



WORKERS' COMPENSATION PHARMACEUTICALS

PRIOR AUTHORIZATION AND
HIGH DOLLAR REJECTIONS GUIDE

2020 EDITION

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An Express Scripts Company

Introduction

The intent of this guidebook is to provide a resource for claims professionals that allows easy access to information on medications that have been rejected and provides possible alternatives to the rejected medications. The guidebook also provides the most common indication for each medication when used in the workers' compensation population. A list of medications that should be considered prior to the rejected medication (step therapy) is presented, along with a supporting rationale.

The claims professional can use this information when contacting the prescriber to determine if drugs on the list of alternatives have been tried. If the prescriber has attempted at least one of the other medications, the claims professional can feel more confident in approving the medication because the decision was supported with clinical evidence. If none of the alternative medications have been tried, the prescriber should be asked to consider trying one of the listed alternatives prior to prescribing the rejected medication.

The medications listed in this guidebook are frequently given a prior authorization designation or are considered "high dollar" on most formularies. This is not an exhaustive list.

About myMatrixx:

myMatrixx® is a full-service pharmacy benefit management company focused on patient advocacy. By combining clinical expertise and advanced business analytics, myMatrixx simplifies workers' compensation claims management while providing safer medication therapy management.

Glossary of Terms

Clinical Message

A brief explanation describing the medication and its place in therapy along with guidance regarding preferred alternatives that should be considered prior to approval of the medication that requires prior authorization.

Drug Requiring Prior Authorization

The medication (brand name with generic name in parentheses) that rejects and generates a prior authorization rejection.

FDA and Off-Label Workers' Compensation Indications

Describes the most likely reason the medication is being used in the workers' compensation population. Includes the most commonly used FDA and off-label indications in workers' compensation.

Formulary

A list of medications that do not require prior authorization. Conversely, it may be a list of medications that always require prior authorization. The development of a formulary is based on evaluations of efficacy, safety and cost-effectiveness of drugs.

High Dollar Limit

A predetermined threshold established by the payer or insurance company. Any prescription exceeding this threshold will reject at the pharmacy point of sale and require prior authorization.

Intervention

The act of contacting the prescriber to obtain more information and to determine if a different medication that is more cost-effective or therapeutically appropriate could be prescribed instead of the medication that requires a prior authorization. This includes determining which medications have been tried previously and the reason(s) they were discontinued.

Glossary of Terms

One Drug Review

An intervention tool used by myMatrixx at the request of the claims professional. The One Drug Review provides the prescriber with a more cost-effective or therapeutically appropriate drug that may be considered as an alternative to the medication in question, as well as the evidence-based clinical rationale to support the recommendation. One Drug Review findings and recommendations are first sent to the prescriber's office via fax. The document requests that the prescriber respond as to whether he or she agrees, disagrees, or will discuss alternative medications with the patient. The One Drug Review fax also provides a prescriber signature line and an area for the prescriber to comment.

Preferred Medication List

A list of preferred medications commonly used in workers' compensation. At least two medications on the Preferred Medication List (if available) should be tried and deemed unsuccessful before the rejected drug (non-preferred) is granted a prior authorization.

Prior Authorization

A review of a requested medication prior to dispensing. Prior authorization is a feature used by insurance companies and other payers to help ensure the appropriate use of selected prescription drugs. Prior authorization programs are designed to prevent improper prescribing or use of certain drugs that may not be the best choice for a health condition. When a medication requires a prior authorization, it will reject at the point of sale. The rejection allows the claims professional time to review the medication and the patient's medical history before deciding whether or not to approve the medication or, in some cases, requesting that the myMatrixx clinical team review the medication and medical history in order to perform an intervention.

Drug **Abilify[®]**
(Aripiprazole)

Generic Availability	Yes
FDA Indication	Major depressive disorder, schizophrenia, bipolar I disorder
Off-Label Use/Potential Workers' Compensation Indication	Add-on therapy with another antidepressant for depression caused by chronic pain
Preferred Alternative	Generic quetiapine, olanzapine or risperidone
Clinical Message	Antipsychotics are first-line for treatment of schizophrenia. Usually in workers' compensation, Abilify [®] is added as a supplementary agent if the primary agent is not achieving therapeutic expectations for the patient's depression. Because of these factors, as well as cost considerations, a preferred alternative medication should be tried prior to Abilify [®] .

