

**State of California  
Office of Administrative Law**

**In re:**  
**Division of Workers' Compensation**

**Regulatory Action:**

**Title 08, California Code of Regulations**

**Adopt sections:** 9792.27.1, 9792.27.2,  
9792.27.3, 9792.27.4,  
9792.27.5, 9792.27.6,  
9792.27.7, 9792.27.8,  
9792.27.9, 9792.27.10,  
9792.27.11, 9792.27.12,  
9792.27.13, 9792.27.14,  
9792.27.15, 9792.27.16,  
9792.27.17, 9792.27.18,  
9792.27.19, 9792.27.20,  
9792.27.21, 9792.27.22,  
9792.27.23

**Amend sections:**  
**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2017-1023-01**


**OAL Matter Type: Regular (S)**

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This action adopts the workers' compensation Medical Treatment Utilization Schedule (MTUS) drug formulary and establishes an advisory Pharmacy and Therapeutics Committee.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2018.

**Date:** December 7, 2017

  
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Mark Storm  
Senior Attorney

**For:** Debra M. Cornez  
Director

**Original:** George Parisotto, Acting  
Administrative Director  
**Copy:** Jacqueline Schauer

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

# REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2017-0307-01</b>	REGULATORY ACTION NUMBER <b>2017-1023-019</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2017 OCT 23 A 10:08  
OFFICE OF ADMINISTRATIVE LAW

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

DEC 07 2017  
3:52 PM

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

Department of Industrial Relations - Division of Workers' Compensation

AGENCY FILE NUMBER (if any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <b>2017, 11-2</b>	PUBLICATION DATE <b>3/11/2017</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Workers' Compensation - MTUS - Formulary	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT Please see attached (9792.27.1 - 9792.27.23)
	AMEND
TITLE(S) 8	REPEAL

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<i>Per agency request</i>	<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
**7/18/17 - 8/2/17; 9/7/17 - 9/22/17**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <b>January 1, 2018</b>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM 56660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Jacqueline Schauer	TELEPHONE NUMBER (510) 286- 0563	FAX NUMBER (Optional) (510) 286-0687	E-MAIL ADDRESS (Optional) jschauer@dir.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>George Parisotto</i>	DATE 10/13/2017
TYPED NAME AND TITLE OF SIGNATORY George Parisotto, Administrative Director	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

DEC 07 2017

Office of Administrative Law

Notice Publication/Regulations Submission

STD. 400 (REV. 01-2013)

Attachment Sheet

per agency  
request

2017  
Notice File Number Z-0307-01

Department of Industrial Relations, Division of Workers' Compensation

Subject of Regulations: Workers' Compensation Medical Treatment Utilization Schedule (MTUS) –  
Formulary

Sections Affected (continuation)

Adopt: 9792.27.1, 9792.27.2, 9792.27.3, 9792.27.4, 9792.27.5, 9792.27.6, 9792.27.7, 9792.27.8,  
9792.27.9, 9792.27.10, 9792.27.11, 9792.27.12, 9792.27.13, 9792.27.14, 9792.27.15, 9792.27.16,  
9792.27.17, 9792.27.18, 9792.27.19, 9792.27.20, 9792.27.21, 9792.27.22, 9792.27.23

**Title 8, California Code of Regulations sections 9792.27.1 – 9792.27.23**

**Section 9792.27.1. Medical Treatment Utilization Schedule (MTUS) Drug Formulary – Definitions.**

For purposes of sections 9792.27.1 through 9792.27.23, the following definitions shall apply:

- (a) “Administer” means the direct application of a drug or device to the body of the patient by injection, inhalation, ingestion, or other means.
- (b) “Authorization through prospective review” means authorization for proposed treatment obtained through the utilization review process set forth in section 9792.6.1 et seq.
- (c) “Brand name drug” means a drug that is produced or distributed under an FDA original New Drug Application (NDA) or Biologic License Application (BLA) approved by the FDA. It also includes a drug product marketed by any cross-licensed producers or distributors operating under the same NDA or BLA.
- (d) “Combination drug” means a fixed dose combination of two or more active drug ingredients into a single dosage form that is FDA-approved for marketing.
- (e) “Compounded drug” means any drug subject to:
  - (1) Article 4.5 (commencing with section 1735) or article 7 (commencing with section 1751) of division 17 of title 16 of the California Code of Regulations, or
  - (2) Other regulation adopted by the State Board of Pharmacy to govern the practice of compounding, or
  - (3) Federal law governing compounding, including title 21, United State Code, sections 353a, 353a-1, 353b.
- (f) “Dispense” means: 1) the furnishing of a drug upon a prescription from a physician or other health care provider acting within the scope of his or her practice, or 2) the furnishing of drugs directly to a patient by a physician acting within the scope of his or her practice.
- (g) “Executive Medical Director” means the medical director of the Division of Workers’ Compensation.
- (h) “Exempt drug” means a drug on the MTUS Drug List which is designated as being a drug that does not require authorization through prospective review prior to dispensing the drug, provided that the drug is prescribed in accordance with the MTUS Treatment Guidelines. The Exempt status of a drug is designated in the column with the heading labeled “Exempt / “Exempt / Non-Exempt.”

(i) "Expedited review" means the expedited utilization review conducted prior to the delivery of the requested medical services, in accordance with Labor Code section 4610 and title 8, California Code of Regulations section 9792.6.1 et seq.

(j) "FDA" means the United States Food and Drug Administration within the United States Department of Health & Human Services.

(k) "FDA-approved drug" means a prescription or nonprescription drug that has been approved by the FDA under the federal Food, Drug, and Cosmetic Act, title 21, United States Code, section 301 et seq.

(l) "Generic drug" means a drug that is produced or distributed under an FDA Abbreviated New Drug Application (ANDA) approved by the FDA. A generic drug may be substituted for a therapeutic equivalent brand name drug pursuant to applicable state and federal laws and regulations.

(m) "MTUS Drug Formulary" means the MTUS Drug List set forth in section 9792.27.15 and the formulary rules set forth in sections 9792.27.1 through 9792.27.23.

(n) "MTUS Drug List" means the drug list and related information in section 9792.27.15, which sets forth the Exempt or Non-Exempt status of drugs listed by active drug ingredient(s).

(o) "Non-Exempt drug" means a drug on the MTUS Drug List which is designated as requiring authorization through prospective review prior to dispensing the drug. The Non-Exempt Drug status of a drug is designated in the column labeled "Exempt / Non-Exempt."

(p) "Nonprescription drug" or "over-the-counter drug" (OTC drug) means a drug which may be sold without a prescription and which is labeled for use by the consumer without the supervision of a health care professional.

(q) "Off-label use" means use of a drug for a condition, or in a dosage or method of administration, not listed in the drug's FDA-approved labeling for approved use.

(r) "OTC Monograph" means a monograph established by the FDA setting forth acceptable ingredients, doses, formulations, and labeling for a class of OTC drugs.

(s) "Perioperative Fill" means the policy set forth in section 9792.27.13 allowing dispensing of identified Non-Exempt drugs without prospective review where the drug is prescribed within the perioperative period and meets specified criteria.

(t) "P&T Committee" means the Pharmacy and Therapeutics Committee established by the Administrative Director pursuant to Labor Code section 5307.29 to review and consult with the administrative director on available evidence of the relative safety, efficacy, and effectiveness of drugs within a class of drugs in the updating of the evidence-based drug formulary.

(u) "Physician": Notwithstanding the definition in Labor Code section 3209.3, for purposes of the MTUS Drug Formulary, "Physician" means a medical doctor, doctor of osteopathy, or other health care provider whose scope of practice includes the prescription of drugs. However, for purposes of membership on the P&T Committee, "physician" means a medical doctor or doctor of osteopathy licensed pursuant to the California Business and Professions Code.

(v) "Prescription drug" means any drug whose labeling states "Caution: Federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(w) "Prospective review" means the utilization review conducted prior to the delivery of the requested medical services, in accordance with Labor Code section 4610 and title 8, California Code of Regulations section 9792.6.1 et seq.

(x) "Special Fill" means the policy set forth in section 9792.27.12 allowing dispensing of identified Non-Exempt drugs without prospective review where the drug is prescribed or dispensed in accordance with the criteria set forth in subdivision (b) of section 9792.27.12.

(y) A "therapeutic equivalent" is a drug designated by the FDA as equivalent to a Reference Listed Drug if the two drugs are pharmaceutical equivalents (contain the same active ingredient(s), dosage form, route of administration and strength), and are bioequivalent (comparable availability and rate of absorption of the active ingredient(s).) Drugs that the FDA considers to be therapeutically equivalent products are assigned a Therapeutic Equivalence Evaluation Code beginning with the letter "A" in the FDA publication "Orange Book: Approved Products with Therapeutic Equivalence Evaluations" which is available on the FDA website and accessible via a link provided on the department's website.

(z) "Unlisted drug" means a drug that does not appear on the MTUS Drug List and which is one of the following: an FDA-approved or a nonprescription drug that is marketed pursuant to an FDA OTC Monograph. An "unlisted drug" does not include a compounded drug but does include a combination drug.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

**Section 9792.27.2. MTUS Drug Formulary; MTUS Drug List; Scope of Coverage; Effective Date.**

(a) Drugs prescribed or dispensed to treat a work related injury or illness fall within Labor Code section 4600's definition of "medical treatment" and are subject to the relevant provisions of the MTUS, including the MTUS Treatment Guidelines, provisions relating to the presumption of correctness, and the methods for rebutting the presumption and for substantiating medical necessity where the MTUS Treatment Guidelines do not address the condition or injury.

(b) Except for continuing drug treatment subject to section 9792.27.3, subdivision (b), a drug dispensed on or after January 1, 2018 for outpatient use shall be subject to the MTUS Drug Formulary, regardless of the date of injury.

(1) A drug is for "outpatient use" if it is dispensed to be taken, applied, or self-administered by the patient at home or outside of a clinical setting, including "take home" drugs dispensed at the time of discharge from a facility. "Home" includes an institutional setting in which the injured worker resides, including but not limited to, an assisted living facility.

(2) The MTUS Drug Formulary does not apply to drugs administered to the patient by a physician. However, the physician administered drug treatment is subject to relevant provisions of the MTUS, including the MTUS Treatment Guidelines.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

### **Section 9792.27.3. MTUS Drug Formulary Transition.**

(a) Except as provided in subdivision (b), the MTUS Drug Formulary applies to drugs dispensed on or after January 1, 2018, regardless of the date of injury.

(b) (1) For injuries occurring prior to January 1, 2018, the MTUS Drug Formulary should be phased in to ensure that injured workers who are receiving ongoing drug treatment are not harmed by an abrupt change to the course of treatment. The physician is responsible for requesting a medically appropriate and safe course of treatment for the injured worker in accordance with the MTUS, which may include use of a Non-Exempt drug or unlisted drug, where that is necessary for the injured worker's condition or necessary for safe weaning, tapering, or transition to a different drug.

