

EFFECTIVE WITH THE LAUNCH OF  
ONBOARD: LIMITED RELEASE  
NEW YORK STATE WORKERS' COMPENSATION

# DRUG FORMULARY

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**Workers'  
Compensation  
Board**

# New York Workers' Compensation Drug Formulary

Effective with the launch of **OnBoard: Limited Release**

## Introduction

Legislation enacted in April 2017 required the New York State Workers' Compensation Board (Board) to establish a drug formulary. The ***New York Workers' Compensation Drug Formulary (Formulary)*** is based on a medication's effectiveness and appropriateness for the treatment of illnesses and injuries covered under the Workers' Compensation Law.

The ***Formulary*** drug list designates drugs as either "Phase A," "Phase B" or "Perioperative." Additionally, some drugs are listed as second-line therapy and may only be used when other drugs associated with the phase of treatment have been deemed ineffective. Drugs not listed on the ***Formulary*** are considered non-formulary.

Formulary drugs do not require prior authorization. Prior authorization from the insurer or self-insured employer is required for:

1. Drugs not listed on the ***Formulary***;
2. A formulary brand name drug, when a generic is available;
3. Combination products, unless specifically listed in the ***Formulary***;
4. A brand name drug when a generic version with the same active ingredient(s) is commercially available in a different strength/dosage (e.g., a generic drug available in 5 mg and 10 mg, but brand name drug available in 7.5 mg would be considered non-formulary and could only be dispensed via prior authorization); and
5. Compounded drugs.

## Application of the ***Formulary***

The ***Formulary*** sets forth drugs in three lists: Phase A, Phase B and Perioperative. These three lists of drugs are considered formulary and can be prescribed per the following framework. For more detailed information about the Phase A, Phase B and Perioperative drugs, see the ***Formulary*** on the following pages.

### Phase A Drug List

Drugs on this list may be prescribed and dispensed subject to the following:

1. Within the first 30 days following an injury or illness or until the insurer accepts the claim or the Board establishes a claim, whichever occurs sooner.
2. For up to a 30-day supply.

### Phase B Drug List

Drugs on this list may be prescribed and dispensed subject to the following:

1. After 30 days following an injury or illness or when the insurer has accepted the claim or the Board has established a claim, whichever occurs sooner.
2. For up to a 90-day supply.
3. When a body part or illness has been accepted (with or without liability) or established, drugs must be prescribed in accordance with, as applicable, the Workers' Compensation Board's adopted ***New York Medical Treatment Guidelines (MTGs)***.
4. Phase B drugs designated as second line may be prescribed and dispensed following an unsuccessful trial of a first-line drug prescribed in accordance with Phase B and, as applicable, the adopted ***MTGs***.

### Perioperative Drug List

Drugs listed on the Perioperative Drug List may be prescribed and dispensed when:

1. The drug is prescribed during the perioperative period (four days before through four days following surgery).

### Second-Line Drugs

Drugs designated as second line may be prescribed and dispensed following a trial of a first-line drug prescribed in accordance with Phase B and, as applicable, the adopted ***MTGs***.

## Special Considerations

Some drugs are marked with a Special Consideration indication. These include:

- **1. “Not to exceed a single seven (7) day supply”** — meaning that a specific formulary drug can be prescribed and dispensed one time only without a prior authorization, for a maximum of a seven-day supply, during the phase of the *Formulary* under which it is contained (e.g., controlled substances);
- **2. “For the prescribed course of therapy”** — meaning that a specific formulary drug can be prescribed and dispensed, during the applicable phase of the *Formulary*, for the quantity indicated by the prescriber (e.g., antibiotics);
- **3. “Short acting only”** — meaning that a specific formulary drug can only be prescribed and dispensed for the short-acting formulation of the product; and
- **4. “As clinically indicated for causally-related injuries or conditions utilizing accepted standards of medical care”** — meaning that the item can be prescribed and dispensed when there are no adopted *MTGs* for the established/accepted body part or condition, and/or for a condition directly associated with an established/accepted body part, but not specifically addressed in the *MTGs* (e.g., treatment of a post-operative infection following a knee replacement).

## Prior Authorization

A health care provider must obtain prior authorization before prescribing or dispensing a drug other than as described in the **Application of the Formulary** section (see above), or when prescribing:

1. A drug not listed on the *Formulary*,
2. A formulary brand name drug, when a generic is available,
3. Combination products, unless specifically listed on the *Formulary*,
4. A brand name drug when a generic version containing the same active ingredient(s) is commercially available in a different strength/dosage, or
5. A compounded drug.

If prior authorization is not obtained prior to the dispensing of the drug, the insurer or self-insured employer may deny payment.

## Prior Authorization Process

The prior authorization process shall consist of a review, which may incorporate up to three levels of review, as described below.

### Level 1 Review

The provider shall submit a prior authorization request, in the manner prescribed by the Chair, to the insurer, self-insured employer, or, when designated, the pharmacy benefits manager.