Drug **Abstral[®]**
(Fentanyl Citrate Sublingual Tablet)

Generic Availability	No
FDA Indication	Management of breakthrough cancer pain in opioid-tolerant patients who are already receiving and are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain
Off-Label Use/Potential Workers' Compensation Indication	Breakthrough pain
Preferred Alternative	NSAIDs (ibuprofen, naproxen), acetaminophen (Tylenol [®]), generic tramadol and acetaminophen, hydrocodone and acetaminophen, tramadol immediate-release or morphine immediate-release
Clinical Message	Considered inappropriate therapy for workers' compensation unless cancer pain resulted from compensable injury. Not recommended for musculoskeletal pain. Determine medical necessity prior to approval.

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Actiq® (Fentanyl Citrate Buccal Lollipop)	
Generic Availability	Yes
FDA Indication	Management of breakthrough cancer pain in opioid-tolerant patients who are already receiving and are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain
Off-Label Use/Potential Workers' Compensation Indication	Breakthrough pain
Preferred Alternative	NSAIDs (ibuprofen, naproxen), acetaminophen (Tylenol®), generic tramadol and acetaminophen, hydrocodone and acetaminophen, tramadol immediate-release or morphine immediate-release
Clinical Message	Considered inappropriate therapy for workers' compensation unless cancer pain resulted from compensable injury. Not recommended for musculoskeletal pain. Determine medical necessity prior to approval.

Amitiza® (Lubiprostone)	
Generic Availability	No
FDA Indication	Opioid-induced constipation, chronic idiopathic constipation
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Osmotic laxatives (MiraLax®, lactulose, Milk of Magnesia) or stimulant laxatives (Senna and Senna Plus)
Clinical Message	Recommended as a second-line treatment. Consider a preferred alternative prior to use.

Amrix[®] (Cyclobenzaprine HCl 15 mg and 30 mg Extended-Release 24-Hour Capsule)	
Drug	
Generic Availability	Yes
FDA Indication	Adjunct to rest and physical therapy for short-term (2 to 3 weeks) relief of muscle spasm associated with acute, painful musculoskeletal conditions
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic cyclobenzaprine immediate-release, baclofen, chlorzoxazone or methocarbamol
Clinical Message	Muscle relaxants are not indicated for long-term use; therefore, taking extended release capsules is not recommended. Muscle relaxants are considered a third-line option for the treatment of lower back pain and neuropathic pain. Consider an immediate-release preferred alternative prior to use.

Arymo[™] ER (Morphine Sulfate Pentahydrate Abuse-Deterrent Tablet)	
Drug	
Generic Availability	No
FDA Indication	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic fentanyl patch, morphine sulfate ER, tramadol ER or oxymorphone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

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Belbuca™ (Buprenorphine HCl Buccal Film)	
Generic Availability	No
FDA Indication	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxymorphone ER
Clinical Message	Belbuca® may be recommended as an option for chronic pain in selected patient populations, e.g., patients with a hyperalgesic component to pain; patients with centrally-mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opioid maintenance; and patients who have previously been detoxified from other high-dose opioids. Morphine equivalent dose (MED) of 100 mg or greater per day is considered a high risk to patient safety and clinical review should be considered.

Butrans® (Buprenorphine Transdermal Patch)	
Generic Availability	Yes
FDA Indication	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxymorphone ER
Clinical Message	Butrans® may be recommended as an option for chronic pain in selected patient populations, e.g., patients with a hyperalgesic component to pain; patients with centrally-mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opioid maintenance; and patients who have previously been detoxified from other high-dose opioids. Morphine equivalent dose (MED) of 100 mg or greater per day is considered a high risk to patient safety and clinical review should be considered.

ConZip[®] (Tramadol HCl Extended-Release Capsule)	
Drug	
Generic Availability	No
FDA Indication	Management of moderate to moderately severe chronic pain in adults who require around-the-clock treatment of pain for an extended period
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxycodone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is considered a high risk to patient safety and clinical review should be considered.

Cymbalta[®] (Duloxetine HCl Capsule)	
Drug	
Generic Availability	Yes
FDA Indication	Major depressive disorder and chronic musculoskeletal pain
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	Generic duloxetine HCl
Clinical Message	Duloxetine HCl is a first-line therapy for chronic neuropathic pain, especially if pain is accompanied by depression.