(2) If the injured worker with a date of injury prior to January 1, 2018 is receiving a course of treatment that includes a Non-Exempt drug, an unlisted drug, or a compounded drug, the physician shall submit a progress report issued pursuant to section 9785 and a Request for Authorization that shall address the injured worker's ongoing drug treatment plan. The report shall either:

(A) Include a treatment plan setting forth a medically appropriate weaning, tapering, or transitioning of the worker to a drug pursuant to the MTUS, or

(B) Provide supporting documentation, as appropriate, to substantiate the medical necessity of, and to obtain authorization for, the Non-Exempt drug, unlisted drug, or compounded drug, pursuant to the MTUS (via guidelines, Medical Evidence Search Sequence, and/or Methodology for Evaluating Medical Evidence.)

(3) The progress report, including the treatment plan and Request for Authorization provided under this subdivision, shall be submitted at the time the next progress report is due under section 9785, subdivision (f)(8), however, if that is not feasible, no later than April 1, 2018.

(4) Previously approved drug treatment shall not be terminated or denied except as may be allowed by the MTUS and in accordance with applicable utilization review and independent medical review regulations.

(5) The claims administrator shall process the progress report, treatment plan and Request for Authorization in accordance with the standard procedures and timeframes set forth in section 9792.6.1 et seq.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.4. MTUS Drug Formulary – Pharmacy Networks; Pharmacy Benefit Manager Contracts.**

Where an employer or insurer contracts pursuant to Labor Code section 4600.2 with a pharmacy, a pharmacy benefit manager, or pharmacy network for the provision of drugs for the treatment of injured workers, the drugs available to the injured worker must be consistent with the MTUS Treatment Guidelines and MTUS Drug Formulary for the condition or injury being treated, and may not be restricted pursuant to the contract.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4600.2, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.5. MTUS Drug Formulary – Off-Label Use.**

(a) Off-label use of a drug shall be in accordance with the MTUS Treatment Guidelines and rules and the MTUS Drug Formulary.

(b) Authorization through prospective review is not required to dispense an Exempt drug for an off-label use if the MTUS Treatment Guideline recommends the off-label use of the drug to treat the condition.

(c) Authorization through prospective review is required prior to dispensing the following drugs for an off-label use:

(1) Non-Exempt drug, or

(2) Unlisted drug, or

(3) Exempt drug lacking recommendation in the MTUS Treatment Guideline for the intended off-label use.

(d) When a physician believes it is medically necessary to prescribe a drug for an off-label use not recommended by the MTUS Treatment Guidelines or not addressed by the MTUS Treatment Guidelines, the permissibility of the treatment outside of the guidelines is governed by section 9792.21 subdivision (d) (condition not addressed by MTUS or seeking to rebut the MTUS), section 9792.21.1 (medical evidence search



sequence), section 9792.25 (quality and strength of evidence definitions) and section 9792.25.1 (MTUS methodology for Evaluating Medical Evidence).

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.6. MTUS Drug Formulary – Access to Drugs Not Listed as an Exempt Drug on the MTUS Drug List.**

(a) Drug treatment that is in conformity with the MTUS Treatment Guidelines is presumed correct on the issue of extent and scope of medical treatment pursuant to section 9792.21, subdivision (c), and Labor Code section 4604.5. Although the MTUS Drug List identifies Exempt drugs that do not require prospective review when dispensed in accordance with the MTUS Treatment Guidelines, other medically necessary drugs are available to the injured worker when authorized through prospective review.

(b) Any medically necessary FDA-approved drug, or nonprescription drug that is marketed pursuant to an FDA OTC Monograph, may be authorized through prospective review and dispensed to an injured worker if it is shown in accordance with the MTUS regulations that the drug is required to cure or relieve the injured worker from the effects of the injury. Determination of the medical necessity of treatment based on recommendations found outside of the MTUS Treatment Guidelines is governed by section 9792.21 subdivision (d) (condition not addressed by MTUS or seeking to rebut the MTUS), section 9792.21.1 (medical evidence search sequence), section 9792.25 (quality and strength of evidence definitions) and section 9792.25.1 (MTUS methodology for evaluating medical evidence).

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.7. MTUS Drug Formulary – Brand Name Drugs; Generic Drugs.**

If a physician prescribes a brand name drug when a less costly therapeutically equivalent generic drug exists, and writes “Do Not Substitute” or “Dispense as Written” on the prescription in conformity with Business and Professions Code section 4073, the physician must document the medical necessity for prescribing the brand name drug in the patient’s medical chart and in the Doctor’s First Report of Injury (Form 5021) or Progress Report (PR-2.) The documentation must include the patient-specific factors that support the physician’s determination that the brand name drug is medically necessary. The physician must submit a Request for Authorization and obtain authorization through prospective review before the brand name drug is dispensed.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.8. Physician-Dispensed Drugs.**

(a) Drugs dispensed by a physician must be authorized through prospective review prior to being dispensed, except as provided in subdivision (b), section 9792.27.12 ("Special Fill"), and section 9792.27.13 ("Perioperative Fill").

(b) A physician may dispense up to a seven-day supply of one or more drugs that are designated as "Exempt" in the MTUS Drug List without obtaining authorization through prospective review, if the drug treatment is in accordance with the MTUS Treatment Guidelines and the up-to-seven-day supply is dispensed at the time of an initial visit that occurs within 7 days of the date of injury.

(c) Nothing in this Article shall invalidate a provision in a Medical Provider Network agreement which restricts physician dispensing by medical providers within the network.

(d) Nothing in this Article shall permit physician dispensing where otherwise prohibited by a pharmacy benefit contract pursuant to subdivision (a) of Labor Code section 4600.2.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

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### **Section 9792.27.9. Compounded Drugs.**

(a) Compounded drugs must be authorized through prospective review prior to being dispensed. When it is necessary for medical reasons to prescribe or dispense a compounded drug instead of an FDA-approved drug or over-the-counter drug that complies with an OTC Monograph, the physician must document the medical necessity in the patient's medical chart, and in the Doctor's First Report of Injury (Form 5021) or Progress Report (PR-2) and must submit a Request for Authorization. The documentation must include the patient-specific factors that support the physician's determination that a compounded drug is medically necessary.

(b) Nothing in this Article shall invalidate a provision in a Medical Provider Network agreement which restricts physician dispensing of compounded drugs by medical providers within the network.

(c) Nothing in this Article shall permit physician dispensing of compounded drugs where otherwise prohibited by a pharmacy benefit contract pursuant to subdivision (a) of Labor Code section 4600.2.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

### **Section 9792.27.10. MTUS Drug List; Exempt Drugs, Non-Exempt Drugs, Unlisted Drugs, Prospective Review.**

(a) The MTUS Drug List is set forth by active drug ingredient(s).

(b) A drug that is identified as “Exempt” may be dispensed to the injured worker without obtaining authorization through prospective review if the drug treatment is in accordance with the MTUS Treatment Guidelines, except:

(1) Brand name drugs are subject to section 9792.27.7;

(2) Physician-dispensed drugs are subject to section 9792.27.8.

(3) Compounded drugs are subject to section 9792.27.9 even if one or more of the ingredients is listed as “Exempt” on the MTUS Drug List.

(c) For a drug that is identified as “Non-Exempt,” authorization through prospective review must be obtained prior to the time the drug is dispensed. Expedited review should be conducted where it is warranted by the injured worker’s condition.

(d) For a drug that is identified as eligible for “Special Fill” or “Perioperative Fill”, the usual requirement to obtain authorization through prospective review prior to dispensing the drug is altered for the specified circumstances set forth in sections 9792.27.12 and 9792.27.13. If the requirements set forth in section 9792.27.12 or section 9792.27.13 are not met, then the drug is considered “Non-Exempt” and is subject to the provisions set forth under subdivision (c).

(e) For an unlisted drug, authorization through prospective review must be obtained prior to the time the drug is dispensed. A combination drug that is not on the MTUS Drug List is an unlisted drug even if the individual active ingredients are on the MTUS Drug List.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.11. Waiver of Prospective Review.**

Nothing in the MTUS Drug Formulary shall prohibit waiver of the prospective review requirement for a Non-Exempt or unlisted drug if the drug falls within a utilization review plan’s provision of prior authorization without necessity of a request for authorization, where that provision is adopted pursuant to section 9792.7, subdivision (a)(5).

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.12. MTUS Drug List – Special Fill.**

(a) The MTUS Drug List identifies drugs that are subject to the Special Fill policy. Under this policy, a drug that usually requires prospective review because it is “Non-Exempt” will be allowed without prospective review as specified in subdivision (b).

(b) The drug identified as a Special Fill drug may be dispensed to the injured worker without seeking prospective review if all of the following conditions are met:

MTUS – Formulary – Title 8, CCR §§9792.27.1 – 9792.27.23

(To OAL for adoption: October 2017)

(1) The drug is prescribed at the single initial treatment visit following a workplace injury, provided that the initial visit is within 7 days of the date of injury; and

(2) The prescription is for a supply of the drug not to exceed the limit set forth in the MTUS Drug List; and

(3) The prescription for the Special Fill – eligible drug is for:

(A) An FDA-approved generic drug or single source brand name drug, or,

(B) A brand name drug where the physician documents and substantiates the medical need for the brand name drug rather than the FDA-approved generic drug, and

(4) The drug is prescribed in accordance with the MTUS Treatment Guidelines.

(c) When calculating the 7-day period in subdivision (b)(1), the day after the date of injury is “day one.”

(d) An employer or insurer that has a contract with a pharmacy, pharmacy network, pharmacy benefit manager, or a medical provider network (MPN) that includes a pharmacy or pharmacies within the MPN, may provide for a longer Special Fill period or may cover additional drugs under the Special Fill policy pursuant to a pharmacy benefit contract or MPN contract.

(e) After the Special Fill provision has been in effect for one year, the Administrative Director shall evaluate the impact of the provision on the use of opioids by injured workers. As part of the evaluation process, the Administrative Director shall solicit feedback from the workers’ compensation system participants.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

### **Section 9792.27.13. MTUS Drug List – Perioperative Fill.**

(a) The MTUS Drug List identifies drugs that are subject to the Perioperative Fill policy. Under this policy, the Non-Exempt drug identified as a Perioperative Fill drug may be dispensed to the injured worker without seeking prospective review if all of the following conditions are met:

(1) The drug is prescribed during the perioperative period; and

(2) The prescription is for a supply of the drug not to exceed the limit set forth in the MTUS Drug List; and

(3) The prescription for the Perioperative Fill - eligible drug is for:

(A) An FDA-approved generic drug or single source brand name drug, or,

(B) A brand name drug where the physician documents and substantiates the medical need for the brand name drug rather than the FDA-approved generic drug, and

(4) The drug is prescribed in accordance with the MTUS Treatment Guidelines.

(b) For purposes of this section, the perioperative period is defined as the period from 4 days prior to surgery to 4 days after surgery, with the day of surgery as "day zero".