The Level 1 Review has these requirements and time frames:

1. The prior authorization request may include the quantity to be prescribed and the number of refills or the duration of the prescription. If the duration is not stated, the default shall be 30 days. In no event may a prior authorization request exceed 365 days.
2. The insurer, self-insured employer or pharmacy benefits manager shall grant, grant in part or deny a prior authorization request within four calendar days of submission by the provider:
  - a. A grant in part authorizes the requested drug, but limits the length of time, quantity prescribed or number of refills from that requested by the prescriber.
  - b. A prior authorization request that is not responded to within four calendar days (by a grant, grant in part, or denial) may be deemed approved as prescribed, not to exceed a 365-day supply, upon issuance of an Order of the Chair.
3. A grant in part or denial of a prior authorization request must:
  - a. Provide a specific reason for the denial or grant in part with reference to the specific prior authorization request made by the prescriber.



## Level 2 Review

Within 10 calendar days of a denial or grant in part of a Level 1 prior authorization request, the prescriber may request review of such denial or grant in part by the insurer's physician.

The Level 2 Review has these requirements and time frames:

1. The prior authorization request shall include:
  - a. All information submitted by the prescriber for the Level 1 Review and the response from the insurer, self-insured employer, or when designated, the pharmacy benefits manager,
  - b. All information provided to the prescriber related to the Level 1 Review denial or grant in part, and
  - c. Additional information from the prescriber further justifying the need for the requested non-formulary medication responding to the reason(s) stated in the Level 1 Review denial.
2. The insurer's physician shall grant, grant in part or deny a prior authorization request within four calendar days of submission by the prescriber.
3. A request for Level 2 Review that is not responded to within four calendar days (by a grant, grant in part or denial) may be deemed approved as prescribed, not to exceed a 365-day supply, upon issuance of an Order of the Chair.

## Level 3 Review

Within 10 calendar days of a denial or a grant in part by the insurer's physician of a Level 2 Review, the prescriber may seek review by the Board's Medical Director's Office.

The Level 3 Review has these requirements and time frames:

1. The prescriber shall submit the prior authorization request to the Medical Director's Office within 10 calendar days of the Level 2 Review denial date.

2. The request must include all documentation submitted in support of the Level 1 and 2 Reviews and the information associated with the denial or grant in part issued from the Level 1 Review and the Level 2 Review. The prescriber should respond to the reason(s) stated in the Level 2 Review denial.
3. All requests shall be submitted to the Medical Director's Office in the format prescribed by the Chair.
4. To ensure the timely review of requests, the Chair or Medical Director may designate private entities to evaluate such requests for review of denials of a Level 2 Review, provided the entity has:
  - a. The appropriate URAC accreditation or such accreditation/certification as designated by the Chair,
  - b. Other demonstrated expertise and criteria established by the Board, and
  - c. No conflict of interest related to the review and resolution of the request.

The decision by the Medical Director's Office is final and binding on the prescriber, the insurer, self-insured employer and pharmacy network.

In the event a Level 3 Review is denied, the prescriber may not submit a prior authorization request for the same medication unless he or she submits evidence that there has been a change in the claimant's medical condition that renders the denial of the prior authorization request no longer applicable to the claimant's current medical condition.

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	Carpal Tunnel	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Alpha Blocker	Prazosin	4	x	x															Yes*			
Analgesic - Narcotic*	Buprenorphine	1	x																			
Analgesic - Narcotic*	Codeine-Acetaminophen	1,3	x		x																	
Analgesic - Narcotic*	Fentanyl (Patch Only)	1		x*																Yes*		
Analgesic - Narcotic*	Hydrocodone/Acetaminophen	1,3	x		x																	
Analgesic - Narcotic*	Hydrocodone/Ibuprofen	1,3	x		x																	
Analgesic - Narcotic*	Methadone	1	x*																			
Analgesic - Narcotic*	Morphine	1,3	x		x																	
Analgesic - Narcotic*	Oxycodone HCl	1,3	x		x																	
Analgesic - Narcotic*	Oxycodone/Acetaminophen	1,3	x		x																	
Analgesic - Narcotic*	Oxycodone/Aspirin	1,3	x		x																	
Analgesic - Narcotic*	Tapentadol	1,3	x																			
Analgesic - Narcotic*	Tramadol HCl	1,3	x		x																	
Analgesic - Narcotic*	Tramadol/Acetaminophen	1,3	x		x																	
Analgesic - Non-Narcotic	Acetaminophen		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Analgesic - Non-Narcotic	Aspirin		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	
Analgesic - Non-Narcotic	Choline/Magnesium Salicylates		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	
Analgesic - Non-Narcotic	Diflunisal		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	
Analgesic - Topical	Capsaicin		x	x		Yes		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Analgesic - Topical	Diclofenac Na (1% Only)		x	x		Yes		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Analgesic - Topical	Lidocaine Patch (4% Only)		x	x		Yes*		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	3rd
Analgesic - Topical	Methyl Salicylate		x	x		Yes*		Yes	Yes	Yes	Yes	Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Androgens	Testosterone			x*																		Yes*
Antacids	Al Hydrox/Mag Carbonate Susp	4	x	x																		
Antacids	Al Hydrox/Mag Trisil/Alginic Acid/Sod Bicarb	4	x	x																		
Antacids	Al Hydrox/Mag Trisilicate Chew Tab	4	x	x																		
Antacids	Al/Mag Hydroxides	4	x	x																		
Antacids	Calcium Carbonate	4	x	x																		
Antacids	Calcium Carbonate/Mag Hydrox	4	x	x																		
Antacids	Calcium Carbonate/Simethicone	4	x	x																		
Antacids	Calcium/Magnesium Carbonates	4	x	x																		
Antianxiety Agents	Alprazolam	4	x	x*																		Yes*
Antianxiety Agents	Buspirone	1	x																			
Antiaesthetics	Ciclesonide Inh		x	x		Yes																
Antiaesthetics	Cromolyn Na Inh		x	x		Yes																
Antiaesthetics	Epinephrine Inh		x	x		Yes																
Antiaesthetics	Flunisolide Inh		x	x		Yes																
Antiaesthetics	Fluticasone Furoate/Vilanterol Inh		x	x		Yes																
Antiaesthetics	Fluticasone Inh		x	x		Yes																
Antiaesthetics	Fluticasone/Salmeterol Inh		x	x		Yes																
Antiaesthetics	Formoterol Fumarate Soln		x	x		Yes																
Antiaesthetics	Formoterol/Glycopyrrolate		x	x		Yes																
Antiaesthetics	Formoterol/Mometasone		x	x		Yes																
Antiaesthetics	Indacaterol Maleate Inh		x	x		Yes																
Antiaesthetics	Ipratropium Bromide Inh		x	x		Yes																