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Drug	
	Duexis® (Ibuprofen and Famotidine Tablet)
Generic Availability	No
FDA Indication	Relief of signs and symptoms of osteoarthritis and rheumatoid arthritis (RA) and to decrease the risk of developing upper GI ulcers
Off-Label Use/Potential Workers' Compensation Indication	Nonsteroidal anti-inflammatory drug (NSAID) for mild to moderate pain and NSAID induced gastric ulcer prophylaxis combination
Preferred Alternative	Generic ibuprofen (Advil®) and generic famotidine (Pepcid®) taken separately
Clinical Message	Combination tablet is not recommended because of high cost. However, if there is a concern regarding GI bleeding caused by taking NSAIDs chronically, a prophylactic should be taken with the NSAID. It is recommended to take the medications separately. Consider preferred alternative prior to use.

Drug	
	Duragesic® Transdermal Patch (Fentanyl Transdermal Patch)
Generic Availability	Yes
FDA Indication	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic fentanyl patch, morphine sulfate ER, tramadol ER or oxycodone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

Edluar[®] (Zolpidem Tartrate Sublingual Tablet)	
Drug	
Generic Availability	No
FDA Indication	Short-term treatment of insomnia characterized by difficulty with sleep initiation
Off-Label Use/Potential Workers' Compensation Indication	Insomnia secondary to work-related injury
Preferred Alternative	Generic zolpidem tartrate
Clinical Message	This new formulation of zolpidem tartrate does not appear to have any therapeutic benefit over existing generic zolpidem; therefore, the preferred alternative should be tried prior to use.

Evzio[®] (Naloxone HCl Auto-Injector)	
Drug	
Generic Availability	No
FDA Indication	Emergency treatment of opioid overdose
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Narcan [®] Nasal Spray or naloxone injectable
Clinical Message	Pharmacokinetic studies show bioequivalence between all FDA-approved naloxone formulations; therefore a preferred alternative is recommended prior to use.

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Exalgo® ER (Hydromorphone HCl Extended-Release Tablet)	
Generic Availability	Yes
FDA Indication	Management of pain in opioid-tolerant patients severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxycodone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

Fentora® (Fentanyl Citrate Buccal Tablet)	
Generic Availability	No
FDA Indication	Management of breakthrough cancer pain in opioid-tolerant patients who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain
Off-Label Use/Potential Workers' Compensation Indication	Breakthrough pain
Preferred Alternative	NSAIDs (ibuprofen, naproxen), acetaminophen (Tylenol®), generic tramadol and acetaminophen, hydrocodone and acetaminophen, tramadol immediate release or morphine immediate release
Clinical Message	Considered inappropriate therapy for workers' compensation unless cancer pain resulted from compensable injury. Not recommended for musculoskeletal pain. Determine medical necessity prior to approval.

Flector[®] (Diclofenac Epolamine Transdermal Patch)	
Drug	
Generic Availability	No
FDA Indication	Topical treatment of acute pain caused by minor strains, sprains and contusions
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic diclofenac sodium gel 1% (topical), acetaminophen (oral), ibuprofen (oral) or naproxen (oral)
Clinical Message	Recommended as an option for patients at risk of adverse effects from oral NSAIDs; otherwise not recommended as a first-line agent because of increased risk profile and cost. If concerns do exist with regards to oral NSAIDs, a less costly preferred alternative should be considered prior to use.

Gralise[®] (Gabapentin Once-Daily Tablet)	
Drug	
Generic Availability	No
FDA Indication	Postherpetic neuralgia
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	Generic gabapentin
Clinical Message	Not recommended as a first-line agent for neuropathic pain without first trying a preferred alternative.

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Drug	Horizant® (Gabapentin Enacarbil Extended-Release Tablet)
Generic Availability	No
FDA Indication	Postherpetic neuralgia and restless legs syndrome
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	Generic gabapentin
Clinical Message	Not recommended as a first-line agent for neuropathic pain without first trying a preferred alternative.

Drug	Hysingla ER™ (Hydrocodone Bitartrate Extended-Release Tablet)
Generic Availability	No
FDA Indication	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch, or oxymorphone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

Isentress[®] (Raltegravir Potassium Tablet)	
Drug	
Generic Availability	No
FDA Indication	Treatment of HIV-1 infection in adults who are antiretroviral treatment naïve
Off-Label Use/Potential Workers' Compensation Indication	Post-Exposure Prophylaxis (PEP), e.g., needlesticks
Preferred Alternative	N/A
Clinical Message	This is considered first-line therapy for Post-Exposure Prophylaxis (PEP), e.g., needlesticks, in combination with Truvada [®] .