(c) An employer or insurer that has a contract with a pharmacy, pharmacy network, pharmacy benefit manager, or a medical provider network that includes a pharmacy or pharmacies within the MPN, may provide for a longer Perioperative Fill period or may cover additional drugs under the Perioperative Fill policy pursuant to a pharmacy benefit contract or MPN contract.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

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#### **Section 9792.27.14. Treatment Provided Under Applicable Health and Safety Regulations.**

The MTUS Drug Formulary and associated regulations do not relieve an employer of any responsibilities pursuant to applicable health and safety regulations such as the requirements of the California occupational Bloodborne Pathogens standard at title 8, California Code of Regulations, section 5193, including the responsibility to provide urgent post-exposure prophylaxis as needed to protect the health of the employee.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.15. MTUS Drug List.**

**[Excel Document: MTUS DRUG LIST (8 CCR §9792.27.15)]**

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5 and 5307.27, Labor Code.

#### **Section 9792.27.16. National Drug Codes, Unique Pharmaceutical Identifier - MTUS Drug List.**

(a) The Administrative Director may maintain and post on the DWC website a listing by National Drug Code, RxCUI (clinical drug concept unique identifier maintained by the National Library of Medicine), or other unique pharmaceutical identifier, of drug products

that are embodied in the MTUS Drug List. If posted, the listing will be regularly updated to account for revisions to the MTUS Drug List and for changes in drug products that are marketed for outpatient use.

(b) For each active ingredient on the MTUS Drug List, the product listing shall include brand name and therapeutically equivalent generic versions of outpatient prescription drugs and non-prescription drug products. The listing shall include only drug products that can be self-administered by the patient. Injectable drug products must be packaged and identified for patient self-administration.

(c) The listing shall include combination drugs with multiple active ingredients only if the combination of active ingredients is listed on the MTUS Drug List.

(d) The listing may include, but is not limited to, the following data elements:

- (1) National Drug Code, RxCUI, or other pharmaceutical identifier;
- (2) Drug ingredient(s);
- (3) Therapeutic class;
- (4) Strength;
- (5) Dosage form;
- (6) Exempt or Non-Exempt status, as applicable;
- (7) Any applicable Special Fill or Perioperative Fill policies.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

#### **Section 9792.27.17. Formulary – Dispute Resolution.**

(a) Medical Necessity Disputes.

Disputes over the medical necessity of pharmaceutical treatment covered by the MTUS Drug Formulary are governed by the utilization review and independent medical review provisions of Labor Code sections 4610, 4610.5, and regulations at section 9792.6.1 et seq, and section 9792.10.1 et seq.

(b) Formulary Rule Medical Treatment Disputes Other than Medical Necessity Disputes.

Disputes over failure to follow formulary rules, other than medical necessity disputes covered by subdivision (a), shall be resolved through the procedure for non-IMR/IBR disputes set forth in WCAB rules, title 8, California Code of Regulations, section 10451.2, Determination of Medical Treatment Disputes.

Authority: Sections 133, 4603.5, 5307.3, 5307.1 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.1, 5307.27 and 5307.29, Labor Code.

#### **Section 9792.27.18. Pharmacy and Therapeutics Committee – Composition; Application for Appointment; Term of Service.**

MTUS – Formulary – Title 8, CCR §§9792.27.1 – 9792.27.23

(To OAL for adoption: October 2017)

(a) The Administrative Director shall create an independent Pharmacy and Therapeutics Committee (P&T Committee) to review and consult with the Administrative Director on available evidence of the relative safety, efficacy, and effectiveness of drugs within a class of drugs, for purposes of updating the MTUS Drug List.

(b) The P&T Committee shall consist of the Executive Medical Director, and six members appointed by the Administrative Director.

(1) The Executive Medical Director, or his or her designee, shall serve as chairperson of the P&T Committee. If the Executive Medical Director position becomes vacant, the Administrative Director shall appoint a competent person to temporarily assume the authority and duties of the Executive Medical Director on the P&T Committee, until such time that the Executive Medical Director position is filled.

(2) The Administrative Director shall appoint 3 pharmacists and 3 physicians (medical doctors or doctors of osteopathy) to serve on the P&T Committee. At least one of the physicians appointed shall be actively engaged in the treatment of injured workers. At least one of the pharmacists appointed shall be an actively practicing pharmacist.

(3) The members of the P&T Committee shall be appointed to serve a two-year term, but shall remain in the position until a successor is appointed. A member may apply to be reappointed when his or her two-year term ends. The Administrative Director may cancel the appointment of a committee member if a substantial conflict of interest arises, or for other reason constituting good cause.

(c) A person interested in serving on the P&T Committee shall submit an application on the form prescribed by the Administrative Director and a completed Conflict of Interest Disclosure Form. The applicant for P&T Committee appointment shall demonstrate that he or she has knowledge or expertise in one or more of the following:

- (1) Clinically appropriate prescribing of covered drugs;
- (2) Clinically appropriate dispensing and monitoring of covered drugs;
- (3) Drug use review;
- (4) Evidence-based medicine.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

**Section 9792.27.19. Pharmacy and Therapeutics Committee – Application for Appointment to Committee Form.**

[FORM: DWC MTUS PT-App (New 7/17)]

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

MTUS – Formulary – Title 8, CCR §§9792.27.1 – 9792.27.23

(To OAL for adoption: October 2017)

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

**Section 9792.27.20. Pharmacy and Therapeutics Committee – Conflict of Interest.**

(a) The conflict of interest standards are intended to ensure that the members of the P&T Committee are free from financial interests or other relationships that could compromise the objectivity of the members of the committee as they perform their duties to consult with the Administrative Director on formulary updates based upon the principles of evidence-based medicine. Appointed members of the P&T Committee must impartially perform formulary update review activities, and must be free of conflicts of interest.

(b) Persons applying to be appointed to the P&T Committee shall not be employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale, and shall not have been so employed for 12 months prior to the appointment. A P&T Committee member who undertakes such employment during the term of appointment shall not be eligible to continue to serve on the committee.

(c) Members of the P&T Committee shall not have a substantial financial conflict of interest in relation to a pharmaceutical entity.

(1) "Pharmaceutical entity" means a pharmaceutical manufacturer, pharmaceutical repackager, pharmaceutical relabeler, compounding pharmacy, pharmacy benefits management company, biotechnology company, or any other business entity that is involved in manufacturing, packaging, selling or distribution of prescription or non-prescription drugs, drug delivery systems, or biological agents.

(2) For purposes of this section, "substantial financial conflict of interest" means that the applicant or committee member, or his or her immediate family member, has a direct or indirect financial interest in a pharmaceutical entity, including:

(A) Receipt of income within the previous 12 months, amounting to a total of \$500 or more from the pharmaceutical entity, including but not limited to salary, wages, speaking fees, consultant fees, expert witness fees, honoraria, gifts, loans, and travel payments;

(B) Receipt of grants or research funding from the pharmaceutical entity within the previous 24 months;

(C) Has had ownership interest in the pharmaceutical entity at any time during the previous 12 months, including but not limited to, a sole proprietorship, partnership, limited liability company, or stock ownership in a corporation that is not publicly traded;

(D) Investment interest worth \$2,000 or more in a publicly-traded pharmaceutical entity, not including an investment held through a diversified mutual fund;



(3) "Immediate family member" means spouse, domestic partner, child, son-in-law, daughter-in-law, parent, mother-in-law, father-in-law, brother or sister;

(4) (A) "Direct financial interest" means an interest held by the applicant or committee member.

(B) "Indirect financial interest" means an interest held by the applicant or committee member's immediate family member, or held by a business entity or trust in which the applicant or committee member owns directly or indirectly, or beneficially, a 10-percent interest or greater.

(d) The members of the P&T Committee shall submit an updated Conflict of Interest Disclosure Form annually, and more frequently if there have been changes in circumstances relating to employment by, or financial interests in, a pharmaceutical entity.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

**Section 9792.27.21. Pharmacy and Therapeutics Committee – Conflict of Interest Disclosure Form.**

[FORM: DWC MTUS PT-COI (New 7/17)]

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

**Section 9792.27.22. Pharmacy and Therapeutics Committee – Meetings.**

(a) The P&T Committee shall meet when deemed necessary by the Executive Medical Director, but no less frequently than quarterly.

(b) P&T Committee meetings shall be conducted in accordance with the Bagley-Keene Open Meeting Act, California Government Code sections 11120 through 11132.

(c) Notice of the regularly scheduled meetings shall be given at least ten days in advance of the meeting as follows:

(1) To persons who have requested notice of the meetings;

(2) To persons on the Administrative Director's mailing list; and

(3) By posting notice on the division's website.

(d) The Executive Medical Director shall include a period to receive public comment during the P&T Committee meetings, in a manner consistent with the orderly and efficient conduct of the business of the committee. Members of the public addressing the P&T Committee shall be limited to three minutes per speaker.

(e) The Executive Medical Director shall maintain a written summary of the meetings and the recommendations made to the Administrative Director in a format determined by the Administrative Director. The written summary shall be posted on the Division's website. It shall include a description of any action taken and the vote or abstention of each P&T Committee member present.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 11120 – 11132, Government Code, 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

### **Section 9792.27.23. MTUS Drug List Updates.**

(a) The Administrative Director shall consult with the P&T Committee as needed on updates to the MTUS Drug List, which may be adopted by the Administrative Director on a quarterly or more frequent basis in order to allow provision for all appropriate medications.

(b) The P&T Committee is responsible for reviewing and consulting with the Administrative Director on available evidence of the relative safety, efficacy, and effectiveness of drugs within a class of drugs. In carrying out these duties the P&T Committee may provide consultation on a variety of relevant issues, including but not limited to the following:

- (1) Recommendations on prospective review requirements for drugs;
- (2) Recommendations on Special Fill and Perioperative Fill designation and policies;
- (3) Review of drug treatment changes adopted into the MTUS Treatment Guidelines to identify needed additions or deletions of drugs from the MTUS Drug List;
- (4) Recommendations on establishing a therapeutic interchange program in order to promote safe and appropriate cost effective care.

(c) The P&T Committee serves in an advisory role only. P&T Committee recommendations are not binding on the Administrative Director.

(d) Updates to the MTUS Drug List will be adopted by issuance of an Administrative Director's order specifying the changes and the effective date, and shall be posted on the division's website pursuant to Labor Code section 5307.29.

Authority: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code.

Reference: Sections 4600, 4604.5, 5307.27 and 5307.29, Labor Code.

## MTUS Drug List ( 8 CCR §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 - §9792.27.23.) "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 (X), or No Recommendation (○). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use.

\* 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" 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" drug where generic is available requires authorization through Prospective Review.