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	Carpal Tunnel	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Antiasthmatics	Ipratropium-Albuterol Inh		x	x			Yes															
Antiasthmatics	Levalbuterol HCl Inh		x	x			Yes															
Antiasthmatics	Methacholine Chloride Inh		* <del>x</del>	* <del>x</del>			Yes															
Antiasthmatics	Mometasone Furoate Inh		x	x			Yes															
Antiasthmatics	Mometasone Furoate/Formoterol Fumarate Inh		x	x			Yes															
Antiasthmatics	Montelukast		x	x			Yes															
Antiasthmatics	Roflumilast		x	x			Yes															
Antiasthmatics	Salmeterol		x	x			Yes															
Antiasthmatics	<del>Torbutaline</del>		* <del>x</del>	* <del>x</del>			Yes															
Antiasthmatics	Theophylline		x	x			Yes															
Antiasthmatics	Tiotropium Bromide Monohydrate Inh		x	x			Yes															
Antiasthmatics	Tiotropium/Olodaterol		x	x			Yes															
Antiasthmatics	Triamcinolone Acetonide Inh		x	x			Yes															
Antiasthmatics	Umeclidinium/Vilanterol		x	x			Yes															
Antiasthmatics	Zafirlukast		x	x			Yes															
Antiasthmatics	Zileuton		x	x			Yes															
Antibiotics - Cephalosporins	Cefaclor	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefadroxil	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefdinir	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefixime	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefpodoxime	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefprozil	2	x	x		Yes	Yes	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cephalexin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Marolide	Azithromycin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Marolide	Clarithromycin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Marolide	Erythromycin	2	x	x		Yes	Yes	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Misc	Clindamycin	2,4	x	x		Yes*	Yes							Yes*	Yes*							
Antibiotics - Misc	Linezolid	2,4		x		Yes*	Yes							Yes*	Yes*							
Antibiotics - Misc	Metronidazole	2,4	x	x		Yes*	Yes							Yes*	Yes*							
Antibiotics - Misc	Sulfamethoxazole/Trimethoprim	2,4	x	x		Yes*	Yes							Yes*	Yes*							
Antibiotics - Misc	Vancomycin	2,4	x	x		Yes*	Yes							Yes*	Yes*							
Antibiotics - Penicillins	Amoxicillin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Amoxicillin/Clavulanate	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Ampicillin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Cloxacillin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Dicloxacillin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Penicillin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Tetracyclines	Doxycycline	2	x	x		Yes	Yes	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Tetracyclines	Minocycline	2	x	x		Yes	Yes	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Tetracyclines	Tetracycline	2	x	x		Yes	Yes	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Fluoroquinolones	Ciprofloxacin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Fluoroquinolones	Levofloxacin	2	x	x		Yes	Yes*	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Antibiotics - Fluoroquinolones	Moxifloxacin	2	x	x		Yes	Yes	Yes				Yes		Yes*	Yes		Yes	Yes			Yes	
Anticoagulants	Apixaban		x	x		Yes*									Yes		Yes					
Anticoagulants	Dalteparin		x	x		Yes*									Yes		Yes					
Anticoagulants	Enoxaparin Na		x	x		Yes*									Yes		Yes					