Kadian[®] (Morphine Sulfate Extended-Release Capsule)	
Drug	
Generic Availability	Yes
FDA Indication	Management of pain severe enough to require daily around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxycodone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

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Drug	Lamictal® (Lamotrigine Tablet)
Generic Availability	Yes
FDA Indication	Bipolar I disorder and partial-onset seizures
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	Gabapentin, carbamazepine or Lyrica® for neuropathic pain
Clinical Message	Lamictal® is not FDA-approved for the treatment of neuropathic pain and should be considered a third or fourth-line agent. Generic lamotrigine should be considered only after unsuccessfully attempting at least one of the preferred alternatives.

Drug	Lazanda® (Fentanyl Citrate Nasal Solution)
Drug	No
Lazanda™ (Fentanyl Citrate Nasal Spray)	Management of breakthrough cancer pain in opioid-tolerant patients who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain
Generic Availability	Breakthrough pain
No	NSAIDs (ibuprofen, naproxen), acetaminophen (Tylenol®), generic tramadol and acetaminophen, hydrocodone and acetaminophen, tramadol immediate release, or morphine immediate release
FDA Indication	Considered inappropriate therapy for workers' compensation unless cancer pain resulted from compensable injury. Not recommended for musculoskeletal pain. Determine medical necessity prior to approval.

Levo-Dromoran[®] (Levorphanol Tartrate Tablet)	
Drug	
Generic Availability	Yes
FDA Indication	Pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxymorphone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

Lidoderm[®] (Lidocaine Transdermal Patch 5%)	
Drug	
Generic Availability	Yes
FDA Indication	Relief of pain associated with postherpetic neuralgia
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	OTC lidocaine 4% transdermal patch (ex. Aspercreme [®])
Clinical Message	Lidoderm [®] is recommended as a second-line therapy for neuropathic pain. Consider a preferred alternative prior to use.

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Drug	Lorzone® (Chlorzoxazone 375 mg and 750 mg Tablet)
Generic Availability	No
FDA Indication	Recommended in addition to rest, physical therapy and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions (muscle spasms)
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic chlorzoxazone 500 mg tablet
Clinical Message	Muscle relaxants are not indicated for long-term use. Muscle relaxants are considered a third-line option for the treatment of lower back pain and neuropathic pain. Consider a preferred alternative prior to use.

Drug	Lyrica® (Pregabalin Capsule)
Generic Availability	Yes
FDA Indication	Neuropathic pain
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic pregabalin or gabapentin
Clinical Message	Pregabalin is a first-line therapy for neuropathic pain, based on support from evidence-based guidelines that considered clinical efficacy, adverse effects, impact on health-related quality of life, convenience and cost. Consider a preferred alternative prior to use.

Drug **Lyrica[®] CR**
(Pregabalin Extended-Release Tablet)

Generic Availability	No
FDA Indication	Neuropathic pain
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Immediate-release pregabalin or gabapentin
Clinical Message	Pregabalin is a first-line therapy for neuropathic pain, based on support from evidence-based guidelines that considered clinical efficacy, adverse effects, impact on health-related quality of life, convenience and cost. Consider a preferred alternative prior to use.

Drug **MorphaBond[™] ER**
(Morphine Sulfate Extended-Release Tablet)

Generic Availability	No
FDA Indication	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic fentanyl patch, morphine sulfate ER, tramadol ER or oxycodone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

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Drug	Movantik® (Naloxegol Tablet)
Generic Availability	No
FDA Indication	Opioid-induced constipation
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Osmotic laxatives (MiraLax®, lactulose, Milk of Magnesia) or stimulant laxatives (Senna and Senna Plus)
Clinical Message	Recommended as a second-line treatment. Consider a preferred alternative prior to use.

Drug	Naprelan® (Naproxen Sodium Extended-Release Tablet)
Generic Availability	Yes
FDA Indication	Relief of mild to moderate pain
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic naproxen and naproxen DR, naproxen sodium, ibuprofen or acetaminophen
Clinical Message	Naproxen sodium extended-release is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of pain and the signs and symptoms of osteoarthritis. Not recommended as a first-line agent for acute pain. Consider preferred alternative prior to use.

