hip and Groin Disorders ✓×⊙ Knee Disorders ✓⊙ Low Back Disorders ✓× Shoulder 			
7 9	Amlodipine Besylate	Norvasc	Non-Preferred-Non-Exempt			Calcium Channel Blockers	<ul style="list-style-type: none"> ✓ Hand, Wrist, and Forearm Disorders 			
8 10	Amoxicillin/Clavulanate P	Augmentin	Preferred-Exempt			Antibiotics (Penicillins)	<ul style="list-style-type: none"> ✓⊙ Ankle and Foot Disorders ✓ Hand, Wrist, and Forearm Disorders ✓ Low Back Disorders 			
11	Anakinra	Kineret	Non-Preferred-Non-Exempt			Analgesics - Anti-inflammatory	<ul style="list-style-type: none"> × Knee Disorders 			
9 12	Apixaban	Eliquis	Non-Preferred-Non-Exempt		14 Days 4-Days	Anticoagulants	<ul style="list-style-type: none"> ⊙ Ankle and Foot Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders 			
10 13	Artificial Tear Ointments	Refresh PM	Preferred-Exempt			Ophthalmic Agents (Artificial Tears)	<ul style="list-style-type: none"> ✓ Eye 			