"Non-Exempt" or "Unlisted" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)

\*\* Special Fill - Indicates the Non-Exempt 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 § 9792.27.12)

\*\*\*Perioperative Fill - Indicates the Non-Exempt 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 § 9792.27.13)

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
1	Acetaminophen	Tylenol	Exempt			Analgesics - NonNarcotic	✓○ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓X Elbow Disorders ✓ Eye ✓X Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
2	Adalimumab	Humira	Non-Exempt			Analgesics - Anti-Inflammatory (TNF-alpha blocker)	X Chronic Pain X Hip and Groin Disorders X Knee Disorders X Low Back Disorders			
3	Albuterol Sulfate	Proventil	Exempt			Antiasthmatic and Bronchodilator Agents	✓ Work Related Asthma			
4	Alclometasone Dipropionate	Aclovate	Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
5	Alendronate Sodium	Fosamax	Non-Exempt			Endocrine and Metabolic Agents- Misc. (Bisphosphonate)	✓X Chronic Pain ✓○ Hip and Groin Disorders ○ Knee Disorders X Low Back Disorders ✓ Shoulder			
6	Amantadine HCL	Symmetrel	Non-Exempt			Antiparkinson Agents (NMDA receptor antagonist)	X Chronic Pain X Low Back Disorders			
7	Amcinonide	Cyclocort	Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
8	Amitriptyline HCL	Elavil	Non-Exempt			Antidepressants (TCAs)	✓X Cervical and Thoracic Spine Disorders ✓ Chronic Pain X○ Hip and Groin Disorders ✓X○ Knee Disorders ✓○ Low Back Disorders ✓X Shoulder			
9	Amlodipine Besylate	Norvasc	Non-Exempt			Calcium Channel Blockers	✓ Hand, Wrist, and Forearm Disorders			
10	Amoxicillin/Clavulanate P	Augmentin	Exempt			Antibiotics (Penicillins)	✓○ Ankle and Foot Disorders ✓ Hand, Wrist, and Forearm Disorders ✓ Low Back Disorders			
11	Anakinra	Kineret	Non-Exempt			Analgesics - Anti-inflammatory	X Knee Disorders			
12	Apixaban	Eliquis	Non-Exempt		14 Days	Anticoagulants	○ Ankle and Foot Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders			
13	Artificial Tear Ointments	Refresh PM	Exempt			Ophthalmic Agents (Artificial Tears)	✓ Eye			
14	Ascorbic Acid	Vitamin C	Non-Exempt			Vitamins	X○ Ankle and Foot Disorders X Cervical and Thoracic Spine Disorders ✓X Chronic Pain X Low Back Disorders			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
15	Aspirin	Bayer	Exempt			Analgesics - NonNarcotic	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>✓ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
16	Aspirin/Caffeine/Dihydrocodeine Bitartrate	Synalgos-DC	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
17	Azithromycin	Zithromax	Non-Exempt			Antibiotics (Macrolides)	<ul style="list-style-type: none"> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
18	Bacitracin		Exempt			Anti-Infective Agents - Misc.	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> <li>⊙ Hand, Wrist, and Forearm Disorders</li> </ul>			
19	Bacitracin Ophthalmic	AK-Tracin	Exempt			Ophthalmic Agents (Antibiotics)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
20	Bacitracin-Polymyxin B Ophthalmic	AK-Poly-Bac	Exempt			Ophthalmic Agents (Antibiotics)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
21	Baclofen	Lioresal	Non-Exempt	4 Days	4 Days	Musculoskeletal Therapy Agents (Muscle Relaxants)	<ul style="list-style-type: none"> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓×⊙ Chronic Pain</li> <li>✓× Hip and Groin Disorders</li> <li>×⊙ Knee Disorders</li> <li>✓× Low Back Disorders</li> <li>✓× Shoulder</li> </ul>			
22	Becaplermin	Regranex	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
23	Balanced Salt Solution	BSS	Exempt			Ophthalmic Agents	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
24	Beclomethasone Dipropionate	Qvar	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
25	Betamethasone	Celestone	Non-Exempt			Corticosteroids	<ul style="list-style-type: none"> <li>✓×⊙ Ankle and Foot Disorders</li> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓× Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓×⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> </ul>			
26	Betamethasone Dipropionat	Diprosone	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
27	Betamethasone Valerate	Valisone	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
28	Bromfenac	Prolensa	Exempt			Ophthalmic Agents (NSAID)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
29	Budesonide	Pulmicort	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
30	Budesonide/Formoterol	Symbicort	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
31	Buprenorphine HCL	Butrans	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
32	Buprenorphine HCL/Naloxone	Suboxone	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
33	Bupropion HCL	Wellbutrin, Wellbutrin XL, Wellbutrin SR	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
34	Butalbital/Apap/Caffeine		Non-Exempt			Analgesics - NonNarcotic	<ul style="list-style-type: none"> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
35	Butalbital/Asa/Caffeine		Non-Exempt			Analgesics - NonNarcotic	<ul style="list-style-type: none"> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
36	Butenafine HCl	Lotrimin Ultra	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
37	Butorphanol Tartrate	Stadol	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
38	Calcitonin-Salmon	Fortical, Miacalcin	Non-Exempt			Endocrine and Metabolic Agents- Misc. (Bisphosphonate)	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>✓× Chronic Pain</li> <li>✓× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> </ul>			
39	Calcium Phosphate Tribasic		Non-Exempt			Minerals & Electrolytes	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> </ul>			
40	Camphor	Bengay Ultra	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>×× Hip and Groin Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
41	Capsaicin	Zostrix	Exempt			Dermatologicals (Topical creams and ointments)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Low Back Disorders</li> <li>✓× Shoulder</li> </ul>			
42	Carbamazepine	Tegretol	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓×× Chronic Pain</li> <li>× Low Back Disorders</li> <li>✓× Shoulder</li> </ul>			
43	Carboxymethylcellulose Sodium Ophthalmic	Refresh Plus	Exempt			Ophthalmic Agents (Artificial Tears)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
44	Carisoprodol	Soma	Non-Exempt			Musculoskeletal Therapy Agents (Muscle Relaxants)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
45	Cefuroxime Axetil	Ceftin	Exempt			Antibiotics (Cephalosporins)	<ul style="list-style-type: none"> <li>✓ Hand, Wrist, and Forearm Disorders</li> </ul>			



	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
46	Celecoxib	Celebrex	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓☐ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓X☐ Elbow Disorders</li> <li>✓X☐ Hand, Wrist, and Forearm Disorders</li> <li>✓☐ Hip and Groin Disorders</li> <li>✓☐ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
47	Cephalexin	Keflex	Exempt			Antibiotics (Cephalosporins)	<ul style="list-style-type: none"> <li>✓☐ Ankle and Foot Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> </ul>			
48	Certolizumab Pegol	Cimzia	Non-Exempt			Gastrointestinal Agents (TNF Blocker)	<ul style="list-style-type: none"> <li>X Chronic Pain</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> </ul>			
49	Chlorzoxazone	Loxone, Parafon Forte	Non-Exempt			Musculoskeletal Therapy Agents (Muscle Relaxants)	<ul style="list-style-type: none"> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
50	Choline Magnesium Trisalicylate	Trilisate	Exempt			Analgesics - NonNarcotic (NSAID)	<ul style="list-style-type: none"> <li>✓☐ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓X☐ Elbow Disorders</li> <li>✓X☐ Hand, Wrist, and Forearm Disorders</li> <li>✓☐ Hip and Groin Disorders</li> <li>✓☐ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
51	Chondroitin Sulfate		Non-Exempt			Alternative Medicines (OTC nutraceutical)	<ul style="list-style-type: none"> <li>☐ Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Shoulder</li> </ul>			
52	Ciclesonide	Alvesco	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
53	Ciclopirox Olamine	Loprox	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
54	Cimetidine	Tagamet	Exempt			Ulcer Drugs (H2 receptor blocker)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
55	Ciprofloxacin	Cipro	Exempt			Antibiotics (Fluoroquinolones)	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> </ul>			
56	Ciprofloxacin HCL Ophthalmic	Ciloxan	Exempt			Ophthalmic Agents (Antibiotics)	<ul style="list-style-type: none"> <li>✓X Eye</li> </ul>			
57	Citalopram Hydrobromide	Celexa	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>X Cervical and Thoracic Spine Disorders</li> <li>X☐ Chronic Pain</li> <li>X Hip and Groin Disorders</li> <li>✓X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
58	Clarithromycin	Biaxin	Non-Exempt			Antibiotics (Macrolides)	<ul style="list-style-type: none"> <li>X Hand, Wrist, and Forearm Disorders</li> </ul>			
59	Clindamycin HCL	Cleocin	Exempt			Anti-Infective Agents - Misc.	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> <li>✓X☐ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> </ul>			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
60	Clomipramine HCL	Anafranil	Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>√× Chronic Pain</li> <li>×⊙ Hip and Groin Disorders</li> <li>×⊙ Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
61	Clonazepam	Klonopin	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>× Chronic Pain</li> <li>⊙ Low Back Disorders</li> <li>× Shoulder</li> </ul>			
62	Clonidine HCL	Catapres, Duraclon	Non-Exempt			Analgesics - NonNarcotic	<ul style="list-style-type: none"> <li>√× Chronic Pain</li> <li>×⊙ Low Back Disorders</li> </ul>			
63	Clotrimazole Antifungal	Lotrimin AF	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>√ Ankle and Foot Disorders</li> </ul>			
64	Codeine Phosphate		Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
65	Codeine Sulfate		Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
66	Codeine/Acetaminophen	Tylenol #3, Tylenol #4	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
67	Colchicine		Non-Exempt			Gout Agents	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Low Back Disorders</li> </ul>			
68	Cortisone	Cortone	Non-Exempt	4 Days		Corticosteroids	<ul style="list-style-type: none"> <li>√×⊙ Ankle and Foot Disorders</li> <li>√× Cervical and Thoracic Spine Disorders</li> <li>√× Chronic Pain</li> <li>⊙ Elbow Disorders</li> <li>√⊙ Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>√×⊙ Low Back Disorders</li> <li>√×⊙ Shoulder</li> </ul>			
69	Cromolyn Sodium	Intal	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>√ Work Related Asthma</li> </ul>			
70	Cyclobenzaprine HCL	Flexeril	Non-Exempt	4 Days		Musculoskeletal Therapy Agents (Muscle Relaxants)	<ul style="list-style-type: none"> <li>√× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>×⊙ Knee Disorders</li> <li>√× Low Back Disorders</li> <li>√× Shoulder</li> </ul>			
71	Cyclopentolate HCL	Cyclogyl	Exempt			Ophthalmic Agents (Anticholinergics)	<ul style="list-style-type: none"> <li>√× Eye</li> </ul>			
72	Dalteparin	Fragmin	Non-Exempt			Anticoagulants	<ul style="list-style-type: none"> <li>⊙ Ankle and Foot Disorders</li> </ul>			
73	Dantrolene Sodium	Dantrium	Non-Exempt			Musculoskeletal Therapy Agents (Muscle Relaxants)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			