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	Carpal Tunnel	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Anticoagulants	Fondaparinux Na		x	x		Yes*									Yes		Yes					
Anticoagulants	Heparin		x	x		Yes*									Yes		Yes					
Anticoagulants	Rivaroxaban		x	x		Yes*									Yes		Yes					
Anticoagulants	Warfarin Na		x	x		Yes*									Yes		Yes					
Anticonvulsants	Carbamazepine		x	x				2nd		2nd								2nd	Yes*	2nd		Yes*
Anticonvulsants	Clonazepam		x	x*																		Yes*
Anticonvulsants	Divalproex		x	x*															Yes*			Yes*
Anticonvulsants	Gabapentin		x	x	x			2nd		2nd					Yes*			2nd		2nd		Yes*
Anticonvulsants	Lamotrigine		x	x				2nd		2nd								2nd		2nd		Yes*
Anticonvulsants	Levetiracetam		x	x*															Yes*			Yes*
Anticonvulsants	Oxcarbazepine		x	x				2nd		2nd								2nd	Yes*	2nd		Yes*
Anticonvulsants	Phenytoin		x	x*															Yes*			Yes*
Anticonvulsants	Pregabalin		x	x				2nd		2nd								2nd	Yes*	2nd		2nd*
Anticonvulsants	Topiramate		x	x				2nd		2nd								2nd		2nd		3rd
Anticonvulsants	Valproic Acid		x	x*																		Yes*
Antidepressants	Amitriptyline		x	x			Yes			Yes	Yes*							Yes		Yes		Yes*
Antidepressants	Bupropion		x*	x				2nd		2nd	Yes*							2nd		2nd		
Antidepressants	Citalopram	4	x*	x							Yes*								Yes*			
Antidepressants	Clomipramine	4	x*	x							Yes*								Yes*			Yes*
Antidepressants	Desipramine		x*	x			Yes			Yes	Yes*							Yes		Yes		Yes*
Antidepressants	Desvenlafaxine	4	x*	x							Yes*								Yes*			3rd
Antidepressants	Doxepin	4	x*	x			Yes			Yes	Yes*							Yes	Yes*	Yes		Yes*
Antidepressants	Duloxetine		x*	x				2nd		2nd	Yes*							2nd	Yes*	2nd		3rd
Antidepressants	Escitalopram	4	x*	x							Yes*								Yes*			
Antidepressants	Fluoxetine	4	x*	x							Yes*								Yes*			
Antidepressants	Fluvoxamine	4	x*	x*																		
Antidepressants	Imipramine		x	x			Yes			Yes	Yes*							Yes	Yes*	Yes		Yes*
Antidepressants	Isocarboxazid	4	x*	x							Yes*								Yes*			
Antidepressants	Milnacipran			x																		3rd
Antidepressants	Mirtazapine	4	x*	x							Yes*								Yes*			
Antidepressants	Nefazodone	4	x*	x							Yes*								Yes*			
Antidepressants	Nortriptyline		x*	x			Yes			Yes	Yes*							Yes		Yes		Yes*
Antidepressants	Paroxetine	4	x*	x							Yes*								Yes*			
Antidepressants	Phenelzine	4	x*	x							Yes*								Yes*			
Antidepressants	Protriptyline	4	x*	x							Yes*								Yes*			Yes*
Antidepressants	Sertraline	4	x*	x							Yes*								Yes*			
Antidepressants	Tranylcypromine	4	x*	x							Yes*								Yes*			
Antidepressants	Trazodone	4	x*	x							Yes*								Yes*			
Antidepressants	Trimipramine		x*	x			Yes			Yes	Yes*							Yes	Yes*	Yes		Yes*
Antidepressants	Venlafaxine		x*	x				2nd		2nd	Yes*							2nd	Yes*	2nd		3rd
Antidepressants	Vilazodone	4	x*	x							Yes*											
Antidiabetics	Glipizide		x																			
Antidiabetics	Glucose Tablets/Gel		x																			
Antidiabetics	Glyburide		x																			
Antidiabetics	Insulin		x																			
Antidiabetics	Metformin HCl		x																			

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	Carpal Tunnel	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Antidiabetics	Sitagliptin Phosphate		x																			
Antidiarrheals	Diphenoxylate w/ Atropine	4	x	x																		
Antidiarrheals	Loperamide	4	x	x																		
Antidiuretic	Desmopressin			x*																		Yes*
Antiemetic/Antivertigo	Meclizine	4	x	x																		Yes*
Antiemetic/Antivertigo	Ondansetron	4	x	x																		Yes*
Antiemetic/Antivertigo	Prochlorperazine	4	x*	x															Yes*			
Antifungals	Fluconazole	2	x	x		Yes																
Antifungals	Itraconazole	2	x	x		Yes																
Antifungals	Ketoconazole	2	x	x		Yes																
Antifungals	Nystatin	2	x	x		Yes																
Antifungals	Terbinafine	2	x	x		Yes																
Antihistamines	Cetirizine	4	x	x			Yes*															
Antihistamines	Cyproheptadine	4	x	x			Yes															
Antihistamines	Desloratadine	4	x	x			Yes															
Antihistamines	Diphenhydramine	4	x	x			Yes															
Antihistamines	Fexofenadine	4	x	x			Yes															Yes*
Antihistamines	Hydroxyzine	4	x	x			Yes															
Antihistamines	Levocetirizine	4	x	x			Yes															
Antihistamines	Loratadine	4	x	x			Yes															
Antihistamines	Promethazine	4	x*	x			Yes															
Antihypertensive	Clonidine HCl		x																Yes*			
Antihypertensive	Lisinopril		x																			
Antihypertensive	Losartan		x																			
Antihypertensive	Prazosin		x																			
Anti-Inflammatory	Celecoxib			x		2nd		2nd	2nd	2nd		2nd		2nd	2nd		2nd	2nd		2nd	2nd	2nd*
Anti-Inflammatory	Diclofenac		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Anti-Inflammatory	Etodolac		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Anti-Inflammatory	Ibuprofen		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Anti-Inflammatory	Indomethacin		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Anti-Inflammatory	Meloxicam (Tablet Only)		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Anti-Inflammatory	Naproxen		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Anti-Inflammatory	Sulindac		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Antimalarial	Hydroxychloroquine	2	x																			
Antineoplastic	Cabozantinib	4		x																		
Antineoplastic	Dabrafenib	4		x																		
Antineoplastic	Doxorubicin	4		x																		
Antineoplastic	Interferon Gamma/1B	4		x																		
Antineoplastic	Methotrexate	4		x																		
Antineoplastic	Trametinib	4		x																		
Antineoplastic	Vandetanib	4		x																		
Antineoplastic	Vismodegib	4		x																		
Antipsychotic	Aripiprazole	4	x	x															Yes*			Yes*
Antipsychotic	Asenapine Maleate	4		x															Yes*			Yes*
Antipsychotic	Chlorpromazine	4	x	x							2nd*											Yes*
Antipsychotic	Fluphenazine	4	x	x							2nd*								Yes*			Yes*



Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	Carpal Tunnel	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Antipsychotic	Haloperidol	4	x	x							2nd*								Yes*			Yes*
Antipsychotic	Lithium	4	x	x															Yes*			Yes*
Antipsychotic	Lurasidone	4		x															Yes*			Yes*
Antipsychotic	Olanzapine	4	x	x															Yes*			Yes*
Antipsychotic	Paliperidone	4		x															Yes*			Yes*
Antipsychotic	Perphenazine	4	x*	x							2nd*								Yes*			Yes*
Antipsychotic	Quetiapine	4	x	x																		Yes*
Antipsychotic	Risperidone	4		x																		Yes*
Antipsychotic	Thioridazine	4	x*	x*							2nd*											Yes*
Antipsychotic	Thiothixene	4	x*	x*							2nd*											Yes*
Antipsychotic	Trifluoperazine	4	x*	x*							2nd*								Yes*			Yes*
Antipsychotic	Ziprasidone	4		x																		Yes*
Antiretrovirals	Atazanavir	2,4	x	x										Yes*								
Antiretrovirals	Darunavir	2,4	x	x										Yes*								
Antiretrovirals	Dolutegravir	2,4	x	x										Yes*								
Antiretrovirals	Emtricitabine	2,4	x	x										Yes*								
Antiretrovirals	Fosamprenavir	2,4	x	x										Yes*								
Antiretrovirals	Lamivudine	2,4	x	x										Yes*								
Antiretrovirals	Raltegravir	2,4	x	x										Yes*								
Antiretrovirals	Ritonavir	2,4	x	x										Yes*								
Antiretrovirals	Stavudine	2,4	x	x										Yes*								
Antiretrovirals	Tenofovir	2,4	x	x										Yes*								
Antiretrovirals	Zidovudine	2,4	x	x										Yes*								
Antispasticity	Dantrium			x*																		Yes*
Antitubercular	Ethambutol	2,4		x																		Yes*
Antitubercular	Isoniazid	2,4		x																		
Antitubercular	Rifabutin	2,4		x																		
Antitubercular	Rifampin	2,4		x																		
Antiviral	Acyclovir	2	x																			
Antiviral	Oseltamivir	2	x																			
Antiviral	Zanamivir	2	x																			
Beta Blockers	Carvedilol		x	x*																		Yes*
Beta Blockers	Metoprolol Tartrate		x	x*																		Yes*
Beta Blockers	Nebivolol		x	x*																		Yes*
Beta Blockers	Propranolol HCl		x	x*																		Yes*
Bisphosphonates	Alendronate			x*											Yes*							
Bisphosphonates	Etidronate			x*											Yes*							
Bisphosphonates	Ibandronate			x*											Yes*							
Bisphosphonates	Risedronate			x*											Yes*							
Bronchodilator	Acidinium Bromide Aerosol Powd		x	x			Yes*									Yes*						
Bronchodilator	Albuterol Inh		x	x			Yes*									Yes*						
Bronchodilator	Albuterol Sulfate		x	x			Yes*									Yes*						
Bronchodilator	Arformoterol		x	x			Yes*									Yes*						
Bronchodilator	Budesonide/Formoterol Fumarate Inh		x	x			Yes*									Yes*						
Bronchodilator	Budesonide/Glycopyrrolate/Formoterol		x*	x*			Yes									Yes						
Bronchodilator	Epinephrine Inh		x	x			Yes*									Yes*						