Nexium[®] (Esomeprazole Capsule)	
Drug	
Generic Availability	Yes
FDA Indication	GERD and nonsteroidal anti-inflammatory drug (NSAID)-induced gastric ulcer prophylaxis
Off-Label Use/Potential Workers' Compensation Indication	Stomach ulcer prevention when taking NSAIDs chronically
Preferred Alternative	OTC Nexium [®] and omeprazole or generic omeprazole and pantoprazole sodium
Clinical Message	Because of the cost, consider a preferred alternative prior to use.

Oxaydo[®] (Oxycodone HCl Immediate-Release Abuse-Deterrent Tablet)	
Drug	
Generic Availability	No
FDA Indication	Management of acute and chronic moderate to severe pain where use of an opioid analgesic is appropriate
Off-Label Use/Potential Workers' Compensation Indication	Acute pain
Preferred Alternative	NSAIDs (ibuprofen, naproxen), acetaminophen (Tylenol [®]), generic tramadol and acetaminophen, hydrocodone and acetaminophen, tramadol immediate-release or morphine immediate-release
Clinical Message	If no risk of abuse is present, a preferred alternative should be considered prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is considered a high risk to patient safety and clinical review should be considered.

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OxyContin® (Oxycodone HCl Extended-Release Tablet)	
Drug	
Generic Availability	No
FDA Indication	For the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxymorphone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, a preferred alternative should be considered prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is considered a high risk to patient safety and clinical review should be considered.

Pennsaid® (Diclofenac Sodium Topical Solution 2%)	
Drug	
Generic Availability	No
FDA Indication	Treatment of osteoarthritis pain of the knee
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic diclofenac sodium solution 1.5%, diclofenac sodium gel 1% (topical), acetaminophen (oral), ibuprofen (oral) or naproxen (oral)
Clinical Message	Recommended as an option for patients at risk of adverse effects from oral NSAIDs, otherwise not recommended as a first-line agent because of increased risk profile and cost. Consider a preferred alternative prior to use.

Drug **Qmiiz™**
(Meloxicam Orally Disintegrating Tablet)

Generic Availability	No
FDA Indication	Relief of the signs and symptoms of osteoarthritis (OA) and management of OA pain
Off-Label Use/Potential Workers' Compensation Indication	Acute pain
Preferred Alternative	Generic meloxicam tablet
Clinical Message	Not recommended over the regular generic formulation of meloxicam as a first-line choice. Therefore, consider preferred alternative prior to use.

Drug **Relistor®**
(Methylnaltrexone Bromide Tablet and Subcutaneous Injection)

Generic Availability	No
FDA Indication	Opioid-induced constipation
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Osmotic laxatives (MiraLax®, lactulose, Milk of Magnesia), stimulant laxatives (Senna and Senna Plus) or OIC laxatives (Amitiza, Symproic, Movantik)
Clinical Message	Recommended as a second-line treatment. Consider a preferred alternative prior to use.

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Drug	Solaraze® (Diclofenac Sodium Gel 3%)
Generic Availability	Yes
FDA Indication	Topical treatment of actinic keratoses
Off-Label Use/Potential Workers' Compensation Indication	Topical treatment of joint pain
Preferred Alternative	Generic diclofenac sodium gel 1% (topical), diclofenac sodium solution 1.5%, acetaminophen (oral), ibuprofen (oral) or naproxen (oral)
Clinical Message	Not recommended as a first-line agent because of increased risk profile and cost. Consider a preferred alternative prior to use.

Drug	Soma® (Carisoprodol Tablet)
Generic Availability	Yes
FDA Indication	For the relief of discomfort associated with acute, painful musculoskeletal conditions in adults
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Cyclobenzaprine immediate-release, baclofen, chlorzoxazone or methocarbamol
Clinical Message	Muscle relaxants are not indicated for long-term use. Muscle relaxants are considered a third-line option for the treatment of lower back pain and neuropathic pain. Soma is a Schedule IV drug and has been associated with abuse potential. Therefore, consider a preferred alternative prior to its use.

Sprix[®] (Ketorolac Tromethamine Nasal Spray)	
Drug	
Generic Availability	No
FDA Indication	Short-term (up to five days maximum) management of moderate to moderately severe pain in adults that requires analgesia at the opioid level
Off-Label Use/Potential Workers' Compensation Indication	Moderate to moderately severe pain
Preferred Alternative	Ibuprofen and generic ketorolac tromethamine injection up to three injections
Clinical Message	Not recommended as a first-line medication for chronic pain; however, if it is prescribed, it should not exceed five days.