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74	Desipramine HCL	Norpramin	Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> <li>✓X Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>⊗ Hip and Groin Disorders</li> <li>✓X⊗ Knee Disorders</li> <li>✓⊗ Low Back Disorders</li> <li>✓X Shoulder</li> </ul>			
75	Desonide	Desowen	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
76	Desoximetasone	Topicort	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
77	Desvenlafaxine ER	Pristiq	Non-Exempt			Antidepressants (SNRI)	<ul style="list-style-type: none"> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>✓⊗ Low Back Disorders</li> <li>X Shoulder</li> </ul>			
78	Dexamethasone	Decadron	Non-Exempt	4 Days		Corticosteroids	<ul style="list-style-type: none"> <li>✓X⊗ Ankle and Foot Disorders</li> <li>✓X Cervical and Thoracic Spine Disorders</li> <li>✓X Chronic Pain</li> <li>✓⊗ Elbow Disorders</li> <li>✓X⊗ Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>✓⊗ Knee Disorders</li> <li>✓X⊗ Low Back Disorders</li> <li>✓X⊗ Shoulder</li> </ul>			
79	Dexamethasone Sodium Phosphate Ophthalmic		Non-Exempt			Ophthalmic Agents (Steroid)	<ul style="list-style-type: none"> <li>X Eye</li> </ul>			
80	Dexlansoprazole	Dexilant	Exempt			Ulcer Drugs (Proton pump inhibitor)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Shoulder</li> </ul>			
81	Dextromethorphan	Delsym	Non-Exempt			Cough/Cold/Allergy (NMDA Receptor Antagonist)	<ul style="list-style-type: none"> <li>✓X Chronic Pain</li> <li>X Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
82	Diazepam	Valium	Non-Exempt			Antianxiety Agents (Muscle relaxant)	<ul style="list-style-type: none"> <li>X Chronic Pain</li> </ul>			
83	Diclofenac Potassium	Cataflam, Voltaren	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊗ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓⊗ Chronic Pain</li> <li>✓X⊗ Elbow Disorders</li> <li>✓X⊗ Hand, Wrist, and Forearm Disorders</li> <li>✓⊗ Hip and Groin Disorders</li> <li>✓⊗ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
84	Diclofenac Sodium	Voltaren 1% gel	Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓X⊗ Ankle and Foot Disorders</li> <li>⊗ Cervical and Thoracic Spine Disorders</li> <li>✓⊗ Chronic Pain</li> <li>✓⊗ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>X⊗ Hip and Groin Disorders</li> <li>⊗ Low Back Disorders</li> <li>⊗ Shoulder</li> </ul>			
85	Diclofenac Sodium Ophthalmic	Voltaren	Exempt			Ophthalmic Agents (NSAID)	<ul style="list-style-type: none"> <li>✓X Eye</li> </ul>			
86	Diclofenac Sodium/Misoprostol	Arthrotec	Exempt			Analgesics - Anti-Inflammatory (NSAID)/ Ulcer drug	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
87	Dicloxacillin Sodium	Dynapen	Exempt			Antibiotics (Penicillins)	<ul style="list-style-type: none"> <li>✓⊗ Ankle and Foot Disorders</li> </ul>			



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88	Diflunisal	Dolobid	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
89	Dimethyl Sulfoxide	DMSO	Non-Exempt			Genitourinary - Misc. (Ointments and topical agents)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>×⊙ Hip and Groin Disorders</li> <li>× Low Back Disorders</li> </ul>			
90	Doxepin HCL	Sinequan	Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>⊙ Hip and Groin Disorders</li> <li>×⊙ Knee Disorders</li> <li>✓⊙ Low Back Disorders</li> <li>× Shoulder</li> </ul>			
91	Doxycycline	Vibramycin	Exempt			Antibiotics (Tetracyclines)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Eye</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> </ul>			
92	Duloxetine HCL	Cymbalta	Non-Exempt			Antidepressants (SNRI)	<ul style="list-style-type: none"> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓⊙ Chronic Pain</li> <li>⊙ Hip and Groin Disorders</li> <li>✓×⊙ Knee Disorders</li> <li>✓⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> </ul>			
93	Econazole Nitrate	Spectazole	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
94	Enoxaparin Sodium	Lovenox	Non-Exempt		14 Days	Anticoagulants	<ul style="list-style-type: none"> <li>⊙ Ankle and Foot Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> </ul>			
95	Erythromycin	Ery-Tab	Non-Exempt			Antibiotics (Macrolides)	<ul style="list-style-type: none"> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
96	Erythromycin Ophthalmic Ointment	Ilotycin	Exempt			Ophthalmic Agents (Antibiotics)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
97	Escitalopram Oxalate	Lexapro	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>×⊙ Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>✓× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
98	Esomeprazole Magnesium	Nexium	Exempt			Ulcer Drugs (Proton pump inhibitor)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
99	Esomeprazole/Naproxen	Vimovo	Non-Exempt			Analgesics - Anti-Inflammatory (Proton Pump Inhibitor /NSAID)	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
100	Etanercept	Enbrel	Non-Exempt			Analgesics - Anti-Inflammatory (TNF-alpha blocker)	<ul style="list-style-type: none"> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> </ul>			

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101	Etidronate Disodium	Didronel	Non-Exempt			Endocrine and Metabolic Agents- Misc. (Bisphosphonate)	<ul style="list-style-type: none"> <li>✓X Chronic Pain</li> <li>✓⊙ Hip and Groin Disorders</li> <li>⊙ Knee Disorders</li> <li>X Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
102	Etodolac	Lodine	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓X⊙ Elbow Disorders</li> <li>✓X⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
103	Famotidine	Pepcid	Exempt			Ulcer Drugs (H2 receptor blocker)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
104	Famotidine/Ibuprofen	Duexis	Non-Exempt			Analgesics - Anti-Inflammatory (H2 Receptor Blocker /NSAID)	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
105	Fenoprofen Calcium	Nalfon	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓X⊙ Elbow Disorders</li> <li>✓X⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
106	Fentanyl	Duragesic	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
107	Fentanyl Citrate Oral Transmucosal	Actiq, Fentora	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
108	Fluconazole	Diflucan	Non-Exempt			Antifungals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
109	Flunisolide	Aerospan HFA	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
110	Fluocinolone Acetonide	Synalar	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
111	Fluocinonide		Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>X⊙ Elbow Disorders</li> </ul>			
112	Fluorometholone	FML	Non-Exempt			Ophthalmic Agents	<ul style="list-style-type: none"> <li>X Eye</li> </ul>			

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113	Fluoxetine HCL	Prozac	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>✓× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
114	Flurbiprofen	Ansaid	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
115	Fluticasone Propionate	Flovent	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
116	Fluticasone Prop (Topical)	Cutivate	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
117	Fluticasone-Salmeterol	Advair	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
118	Fluvoxamine Maleate	Luvox	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>×⊙ Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
119	Folic Acid		Non-Exempt			Hematopoietic Agents	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> </ul>			
120	Fondaparinux Sodium	Arixtra	Non-Exempt		14 Days	Anticoagulants	<ul style="list-style-type: none"> <li>⊙ Ankle and Foot Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> </ul>			
121	Formoterol Fumarate	Foradil	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
122	Formoterol/Mometasone	Dulera	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
123	Gabapentin	Neurontin	Non-Exempt		4 Days	Anticonvulsants	<ul style="list-style-type: none"> <li>✓×⊙ Cervical and Thoracic Spine Disorders</li> <li>✓×⊙ Chronic Pain</li> <li>✓×⊙ Hip and Groin Disorders</li> <li>✓×⊙ Knee Disorders</li> <li>✓⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> </ul>			
124	Gatifloxacin	Zymaxid	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
125	Gentamicin (Topical)		Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
126	Gentamicin Sulfate Ophthalmic	Gentak	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
127	Gentamicin-Prednisolone Ace Ophthalmic	Pred-G	Non-Exempt			Ophthalmic Agents (Anti-bacterial/steroid)	<ul style="list-style-type: none"> <li>× Eye</li> </ul>			
128	Glucosamine Sulfate		Non-Exempt			Alternative Medicines (OTC nutraceutical)	<ul style="list-style-type: none"> <li>⊙ Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Shoulder</li> </ul>			
129	Golimumab	Simponi	Non-Exempt			Analgesics - Anti-Inflammatory (TNF-alpha blocker)	<ul style="list-style-type: none"> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> </ul>			
130	Heparin Sodium		Non-Exempt		14 Days	Anticoagulants	<ul style="list-style-type: none"> <li>×⊙ Ankle and Foot Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> </ul>			
131	Homatropine HBr Ophthalmic	Ispto Homatropine	Exempt			Ophthalmic Agents (Anticholinergics)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			



	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
132	Hydrochlorothiazide	Microzide	Non-Exempt			Diuretics	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
133	Hydrocodone Bitartrate	Zohydro ER, Hysingla ER	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
134	Hydrocodone/Acetaminophen	Norco, Vicodin, Xodol	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	<ul style="list-style-type: none"> <li>✓× Ankle and Foot Disorders</li> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>✓× Elbow Disorders</li> <li>✓× Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓× Low Back Disorders</li> <li>✓× Shoulder</li> </ul>			
135	Hydrocodone/Ibuprofen	Vicoprofen	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
136	Hydrocortisone	Cortef	Non-Exempt	4 Days		Corticosteroids	<ul style="list-style-type: none"> <li>✓× Ankle and Foot Disorders</li> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>⊙ Knee Disorders</li> <li>✓×⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> </ul>			
137	Hydrocortisone (Topical)		Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
138	Hydrocortisone Valerate	Westcort	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
139	Hydromorphone HCL	Dilaudid	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
140	Ibandronate Sodium	Boniva	Non-Exempt			Endocrine and Metabolic Agents- Misc. (Bisphosphonate)	<ul style="list-style-type: none"> <li>✓× Chronic Pain</li> <li>✓⊙ Hip and Groin Disorders</li> <li>⊙ Knee Disorders</li> <li>× Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
141	Ibuprofen	Motrin	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓×⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
142	Imipramine HCL	Tofranil	Non-Exempt			Antidepressants (TCAs)	✓X Cervical and Thoracic Spine Disorders X Chronic Pain ⊗ Hip and Groin Disorders X⊗ Knee Disorders ✓⊗ Low Back Disorders X Shoulder			
143	Indomethacin	Indocin	Exempt			Analgesics - Anti-Inflammatory (NSAID)	✓⊗ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓X⊗ Elbow Disorders ✓X⊗ Hand, Wrist, and Forearm Disorders ✓⊗ Hip and Groin Disorders ✓⊗ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
144	Itraconazole	Sporanox	Non-Exempt			Antifungals	✓ Ankle and Foot Disorders			
145	Ketoconazole	Nizoral	Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
146	Ketoprofen	Oruvail	Exempt			Analgesics - Anti-Inflammatory (NSAID)	✓⊗ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓X⊗ Elbow Disorders ✓X⊗ Hand, Wrist, and Forearm Disorders ✓⊗ Hip and Groin Disorders ✓⊗ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
147	Ketorolac Tromethamine		Non-Exempt			Analgesics - Anti-Inflammatory (NSAID)	X Ankle and Foot Disorders X Cervical and Thoracic Spine Disorders X Chronic Pain X Elbow Disorders X Hand, Wrist, and Forearm Disorders X Hip and Groin Disorders X Knee Disorders X Low Back Disorders X Shoulder			
148	Ketorolac Tromethamine Ophthalmic	Acular	Exempt			Ophthalmic Agents (NSAID)	✓X Eye			
149	Lamotrigine	Lamictal	Non-Exempt			Anticonvulsants	✓ Cervical and Thoracic Spine Disorders X⊗ Chronic Pain ⊗ Low Back Disorders X Shoulder			
150	Lansoprazole	Prevacid	Exempt			Ulcer Drugs (Proton pump inhibitor)	✓ Cervical and Thoracic Spine Disorders ✓ Elbow Disorders ✓ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
151	Levalbuterol	Xopenex	Exempt			Antiasthmatic and Bronchodilator Agents	✓ Work Related Asthma			
152	Levetiracetam	Keppra	Non-Exempt			Anticonvulsants	X⊗ Chronic Pain ⊗ Low Back Disorders X Shoulder			
153	Levofloxacin	Levaquin	Exempt			Antibiotics (Fluoroquinolones)	✓ Ankle and Foot Disorders ✓X Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders			
154	Levofloxacin Ophthalmic Solution	Quixin	Exempt			Ophthalmic Agents (Anti-bacterial)	✓X Eye			
155	Levomilnacipran	Fetzima	Non-Exempt			Antidepressants (SNRI)	X Cervical and Thoracic Spine Disorders X Chronic Pain X Hip and Groin Disorders X Knee Disorders ✓⊗ Low Back Disorders X Shoulder			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
156	Levorphanol Tartrate	Levo-Dromoran	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
157	Lidocaine	Lidoderm	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>✓⊙ Chronic Pain</li> <li>⊙ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>×⊙ Hip and Groin Disorders</li> <li>×⊙ Low Back Disorders</li> </ul>			
158	Lidocaine HCl		Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> </ul>			
159	Lidocaine/Prilocaine	Emla	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>×⊙ Chronic Pain</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>×⊙ Hip and Groin Disorders</li> <li>× Low Back Disorders</li> <li>⊙ Shoulder</li> </ul>			
160	Lorazepam	Ativan	Non-Exempt			Antianxiety Agents	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
161	Loteprednol Etabonate Ophthalmic	Alrex	Non-Exempt			Ophthalmic Agents (Steroid)	<ul style="list-style-type: none"> <li>× Eye</li> </ul>			
162	Maprotiline HCL	Ludiomil	Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>×× Chronic Pain</li> <li>×⊙ Hip and Groin Disorders</li> <li>×⊙ Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
163	Meclofenamate Sodium	Meclomen	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
164	Mefenamic Acid	Ponstel	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
165	Meloxicam	Mobic	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
166	Memantine HCL	Namenda	Non-Exempt			Psychotherapeutic and Neurological Agents - Misc (NDMA Receptor Antagonist)	<ul style="list-style-type: none"> <li>× Chronic Pain</li> <li>× Low Back Disorders</li> </ul>			