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			A	B																		
Bronchodilator	Fluticasone Furoate/Vilanterol Inh		x	x			Yes*									Yes*						
Bronchodilator	Fluticasone/Salmeterol Inh		x	x			Yes*															
Bronchodilator	Fluticasone/Umeclidinium/Vilanterol		x*	x*			Yes									Yes						
Bronchodilator	Formoterol Fumarate Soln		x	x			Yes*									Yes*						
Bronchodilator	Formoterol/Aclidinium		x	x			Yes*									Yes*						
Bronchodilator	Formoterol/Glycopyrrolate		x	x			Yes*									Yes*						
Bronchodilator	Formoterol/Mometasone		x	x			Yes*									Yes*						
Bronchodilator	Glycopyrrolate		x	x			Yes*									Yes*						
Bronchodilator	Indacaterol Maleate Inh		x	x			Yes*									Yes*						
Bronchodilator	Indacaterol/Glycopyrrolate		x	x			Yes*									Yes*						
Bronchodilator	Ipratropium Bromide Inh		x	x			Yes*									Yes*						
Bronchodilator	Ipratropium/Albuterol Inh		x	x			Yes*									Yes*						
Bronchodilator	Levalbuterol HCl Inh		x	x			Yes*									Yes*						
Bronchodilator	Olodaterol		x	x			Yes*									Yes*						
Bronchodilator	Revefenacine		x	x			Yes*									Yes*						
Bronchodilator	Salmeterol		x	x			Yes*									Yes*						
Bronchodilator	Theophylline		x	x			Yes*									Yes*						
Bronchodilator	Tiotropium Inh		x	x			Yes*									Yes*						
Bronchodilator	Tiotropium/Olodaterol		x	x			Yes*									Yes*						
Bronchodilator	Umeclidinium		x	x			Yes*									Yes*						
Bronchodilator	Umeclidinium/Vilanterol		x	x			Yes*									Yes*						
Bronchodilator	Vilanterol		x	x			Yes*									Yes*						
Calcium Blockers	Amlodipine		x																			
Calcium Blockers	Diltiazem		x																			
Calcium Blockers	Nifedipine		x																			
Corticosteroids	Beclomethasone Inh		x	x			Yes									Yes						
Corticosteroids	Budesonide		x	x			Yes									Yes						
Corticosteroids	Budesonide Inh		x	x			Yes									Yes						
Corticosteroids	Budesonide/Formoterol Fumarate Inh		x	x			Yes									Yes						
Corticosteroids	Budesonide/Glycopyrrolate/Formoterol		x	x			Yes*									Yes*						
Corticosteroids	Ciclesonide Inh		x	x			Yes									Yes						
Corticosteroids	Flunisolide Inh		x	x			Yes															
Corticosteroids	Fluticasone Furoate/Vilanterol Inh		x	x			Yes									Yes						
Corticosteroids	Fluticasone Inh		x	x			Yes									Yes						
Corticosteroids	Fluticasone/Salmeterol Inh		x	x			Yes															
Corticosteroids	Formoterol/Mometasone		x	x			Yes									Yes						
Corticosteroids	Hydrocortisone (Oral)			x*																		Yes*
Corticosteroids	Methylprednisolone		x	x		Yes*	Yes	Yes	Yes				Yes*				Yes					
Corticosteroids	Mometasone Furoate Inh		x	x			Yes									Yes						
Corticosteroids	Mometasone Furoate/Formoterol Fumarate Inh		x	x			Yes									Yes						
Corticosteroids	Prednisolone		x	x		Yes*	Yes	Yes	Yes				Yes*				Yes					
Corticosteroids	Prednisone		x	x		Yes*	Yes	Yes	Yes				Yes*				Yes					
Corticosteroids	Triamcinolone Acetonide Inh		x	x			Yes									Yes						
Cough/Cold	Acetylcysteine Inh		x																			
Cough/Cold	Benzonatate		x																			
Cough/Cold	Cetirizine/Pseudoephedrine		x																			

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Cough/Cold	Chlorpheniramine/Acetaminophen		x																			
Cough/Cold	Chlorpheniramine/DM		x																			
Cough/Cold	Chlorpheniramine/Phenylephrine		x																			
Cough/Cold	Dextromethorphan		x																			
Cough/Cold	Dextromethorphan/APAP/Chlorpheniramine		x																			
Cough/Cold	Dextromethorphan/Diphenhyd/APAP		x																			
Decongestants	Oxymetazoline		x																			
Decongestants	Phenylephrine Nasal		x																			
Decongestants	Pseudoephedrine		x																			
Decongestants	Saline Nasal		x																			
Decongestants	Tetrahydrozoline Nasal		x																			
Decongestants (Nasal Steroids)	Budesonide Nasal		x																			
Decongestants (Nasal Steroids)	Flunisolide Nasal		x																			
Decongestants (Nasal Steroids)	Fluticasone Propionate Nasal		x																			
Decongestants (Nasal Steroids)	Mometasone Furoate Nasal		x																			
Dermatological	Bacitracin	4	x	x		Yes*																
Dermatological	Betamethasone	4	x	x		Yes*																
Dermatological	Ciclopirox Olamine	4	x	x		Yes*																
Dermatological	Clobetasol	4	x	x		Yes*																
Dermatological	Clotrimazole	4	x	x		Yes*																
Dermatological	Clotrimazole w/ Betamethasone Topical	4	x	x		Yes*																
Dermatological	Desonide	4	x	x		Yes*																
Dermatological	Desoximetasone	4	x	x		Yes*																
Dermatological	Econazole	4	x	x		Yes																
Dermatological	Fluocinolone Acetonide	4	x	x		Yes*																
Dermatological	Fluticasone Prop	4	x	x		Yes*																
Dermatological	Gentamicin	4	x	x		Yes*																
Dermatological	Hydrocortisone	4	x	x		Yes*																
Dermatological	Metronidazole	4	x	x		Yes*																
Dermatological	Miconazole Nitrate	4	x	x		Yes*																
Dermatological	Mupirocin	4	x																			
Dermatological	Neomycin Sulfate	4	x	x		Yes*																
Dermatological	Neomycin/Polymyxin/Bacitracin	4	x	x		Yes*																
Dermatological	Nystatin	4	x	x		Yes*																
Dermatological	Nystatin/Triamcinolone	4	x	x		Yes*																
Dermatological	Silver Sulfadiazine	4	x																			
Dermatological	Tolnaftate	4	x	x		Yes*																
Dermatological	Triamcinolone	4	x	x		Yes*																
Diuretics	Bumetanide		x																			
Diuretics	Furosemide		x																			
Diuretics	Spirolactone		x																			
GI, Misc	Metoclopramide	4		x																		Yes*
GI, Misc	Simethicone	4	x	x																		
Hematopoetic Agents	Folic Acid	4		x																		
Hypnotics	Temazepam	4		x																		
Hypnotics	Zolpidem	4		x																		