Suboxone[®] (Buprenorphine HCl + Naloxone HCl Dihydrate Sublingual Film)	
Drug	
Generic Availability	Yes
FDA Indication	Treatment of opioid dependence
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic buprenorphine HCl and naloxone HCl sublingual film
Clinical Message	Determine medical necessity and obtain documentation of opioid dependence along with time frame for tapering prior to approving.

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Subsys[®] (Fentanyl Sublingual Spray)	
Drug	
Generic Availability	No
FDA Indication	Management of breakthrough cancer pain in opioid-tolerant patients who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	NSAIDs (ibuprofen, naproxen), acetaminophen (Tylenol [®]), generic tramadol and acetaminophen, hydrocodone and acetaminophen, tramadol immediate-release or morphine immediate-release
Clinical Message	Considered inappropriate therapy for workers' compensation unless cancer pain resulted from compensable injury. Not recommended for musculoskeletal pain. Determine medical necessity prior to approval.

Symproic[®] (Naldemedine Tablet)	
Drug	
Generic Availability	No
FDA Indication	Opioid-induced constipation
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Osmotic laxatives (MiraLax [®] , lactulose, Milk of Magnesia) or stimulant laxatives (Senna and Senna Plus)
Clinical Message	Recommended as a second-line treatment. Consider a preferred alternative prior to use.

Trokendi XR™ (Topiramate Extended-Release Capsule)	
Drug	
Generic Availability	No
FDA Indication	Partial onset and primary generalized tonic-clonic seizures
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	Generic gabapentin, carbamazepine, Lyrica [®] or immediate-release topiramate for neuropathic pain
Clinical Message	Limited evidence to support use for neuropathic pain. Consider preferred alternative prior to use.

Truvada[®] (Emtricitabine + Tenofovir Disoproxil Fumarate Tablet)	
Drug	
Generic Availability	No
FDA Indication	Treatment of HIV-1 infection in adults who are antiretroviral treatment naïve
Off-Label Use/Potential Workers' Compensation Indication	Post-Exposure Prophylaxis (PEP), e.g., needlesticks
Preferred Alternative	N/A
Clinical Message	This is considered first-line therapy for Post-Exposure Prophylaxis (PEP), e.g., needlesticks, in combination with Isentress [®] .

Prior Authorization and High Dollar Rejections Guide

Drug	Vimovo® (Naproxen and Esomeprazole Delayed-Release Tablet)
Generic Availability	No
FDA Indication	Relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis and to decrease the risk of developing naproxen-associated gastric ulcers
Off-Label Use/Potential Workers' Compensation Indication	Nonsteroidal anti-inflammatory drug (NSAID) for mild to moderate pain and NSAID induced gastric ulcer prophylaxis combination
Preferred Alternative	Generic naproxen and esomeprazole (Nexium®) or omeprazole (Prilosec®) taken separately
Clinical Message	Combination tablet is not recommended because of high cost. However, if there is a concern about GI bleeding resulting from taking NSAIDs chronically, a prophylactic should be taken with the NSAID. It is recommended to take the medications separately. Consider preferred alternative prior to use.

Drug	Vimpat® (Lacosamide Tablet)
Generic Availability	No
FDA Indication	As monotherapy or adjunctive therapy in the treatment of partial onset seizures in patients 17 years and older with epilepsy
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	Generic gabapentin, carbamazepine or Lyrica® for neuropathic pain
Clinical Message	Lacosamide is neither recommended nor FDA-approved for the treatment of neuropathic pain. Consider preferred alternative prior to use.

Vivlodex[®] (Meloxicam Capsule)	
Drug	
Generic Availability	No
FDA Indication	Relief of the signs and symptoms of osteoarthritis (OA) and management of OA pain
Off-Label Use/Potential Workers' Compensation Indication	Acute pain
Preferred Alternative	Generic meloxicam tablet
Clinical Message	Not recommended over the regular generic formulation of meloxicam as a first-line choice. Therefore, consider preferred alternative prior to use.