	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
167	Menthol	Bengay Ultra, Biofreeze	Non-Exempt			Dermatologicals	<input type="checkbox"/> Ankle and Foot Disorders <input type="checkbox"/> Cervical and Thoracic Spine Disorders <input type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Hand, Wrist, and Forearm Disorders <input checked="" type="checkbox"/> Hip and Groin Disorders <input type="checkbox"/> Low Back Disorders <input type="checkbox"/> Shoulder			
168	Meperidine HCL	Demerol	Non-Exempt			Analgesics - Opioid	<input checked="" type="checkbox"/> Ankle and Foot Disorders <input checked="" type="checkbox"/> Cervical and Thoracic Spine Disorders <input checked="" type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Elbow Disorders <input checked="" type="checkbox"/> Hand, Wrist, and Forearm Disorders <input checked="" type="checkbox"/> Hip and Groin Disorders <input checked="" type="checkbox"/> Knee Disorders <input checked="" type="checkbox"/> Low Back Disorders <input checked="" type="checkbox"/> Shoulder			
169	Metaxalone	Skelaxin	Non-Exempt			Musculoskeletal Therapy Agents (Muscle Relaxants)	<input checked="" type="checkbox"/> Cervical and Thoracic Spine Disorders <input checked="" type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Hip and Groin Disorders <input checked="" type="checkbox"/> Knee Disorders <input checked="" type="checkbox"/> Low Back Disorders <input checked="" type="checkbox"/> Shoulder			
170	Methadone HCL	Dolophine	Non-Exempt			Analgesics - Opioid	<input checked="" type="checkbox"/> Ankle and Foot Disorders <input checked="" type="checkbox"/> Cervical and Thoracic Spine Disorders <input checked="" type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Elbow Disorders <input checked="" type="checkbox"/> Hand, Wrist, and Forearm Disorders <input checked="" type="checkbox"/> Hip and Groin Disorders <input checked="" type="checkbox"/> Knee Disorders <input checked="" type="checkbox"/> Low Back Disorders <input checked="" type="checkbox"/> Shoulder			
171	Methocarbamol	Robaxin	Non-Exempt			Musculoskeletal Therapy Agents (Muscle Relaxants)	<input checked="" type="checkbox"/> Cervical and Thoracic Spine Disorders <input checked="" type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Hip and Groin Disorders <input checked="" type="checkbox"/> Knee Disorders <input checked="" type="checkbox"/> Low Back Disorders <input checked="" type="checkbox"/> Shoulder			
172	Methyl Salicylate	Bengay Ultra	Non-Exempt			Dermatologicals	<input type="checkbox"/> Cervical and Thoracic Spine Disorders <input type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Hand, Wrist, and Forearm Disorders <input checked="" type="checkbox"/> Hip and Groin Disorders <input type="checkbox"/> Low Back Disorders <input type="checkbox"/> Shoulder			
173	Methylprednisolone	Medrol	Non-Exempt	4 Days		Corticosteroids	<input checked="" type="checkbox"/> Ankle and Foot Disorders <input checked="" type="checkbox"/> Cervical and Thoracic Spine Disorders <input checked="" type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Elbow Disorders <input checked="" type="checkbox"/> Hand, Wrist, and Forearm Disorders <input checked="" type="checkbox"/> Hip and Groin Disorders <input checked="" type="checkbox"/> Low Back Disorders <input checked="" type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Work Related Asthma			
174	Methylsulfonylmethane		Non-Exempt			Chemicals (OTC nutraceuticals)	<input type="checkbox"/> Hip and Groin Disorders <input type="checkbox"/> Knee Disorders <input type="checkbox"/> Shoulder			
175	Metronidazole		Exempt			Dermatologicals	<input checked="" type="checkbox"/> Ankle and Foot Disorders			
176	Metronidazole Oral	Flagyl	Exempt			Anti-Infective Agents - Misc.	<input checked="" type="checkbox"/> Hand, Wrist, and Forearm Disorders			
177	Miconazole Nitrate	Micatin	Non-Exempt			Dermatologicals	<input checked="" type="checkbox"/> Ankle and Foot Disorders			
178	Milnacipran	Savella	Non-Exempt			Psychotherapeutic and Neurological Agents - Misc. (Anti-depressant)	<input checked="" type="checkbox"/> Cervical and Thoracic Spine Disorders <input checked="" type="checkbox"/> Chronic Pain <input checked="" type="checkbox"/> Hip and Groin Disorders <input checked="" type="checkbox"/> Knee Disorders <input checked="" type="checkbox"/> Low Back Disorders <input checked="" type="checkbox"/> Shoulder			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
179	Minocycline HCl	Minocin	Non-Exempt			Antibiotics (Tetracyclines)	✓☉ Ankle and Foot Disorders			
180	Misoprostol	Cytotec	Exempt			Ulcer Drugs	✓ Cervical and Thoracic Spine Disorders ✓ Elbow Disorders ✓ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
181	Mometasone Furoate (Topical)	Elocon	Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
182	Mometasone Furoate	Asmanex	Non-Exempt			Antiasthmatic and Bronchodilator Agents	✓ Work Related Asthma			
183	Montelukast Sodium	Singlair	Non-Exempt			Antiasthmatic and Bronchodilator Agents	✓ Work Related Asthma			
184	Morphine Sulfate		Non-Exempt	4 Days	4 Days	Analgesics - Opioid	✓× Ankle and Foot Disorders ✓× Cervical and Thoracic Spine Disorders ✓× Chronic Pain ✓× Elbow Disorders ✓× Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓× Low Back Disorders ✓× Shoulder			
185	Morphine Sulfate Extended Release	MS Contin, Kadian, Avinza	Non-Exempt			Analgesics - Opioid	× Ankle and Foot Disorders × Cervical and Thoracic Spine Disorders ✓× Chronic Pain × Elbow Disorders ✓× Hand, Wrist, and Forearm Disorders × Hip and Groin Disorders × Knee Disorders × Low Back Disorders × Shoulder			
186	Morphine/Naltrexone	Embeda	Non-Exempt			Analgesics - Opioid	× Ankle and Foot Disorders × Cervical and Thoracic Spine Disorders × Chronic Pain × Elbow Disorders × Hand, Wrist, and Forearm Disorders × Hip and Groin Disorders × Knee Disorders × Low Back Disorders × Shoulder			
187	Moxifloxacin HCL	Avelox	Exempt			Antibiotics (Fluoroquinolones)	✓ Ankle and Foot Disorders ✓ Hand, Wrist, and Forearm Disorders			
188	Moxifloxacin HCL Ophthalmic	Vigamox	Exempt			Ophthalmic Agents (Antibiotics)	✓× Eye			
189	Mupirocin	Bactroban	Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
190	Nabumetone	Relafen	Exempt			Analgesics - Anti-Inflammatory (NSAID)	✓☉ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓×☉ Elbow Disorders ✓×☉ Hand, Wrist, and Forearm Disorders ✓☉ Hip and Groin Disorders ✓☉ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
191	N-Acetyl-L-Cysteine	NAC	Non-Exempt			Nutrients	× Cervical and Thoracic Spine Disorders ✓× Chronic Pain ×☉ Hip and Groin Disorders × Low Back Disorders			