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	Carpal Tunnel	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Immunotherapy/Biologicals	Benralizumab		x	x			Yes															
Immunotherapy/Biologicals	Cromolyn Na Inh		x	x			Yes									Yes						
Immunotherapy/Biologicals	Dupilumab		x	x			Yes															
Immunotherapy/Biologicals	Mepolizumab		x	x			Yes															
Immunotherapy/Biologicals	Montelukast		x	x			Yes									Yes						
Immunotherapy/Biologicals	Nintenedabid		x	x																		
Immunotherapy/Biologicals	Omalizumab		x	x			Yes															
Immunotherapy/Biologicals	Pirfenidone		x	x																		
Immunotherapy/Biologicals	Reslizumab		x	x			Yes															
Immunotherapy/Biologicals	Roflumilast		x	x			Yes									Yes						
Immunotherapy/Biologicals	Zafirlukast		x	x			Yes									Yes						
Immunotherapy/Biologicals	Zileuton		x	x			Yes									Yes						
Laxatives	Bisacodyl	4	x	x																		
Laxatives	Docusate Calcium	4	x	x																		
Laxatives	Docusate Na	4	x	x																		
Laxatives	Glycerin	4	x	x																		
Laxatives	Lactulose	4	x	x																		
Laxatives	Mineral Oil	4	x	x																		
Laxatives	Na Phosphates/Enema	4	x	x																		
Laxatives	Polyethylene Glycol 3350	4	x	x																		
Laxatives	Psyllium	4	x	x																		
Migraine Products	Butalbital/Acetaminophen/Caffeine	4	x	x																		Yes*
Migraine Products	Butalbital/Aspirin/Caffeine	4	x	x																		Yes*
Migraine Products	Rizatriptan			x*																		Yes*
Migraine Products	Sumatriptan			x*																		Yes*
Migraine Products	Zolmitriptan			x*																		Yes*
Mouth - Throat (Local)	Clotrimazole Troche	4	x	x																		
Mouth - Throat (Local)	Lidocaine Viscous 2%	4	x	x																		
Mouth - Throat (Local)	Nystatin Suspension	4	x	x																		
Neurostimulants	Amantadine			x*																		Yes*
Neurostimulants	Amphetamine/Dextroamphetamine			x*																		Yes*
Neurostimulants	Bromocriptine			x*																		Yes*
Neurostimulants	Carbidopa/Levodopa			x*																		Yes*
Neurostimulants	Donepezil			x*																		Yes*
Neurostimulants	Methylphenidate			x*																		Yes*
Neurostimulants	Modafinil			x*																		Yes*
Ophthalmic	Alcaftadine		x	x									Yes*									
Ophthalmic	Apraclonidine HCL		x	x									Yes*									
Ophthalmic	Artificial Tear Ophth		x	x									Yes*									
Ophthalmic	Atropine Sulfate Solution		x	x									Yes*									
Ophthalmic	Azelastine		x	x									Yes*									
Ophthalmic	Azithromycin		x	x									Yes*									
Ophthalmic	Bacitracin		x	x									Yes*									
Ophthalmic	Bacitracin/Polymyxin B		x	x									Yes*									
Ophthalmic	Bacitracin/Polymyxin/Neomycin/HC		x	x									Yes*									
Ophthalmic	Bepotastine		x	x									Yes*									

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Ophthalmic	Besifloxacin		x	x									Yes*									
Ophthalmic	Betaxolol		x	x									Yes*									
Ophthalmic	Bevacizumab		x	x									Yes*									
Ophthalmic	Bimatoprost Opth		x	x									Yes*									
Ophthalmic	Brimonidine Tartrate		x	x									Yes*									
Ophthalmic	Brimonidine Tartrate/Timolol Maleate		x	x									Yes									
Ophthalmic	Brinzolamide		x	x									Yes									
Ophthalmic	Bromfenac Na		x	x									Yes									
Ophthalmic	Carboxymethylcell/Glycerin/Polysorb 80		x	x									Yes									
Ophthalmic	Carboxymethylcellulose		x	x									Yes									
Ophthalmic	Carteolol		x	x									Yes									
Ophthalmic	<del>Carteolol HCL</del>		x	x									Yes									
Ophthalmic	Ciprofloxacin		x	x									Yes									
Ophthalmic	Cromolyn		x	x									Yes									
Ophthalmic	Cyclopentolate		x	x									Yes									
Ophthalmic	Dexamethasone		x	x									Yes									
Ophthalmic	Diclofenac		x	x									Yes									
Ophthalmic	Dorzolamide		x	x									Yes									
Ophthalmic	<del>Dorzolamide HCL</del>		x	x									Yes									
Ophthalmic	Emedastine		x	x									Yes									
Ophthalmic	Epinastine		x	x									Yes									
Ophthalmic	Erythromycin		x	x									Yes									
Ophthalmic	Fluorometholone		x	x									Yes									
Ophthalmic	Flurbiprofen		x	x									Yes									
Ophthalmic	Gatifloxacin		x	x									Yes									
Ophthalmic	Gentamicin		x	x									Yes									
Ophthalmic	Glycerin (Ophth Lubricant)		x	x									Yes									
Ophthalmic	Glycerin/Hypromellose/PEG 400		x	x									Yes									
Ophthalmic	Homatropine		x	x									Yes									
Ophthalmic	Hypromellose		x	x									Yes									
Ophthalmic	Irrigating Eyewash		x	x									Yes									
Ophthalmic	Ketorolac Trometh		x	x									Yes									
Ophthalmic	Ketotifen		x	x									Yes									
Ophthalmic	Latanoprost		x	x									Yes									
Ophthalmic	Levobunolol HCL		x	x									Yes									
Ophthalmic	Levofloxacin		x	x									Yes									
Ophthalmic	Lodoxamide		x	x									Yes									
Ophthalmic	Loteprednol		x	x									Yes									
Ophthalmic	Methylcellulose		x	x									Yes									
Ophthalmic	Metipranolol		x	x									Yes									
Ophthalmic	Moxifloxacin HCl		x	x									Yes									
Ophthalmic	Na Chloride Hypertonic		x	x									Yes									
Ophthalmic	Naphazoline HCl		x	x									Yes									
Ophthalmic	Natamycin		x	x									Yes									
Ophthalmic	Nedocromil		x	x									Yes									
Ophthalmic	Neomycin/Bacitracin/Polymyxin		x	x									Yes									