Voltaren[®] Gel 1% (Diclofenac Sodium Gel 1%)	
Drug	
Generic Availability	Yes
FDA Indication	Relief of osteoarthritis pain in joints amenable to topical therapy (e.g., ankle, elbow, foot, hand, knee and wrist)
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic diclofenac sodium gel 1% (topical), acetaminophen (oral), ibuprofen (oral) or naproxen (oral)
Clinical Message	Recommended as an option for patients at risk of adverse effects from oral NSAIDs, otherwise not recommended as a first-line agent because of increased risk profile and cost. If there are concerns with the use of oral NSAIDs, a less costly preferred alternative should be considered prior to use.

Prior Authorization and High Dollar Rejections Guide

Drug	Xtampza® ER (Oxycodone Extended-Release Capsule)
Generic Availability	No
FDA Indication	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch, oxymorphone ER or OxyContin®
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, consider a preferred alternative prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is a high risk to patient safety and clinical review should be considered.

Drug	Zipsor® (Diclofenac Potassium Capsule)
Generic Availability	No
FDA Indication	Relief of mild to moderate acute pain
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic diclofenac sodium tablets, acetaminophen, ibuprofen or naproxen
Clinical Message	Not recommended as a first-line agent because of increased risk profile and cost; therefore, consider a preferred alternative prior to use.

Zofran[®] (Ondansetron HCl Tablet) Zofran ODT[®] (Ondansetron Disintegrating Tablet)	
Drug	
Generic Availability	Yes
FDA Indication	Prevention of chemotherapy-induced nausea and vomiting; prevention of postoperative nausea and/or vomiting
Off-Label Use/Potential Workers' Compensation Indication	Opioid-induced nausea and vomiting; post-surgery nausea and vomiting
Preferred Alternative	Promethazine or meclizine
Clinical Message	Not recommended for nausea and vomiting secondary to chronic opioid use unless a preferred alternative was tried and failed prior to use. May be appropriate for post-surgery nausea and vomiting.

Zohydro[®] ER (Hydrocodone Bitartrate Extended-Release Capsule)	
Drug	
Generic Availability	No
FDA Indication	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
Off-Label Use/Potential Workers' Compensation Indication	Chronic pain
Preferred Alternative	Generic morphine sulfate ER, tramadol ER, fentanyl patch or oxycodone ER
Clinical Message	Use of long-acting opioids is only recommended if there is evidence of improvement in function and quality of life with use of short-acting opioids. The primary difference between long-acting opioids is cost; therefore, a preferred alternative should be considered prior to use. Morphine equivalent dose (MED) of 100 mg or greater per day is considered a high risk to patient safety and clinical review should be considered.

Prior Authorization and High Dollar Rejections Guide

Drug	Zolpimist™ (Zolpidem Tartrate Oral Spray)
Generic Availability	No
FDA Indication	Short-term treatment of insomnia with difficulty of sleep initiation
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic zolpidem tartrate tablets
Clinical Message	This new formulation does not appear to have any therapeutic benefit over existing generic zolpidem; therefore, consider a preferred alternative prior to use.

Drug	Zorvolex® (Diclofenac Capsule)
Generic Availability	No
FDA Indication	Relief of mild to moderate acute pain and relief of signs and symptoms of osteoarthritis
Off-Label Use/Potential Workers' Compensation Indication	Same as FDA
Preferred Alternative	Generic diclofenac sodium tablets, acetaminophen, ibuprofen or naproxen
Clinical Message	Not recommended as a first-line agent because of increased risk profile and cost; therefore, consider a preferred alternative prior to use.

Drug	ZTlido™ (Lidocaine Transdermal Patch 1.8%)
Generic Availability	No
FDA Indication	Relief of pain associated with postherpetic neuralgia
Off-Label Use/Potential Workers' Compensation Indication	Neuropathic pain
Preferred Alternative	OTC lidocaine 4% transdermal patch (ex. Aspercreme [®])
Clinical Message	ZTlido™ is recommended as a second-line therapy for neuropathic pain. Consider a preferred alternative prior to use.

Drug	Zuplenz[®] (Ondansetron Oral Film)
Generic Availability	No
FDA Indication	Prevention of chemotherapy-induced nausea and vomiting; prevention of postoperative nausea and/or vomiting
Off-Label Use/Potential Workers' Compensation Indication	Opioid-induced nausea and vomiting; post-surgery nausea and vomiting
Preferred Alternative	Promethazine or meclizine
Clinical Message	Not recommended for nausea and vomiting secondary to chronic opioid use unless a preferred alternative was tried and failed prior to use. May be appropriate for post-surgery nausea and vomiting.

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