	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
192	Naproxen	Aleve, Naprosyn	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓⊙ Low Back Disorders</li> <li>✓⊙ Shoulder</li> </ul>			
193	Neomycin Sulfate		Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>⊙ Hand, Wrist, and Forearm Disorders</li> </ul>			
194	Neomycin/Polymyxin B/Bacitracin	Neosporin	Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
195	Neomycin/Bacitracin/Polymyxin B Ophthalmic	Neosporin	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
196	Neomycin/Polymyxin B/Gramicidin Ophthalmic	Neosporin	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
197	Nepafenac Ophthalmic Suspension	Nevanac	Exempt			Ophthalmic Agents (NSAID)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
198	Nifedipine	Procardia	Non-Exempt			Calcium Channel Blockers	<ul style="list-style-type: none"> <li>✓ Hand, Wrist, and Forearm Disorders</li> </ul>			
199	Nitroglycerin Transdermal	Nitro-Dur	Non-Exempt			Antianginal Agents (Glyceril trinitrate patches)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>⊙ Shoulder</li> </ul>			
200	Nizatidine	Axid	Exempt			Ulcer Drugs (H2 receptor blocker)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
201	Nortriptyline HCL	Pamelor	Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>⊙ Hip and Groin Disorders</li> <li>✓×⊙ Knee Disorders</li> <li>✓⊙ Low Back Disorders</li> <li>✓× Shoulder</li> </ul>			
202	Nystatin/Triamcinolone	Mycolog II	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
203	Ofloxacin Ophthalmic Solution	Ocuflax	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
204	Omeprazole	Prilosec	Exempt			Ulcer Drugs (Proton pump inhibitor)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
205	Orphenadrine Citrate	Norflex	Non-Exempt			Musculoskeletal Therapy Agents (Muscle Relaxants)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
206	Oxaprozin	Daypro	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
207	Oxcarbazepine	Trileptal	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>×⊙ Chronic Pain</li> <li>⊙ Low Back Disorders</li> <li>× Shoulder</li> </ul>			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
208	Oxycodone HCL	OxyContin, Roxicodone	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	<ul style="list-style-type: none"> <li>✓X Ankle and Foot Disorders</li> <li>✓X Cervical and Thoracic Spine Disorders</li> <li>✓X Chronic Pain</li> <li>✓X Elbow Disorders</li> <li>✓X Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓X Low Back Disorders</li> <li>✓X Shoulder</li> </ul>			
209	Oxycodone/Acetaminophen	Percocet	Non-Exempt	4 days	4 days	Analgesics - Opioid	<ul style="list-style-type: none"> <li>✓X Ankle and Foot Disorders</li> <li>✓X Cervical and Thoracic Spine Disorders</li> <li>✓X Chronic Pain</li> <li>✓X Elbow Disorders</li> <li>✓X Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓X Low Back Disorders</li> <li>✓X Shoulder</li> </ul>			
210	Oxycodone/Aspirin	Percodan	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
211	Oxycodone/Ibuprofen	Combunox	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
212	Oxymorphone HCL	Opana, Opana ER	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
213	Pantoprazole Sodium	Protonix	Exempt			Ulcer Drugs (Proton pump inhibitor)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
214	Paroxetine HCL	Paxil	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>X Cervical and Thoracic Spine Disorders</li> <li>X⊙ Chronic Pain</li> <li>X Hip and Groin Disorders</li> <li>✓X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			
215	Penicillin V Potassium		Non-Exempt			Antibiotics (Penicillins)	<ul style="list-style-type: none"> <li>X Hand, Wrist, and Forearm Disorders</li> </ul>			
216	Pentazocine/Naloxone HCL	Talwin NX	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>X Ankle and Foot Disorders</li> <li>X Cervical and Thoracic Spine Disorders</li> <li>X Chronic Pain</li> <li>X Elbow Disorders</li> <li>X Hand, Wrist, and Forearm Disorders</li> <li>X Hip and Groin Disorders</li> <li>X Knee Disorders</li> <li>X Low Back Disorders</li> <li>X Shoulder</li> </ul>			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
217	Phenytoin	Dilantin	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>×⊙ Chronic Pain</li> <li>⊙ Low Back Disorders</li> <li>× Shoulder</li> </ul>			
218	Piroxicam	Feldene	Non-Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
219	Polymyxin B-Trimethoprim	Polytrim	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓× Eye</li> </ul>			
220	Prednicarbate	Dermatop	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
221	Prednisolone	Orapred	Non-Exempt	4 Days		Corticosteroids	<ul style="list-style-type: none"> <li>✓× Ankle and Foot Disorders</li> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>⊙ Elbow Disorders</li> <li>✓⊙ Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>✓×⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> <li>✓ Work Related Asthma</li> </ul>			
222	Prednisolone Acetate	Pred Forte, Pred Mild	Non-Exempt			Ophthalmic Agents (Steroid)	<ul style="list-style-type: none"> <li>× Eye</li> </ul>			
223	Prednisone	Sterapred	Non-Exempt	4 Days		Corticosteroids	<ul style="list-style-type: none"> <li>✓× Ankle and Foot Disorders</li> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓× Chronic Pain</li> <li>⊙ Elbow Disorders</li> <li>✓⊙ Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>✓×⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> <li>✓ Work Related Asthma</li> </ul>			
224	Pregabalin	Lyrica	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>⊙ Cervical and Thoracic Spine Disorders</li> <li>✓×⊙ Chronic Pain</li> <li>✓⊙ Low Back Disorders</li> <li>✓×⊙ Shoulder</li> </ul>			
225	Proparacaine HCL	Alcaine	Exempt			Ophthalmic Agents (Anesthetic)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
226	Protriptyline HCL		Non-Exempt			Antidepressants (TCAs)	<ul style="list-style-type: none"> <li>✓ Chronic Pain</li> <li>× Knee Disorders</li> </ul>			
227	Rabeprazole Sodium	Aciphex	Exempt			Ulcer Drugs (Proton pump inhibitor)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
228	Ranitidine HCL	Zantac	Exempt			Ulcer Drugs (H2 receptor blocker)	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hand, Wrist, and Forearm Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
229	Regular Insulin	Humulin R	Non-Exempt			Antidiabetics	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
230	Rimexolone Ophthalmic	Vexol	Non-Exempt			Ophthalmic Agents (Steroid)	<ul style="list-style-type: none"> <li>× Eye</li> </ul>			
231	Risedronate Sodium	Actonel	Non-Exempt			Endocrine and Metabolic Agents- Misc. (Bisphosphonate)	<ul style="list-style-type: none"> <li>✓× Chronic Pain</li> <li>✓⊙ Hip and Groin Disorders</li> <li>⊙ Knee Disorders</li> <li>× Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			

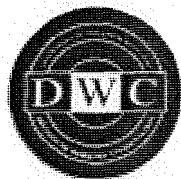


	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
232	Rivaroxaban	Xarelto	Non-Exempt		14 Days	Anticoagulants	<ul style="list-style-type: none"> <li>⊙ Ankle and Foot Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> </ul>			
233	Salmeterol	Serevent	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
234	Salsalate	Disalcid	Exempt			Analgesics - NonNarcotic (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
235	Sertraline HCL	Zoloft	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>×⊙ Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>✓× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
236	Silver Sulfadiazine	Silvadene	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>⊙ Hand, Wrist, and Forearm Disorders</li> </ul>			
237	Sodium Chloride Ophthalmic		Exempt			Ophthalmic Agents	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
238	Sodium Sulfacetamide	Bleph-10	Exempt			Ophthalmic Agents (Anti-bacterial)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
239	Sucralfate	Carafate	Exempt			Ulcer Drugs	<ul style="list-style-type: none"> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Elbow Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
240	Sulfacetamide Sodium/Prednisolone	Blephamide	Non-Exempt			Ophthalmic Agents (Anti-bacterial/steroid)	<ul style="list-style-type: none"> <li>× Eye</li> </ul>			
241	Sulfamethoxazole/Trimethoprim	Bactrim	Exempt			Anti-Infective Agents - Misc.	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> </ul>			
242	Sulindac	Clinoril	Exempt			Analgesics - Anti-Inflammatory (NSAID)	<ul style="list-style-type: none"> <li>✓⊙ Ankle and Foot Disorders</li> <li>✓ Cervical and Thoracic Spine Disorders</li> <li>✓ Chronic Pain</li> <li>✓×⊙ Elbow Disorders</li> <li>✓×⊙ Hand, Wrist, and Forearm Disorders</li> <li>✓⊙ Hip and Groin Disorders</li> <li>✓⊙ Knee Disorders</li> <li>✓ Low Back Disorders</li> <li>✓ Shoulder</li> </ul>			
243	Tacrolimus	Protopic	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
244	Tapentadol	Nucynta	Non-Exempt			Analgesics - Opioid	<ul style="list-style-type: none"> <li>× Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
245	Terbinafine HCl	Lamisil	Non-Exempt			Antifungals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
246	Terbinafine HCl (Topical)	Lamisil	Non-Exempt			Dermatologicals	<ul style="list-style-type: none"> <li>✓ Ankle and Foot Disorders</li> </ul>			
247	Tetracaine HCL	Tetaine	Exempt			Ophthalmic Agents (Anesthetic)	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
248	Tetracycline HCL		Exempt			Tetracyclines	<ul style="list-style-type: none"> <li>✓ Eye</li> </ul>			
249	Thalidomide	Thalomid	Non-Exempt			Assorted Classes	<ul style="list-style-type: none"> <li>× Chronic Pain</li> <li>× Low Back Disorders</li> </ul>			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
250	Theophylline	Theo-24, Theo-Dur	Non-Exempt			Antiasthmatic and Bronchodilator Agents	✓ Work Related Asthma			
251	Tiagabine HCL	Gabitril	Non-Exempt			Anticonvulsants	✕⊙ Chronic Pain ⊙ Low Back Disorders ✕ Shoulder			
252	Tizanidine HCL	Zanaflex	Non-Exempt	4 days		Musculoskeletal Therapy Agents (Muscle Relaxants)	✓✕ Cervical and Thoracic Spine Disorders ✓✕ Chronic Pain ✓✕ Hip and Groin Disorders ✕⊙ Knee Disorders ✓✕ Low Back Disorders ✓✕ Shoulder			
253	Tobramycin Ophthalmic	Tobrex	Exempt			Ophthalmic Agents (Anti-bacterial)	✓✕ Eye			
254	Tobramycin/Dexamethasone	Tobradex	Non-Exempt			Ophthalmic Agents (Anti-bacterial/steroid)	✕ Eye			
255	Tolnaftate	Tinactin	Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
256	Tolmetin Sodium	Tolectin	Exempt			Analgesics - Anti-inflammatory (NSAID)	✓⊙ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓✕⊙ Elbow Disorders ✓✕⊙ Hand, Wrist, and Forearm Disorders ✓⊙ Hip and Groin Disorders ✓⊙ Knee Disorders ✓ Low Back Disorders ✓ Shoulder			
257	Topiramate	Topamax	Non-Exempt			Anticonvulsants	✓✕ Cervical and Thoracic Spine Disorders ✕⊙ Chronic Pain ✕⊙ Hip and Groin Disorders ✕⊙ Knee Disorders ✓⊙ Low Back Disorders ✕⊙ Shoulder			
258	Tramadol HCL	Ultram, Ultram ER	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	✓✕ Ankle and Foot Disorders ✓✕ Cervical and Thoracic Spine Disorders ✓✕ Chronic Pain ✓✕ Elbow Disorders ✓✕ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓✕ Low Back Disorders ✓✕ Shoulder			
259	Tramadol HCL/AC	Ultracet	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	✓✕ Ankle and Foot Disorders ✓✕ Cervical and Thoracic Spine Disorders ✓✕ Chronic Pain ✓✕ Elbow Disorders ✓✕ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓✕ Low Back Disorders ✓✕ Shoulder			
260	Trazodone HCL	Desyrel, Oleptro	Non-Exempt			Antidepressants (SSRI)	✕ Cervical and Thoracic Spine Disorders ✕ Chronic Pain ✕ Hip and Groin Disorders ✕ Knee Disorders ✕ Low Back Disorders ✕ Shoulder			
261	Triamcinolone Acetonide I		Non-Exempt			Dermatologicals	✓ Ankle and Foot Disorders			
262	Trolamine Salicylate	Arthricream	Non-Exempt			Dermatologicals	✓ Hand, Wrist, and Forearm Disorders			
263	Tropicamide Ophthalmic	Mydracyl	Exempt			Ophthalmic Agents (Anticholinergics)	✓✕ Eye			
264	Trypsin		Non-Exempt			Chemicals (Proteolytic enzyme)	✕ Ankle and Foot Disorders			

	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
265	Valproic Acid	Depakote, Depakene, Depacon	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>×⊙ Chronic Pain</li> <li>⊙ Low Back Disorders</li> <li>× Shoulder</li> </ul>			
266	Venlafaxine HCL	Effexor	Non-Exempt			Antidepressants (SNRI)	<ul style="list-style-type: none"> <li>✓× Cervical and Thoracic Spine Disorders</li> <li>✓⊙ Chronic Pain</li> <li>⊙ Hip and Groin Disorders</li> <li>✓×⊙ Knee Disorders</li> <li>✓⊙ Low Back Disorders</li> <li>✓× Shoulder</li> </ul>			
267	Vilazodone	Vibryd	Non-Exempt			Antidepressants (SSRI)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Chronic Pain</li> <li>× Hip and Groin Disorders</li> <li>× Knee Disorders</li> <li>× Low Back Disorders</li> <li>× Shoulder</li> </ul>			
268	Vitamin A		Non-Exempt			Vitamins	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> </ul>			
269	Vitamin B-12	Cyanocobalamin, Methylcobalamin	Non-Exempt			Hematopoietic Agents (Vitamins)	<ul style="list-style-type: none"> <li>× Cervical and Thoracic Spine Disorders</li> <li>⊙ Elbow Disorders</li> <li>⊙ Low Back Disorders</li> </ul>			
270	Vitamin B-6	Pyridoxine	Non-Exempt			Vitamins	<ul style="list-style-type: none"> <li>×⊙ Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Elbow Disorders</li> <li>× Hand, Wrist, and Forearm Disorders</li> </ul>			
271	Vitamin E		Non-Exempt			Vitamins	<ul style="list-style-type: none"> <li>×⊙ Ankle and Foot Disorders</li> <li>× Cervical and Thoracic Spine Disorders</li> <li>× Low Back Disorders</li> </ul>			
272	Warfarin Sodium	Coumadin	Non-Exempt		14 Days	Anticoagulants	<ul style="list-style-type: none"> <li>⊙ Ankle and Foot Disorders</li> <li>✓ Hip and Groin Disorders</li> <li>✓ Knee Disorders</li> </ul>			
273	Zafirlukast	Accolate	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
274	Zileuton	Zyflo	Non-Exempt			Antiasthmatic and Bronchodilator Agents	<ul style="list-style-type: none"> <li>✓ Work Related Asthma</li> </ul>			
275	Zonisamide	Zonegran	Non-Exempt			Anticonvulsants	<ul style="list-style-type: none"> <li>×⊙ Chronic Pain</li> <li>⊙ Low Back Disorders</li> <li>× Shoulder</li> </ul>			

# APPLICATION FOR APPOINTMENT TO THE PHARMACY AND THERAPEUTICS COMMITTEE



State of California  
Department of Industrial Relations  
Division of Workers' Compensation  
Administrative Director  
P.O. Box 70823  
Oakland, CA 94612

## SECTION 1: IDENTIFICATION AND CONTACT INFORMATION

(PLEASE TYPE OR PRINT LEGIBLY)

I am applying for appointment to serve on the Pharmacy and Therapeutics Committee: as a Physician  as a Pharmacist .

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ JR/SR \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

National Provider Identifier \_\_\_\_\_ California Professional License Number \_\_\_\_\_ License Expiration Date (MM/DD/YYYY) \_\_\_\_\_

## SECTION 2: EDUCATION

Medical School / Osteopathic School / School of Pharmacy \_\_\_\_\_ Degree \_\_\_\_\_ Date of Degree (M/M/YYYY) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

## SECTION 3: QUALIFYING KNOWLEDGE OR EXPERTISE

Applicants for the Pharmacy and Therapeutics Committee must possess knowledge or expertise in one or more of the subject areas listed below. Provide information to demonstrate your qualifications; attach additional sheets if needed.

I have knowledge or expertise as follows:

Clinically appropriate prescribing of covered drugs Yes  No  Please explain your experience below:

Clinically appropriate dispensing and monitoring of covered drugs Yes  No  Please explain your experience below:

Drug use review Yes  No  Please explain your experience below:

Evidence Based Medicine Yes  No  Please explain your experience below:

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**SECTION 4: INFORMATION REGARDING CURRENT PROFESSIONAL STATUS**

The Pharmacy and Therapeutics Committee will include at least one physician actively engaged in the treatment of injured workers and at least one actively practicing pharmacist. Provide the requested information regarding your current professional status:

For Physician Applicants: I am a physician (M.D. or D.O.) actively engaged in the treatment of injured workers. Yes  No

For Pharmacist Applicants: I am an actively practicing pharmacist. Yes  No

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**SECTION 5: ADDITIONAL INFORMATION REGARDING QUALIFICATIONS**

- A) You must attach your Curriculum Vitae.
  - B) You must attach a completed Conflict of Interest Disclosure Form.
  - C) You may attach other relevant material in support of your application (e.g. Board Certification; scientific or medical journal article you authored.)
- 

**SECTION 6: AFFIRMATIONS** (Initialing each box affirms that you have read and agree to each of the statements. Do not initial if your statement is untrue. Attach an explanation on a separate piece of paper.)

INITIALS

- A. I am not employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale, and I have not been so employed within the last 12 months.
  - B. **License Status.** I certify that no disciplinary action has ever been taken against my California license to practice as a physician, or my license to practice as a pharmacist, and that my license is active and neither restricted nor encumbered by suspension, interim suspension or probation. I agree to promptly notify the DWC Administrative Director of any future disciplinary action taken against me by my licensing agency. (Do not initial if any part of the statement is untrue. Attach an explanation on a separate piece of paper.)
  - C. **Convictions.** I certify that I have never been convicted of a misdemeanor or felony related to my practice, or for a crime of moral turpitude. I agree to promptly notify the DWC Administrative Director of any future practice-related conviction, or conviction for a crime of moral turpitude. (Do not initial if any part of the statement is untrue. Attach an explanation on a separate piece of paper.)
- 

**SECTION 7: VERIFICATION**

I have used all reasonable diligence in preparing and completing this application. I have reviewed this completed application and to the best of my knowledge the information contained herein and in the attached supporting documentation is true, correct and complete.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: \_\_\_\_\_, at City \_\_\_\_\_, State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



**A PUBLIC DOCUMENT**

**PRIVACY NOTICE** - The Information Practices Act of 1977 and the Federal Privacy Act Require the Administrative Director of the Division of Workers' Compensation within the Department of Industrial Relations, to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a member of the Pharmacy and Therapeutics Committee.

The California Labor Code section 5307.29 provides for licensed physicians and pharmacists to participate in the workers' compensation system by serving on the Administrative Director's Pharmacy and Therapeutics Committee. The Division of Workers' Compensation has adopted implementing regulations which require applicants under this program to provide: name; business address, professional education, license number, national provider identification number, conflicts of interest disclosure, and documents deemed necessary by the Administrative Director of the Division of Workers' Compensation to determine qualifications relevant to selection of members for the committee. It is mandatory to furnish all the relevant information requested by the Administrative Director as part of the application. Failure to provide all of the requested information may result in disqualification from further consideration of the application. The principal purpose for requesting information from physicians and pharmacists is to evaluate the applicant's qualifications to serve on the committee in order to administer the pharmaceutical portion of the Medical Treatment Utilization Schedule program within the California workers' compensation system. Additional information may be requested.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Civil Code §§ 1798.25, 1798.34, 1798.35.)

Requests should be sent to:

Division of Workers' Compensation - Medical Unit  
P.O. Box 70823  
Oakland, CA 94612

Or to the Department of Industrial Relations Privacy Officer:

[Privacy@DIR.ca.gov](mailto:Privacy@DIR.ca.gov)

Copies of all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33.)



**State of California**  
**Department of Industrial Relations**  
**Division of Workers' Compensation**  
**PHARMACY AND THERAPEUTICS COMMITTEE**  
**Conflict of Interest Disclosure Form**  
**California Code of Regulations, title 8, section 9792.27.21**

Please type or print in ink.

Name:	
Address:	
Telephone Number:	E-Mail Address:

**1. Employment**

A. Are you currently employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale?

Yes     No

B. Were you employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale during the past 12 months?

Yes     No

If you have answered "Yes" to either of the above questions please explain on a separate sheet.

**2. P&T Committee Member or Applicant Information**

For the purpose of this section, "pharmaceutical entity" means a pharmaceutical manufacturer, pharmaceutical repackager, pharmaceutical relabeler, compounding pharmacy, pharmacy benefits management company, biotechnology company, or any other business entity that is involved in manufacturing, packaging, selling or distribution of prescription or non-prescription drugs, drug delivery systems, or biological agents. "Immediate family member" means spouse, domestic partner, child, son-in-law, daughter-in-law, parent, mother-in-law, father-in-law, and brother or sister.

A. Did you, or an immediate family member, receive income within the previous 12 months amounting to a total of \$500 or more from a pharmaceutical entity, including but not limited to salary, wages, speaking fees, consultant fees, expert witness fees, honoraria, gifts, loans, and travel payments?

Yes     No

B. Did you, or an immediate family member, receive within the previous 24 months grants or research funding from a pharmaceutical entity?

Yes     No

C. Do you, or an immediate family member, have at any time during the previous 12 months an ownership interest in a pharmaceutical entity; including but not limited to, a sole proprietorship, partnership, limited liability company, stock ownership in a corporation that is not publicly traded?

Yes     No

D. Do you, or an immediate family member, have an investment interest worth \$2,000 or more in a publicly-traded

pharmaceutical entity, not including an investment held through a diversified mutual fund?

Yes     No

If you have answered "Yes" to any of the above questions please explain on a separate sheet.

I have reviewed California Code of Regulations, title 8, section 9792.27.18 and do not have a substantial financial conflict of interest in relation to a pharmaceutical entity, nor do I have an employment conflict of interest. I understand that it is my obligation to fully disclose all potential conflicts of interest. If my conflicts of interests change, or if I become aware of any additional potential conflicts, I understand that is my responsibility to submit an updated disclosure form to the Administrative Director, of the Division of Workers' Compensation. I have used all reasonable diligence in preparing and completing this disclosure. I have reviewed this document and to the best of my knowledge the information contained herein and in any attached supporting documentation is true, correct and complete.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Executed at (city and state):

Date:

### A PUBLIC DOCUMENT

PRIVACY NOTICE – The Information Practices Act of 1977 and the Federal Privacy Act Require the Administrative Director of the Division of Workers' Compensation within the Department of Industrial Relations, to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a member of the Pharmacy and Therapeutics Committee.

The California Labor Code section 5307.29 provides for licensed physicians and pharmacists to participate in the workers' compensation system by serving on the Administrative Director's Pharmacy and Therapeutics Committee. The Division of Workers' Compensation has adopted implementing regulations which require applicants under this program to provide: name; business address, professional education, license number, national provider identification number, conflicts of interest disclosure, and documents deemed necessary by the Administrative Director of the Division of Workers' Compensation to determine qualifications relevant to selection of members for the committee. It is mandatory to furnish all the relevant information requested by the Administrative Director as part of the application. Failure to provide all of the requested information may result in disqualification from further consideration of the application. The principal purpose for requesting information from physicians and pharmacists is to evaluate the applicant's qualifications to serve on the committee in order to administer the pharmaceutical portion of the Medical Treatment Utilization Schedule program within the California workers' compensation system. Additional information may be requested.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Civil Code §§ 1798.25, 1798.34, 1798.35.)

Requests should be sent to:

Division of Workers' Compensation – Medical Unit  
P.O. Box 70823  
Oakland, CA 94612

Or to the Department of Industrial Relations Privacy Officer: [Privacy@DIR.ca.gov](mailto:Privacy@DIR.ca.gov)

Copies of all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33.)