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Ophthalmic	Neomycin/Polymyxin/Dexamethasone		x	x									Yes										
Ophthalmic	Neomycin/Polymyxin/Gramicidin		x	x									Yes										
Ophthalmic	Neomycin/Polymyxin/HC		x	x									Yes										
Ophthalmic	Ofloxacin		x	x									Yes										
Ophthalmic	Olopatadine		x	x									Yes										
Ophthalmic	Phenylephrine HCL		x	x									Yes										
Ophthalmic	Pilocarpine HCL		x	x									Yes										
Ophthalmic	Polyethylene Glycol 400		x	x									Yes										
Ophthalmic	Polyethylene Glycol/Polyvinyl Alcohol		x	x									Yes										
Ophthalmic	Polymyxin B/Trimethoprim		x	x									Yes										
Ophthalmic	Polysorbate 80		x	x									Yes										
Ophthalmic	Polyvinyl Alcohol		x	x									Yes										
Ophthalmic	Polyvinyl Alcohol/Povidone		x	x									Yes										
Ophthalmic	Prednisolone Acetate		x	x									Yes										
Ophthalmic	Prednisolone Na Phosphate		x	x									Yes										
Ophthalmic	Proparacaine HCL		x	x									Yes										
Ophthalmic	Sulfacetamide/Prednisolone		x	x									Yes										
Ophthalmic	Sulfacetamide		x	x									Yes										
Ophthalmic	Tetracaine HCL		x	x									Yes										
Ophthalmic	Timolol Maleate		x	x									Yes										
Ophthalmic	Tobramycin		x	x									Yes										
Ophthalmic	Tobramycin/Dexamethasone		x	x									Yes										
Ophthalmic	Tranexamic Acid		x	x									Yes										
Ophthalmic	Travoprost		x	x									Yes										
Ophthalmic	Trifluridine		x	x									Yes										
Ophthalmic	Tropicamide		x	x									Yes										
Ophthalmic	White Petrolatum/Mineral Oil		x	x									Yes										
Otic	Antipyrine/Benzocaine/Polycosanol		x																				
Otic	Acetic Acid		x																				
Otic	Antipyrine/Benzocaine Otic Soln		x																				
Otic	Antipyrine/Benzocaine/Glycerin/Zinc Ace		x																				
Otic	Ciprofloxacin		x																				
Otic	Fluocinolone		x																				
Otic	Hydrocortisone w/ Acetic Acid		x																				
Otic	Neomycin/Polymyxin/HC		x																				
Otic	Ofloxacin		x																				
Otic	Pramoxine/Chloroxylenol		x																				
Otic	Pramoxine/HC/Chloroxylenol		x																				
Pressors	Epinephrine		x																				
Respiratory, Misc	Nintedanib Esylate	4		x																			
Respiratory, Misc	Pirfenidone	4		x																			
Skeletal Muscle Relaxants	Baclofen	1	x	x								2nd							2nd		2nd		Yes*
Skeletal Muscle Relaxants	Carisoprodol	1	x	x								2nd							2nd		2nd		
Skeletal Muscle Relaxants	Cyclobenzaprine	1,3	x	x							Yes	Yes						Yes		Yes		Yes*	
Skeletal Muscle Relaxants	Metaxalone	1	x	x															2nd		2nd		Yes*
Skeletal Muscle Relaxants	Methocarbamol	1	x	x															2nd		2nd		

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			A	B																		
Skeletal Muscle Relaxants	Tizanidine HCl	1	x	x				2nd		2nd								2nd		2nd		Yes*
Thyroid Hormones	Levothyroxine			x*																		Yes*
Ulcer Drugs	Cimetidine		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Esomeprazole		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Famotidine		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Lansoprazole		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Misoprostol		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Nizatidine		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Omeprazole		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Pantoprazole		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Rabeprazole		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Ranitidine		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*
Ulcer Drugs	Sucralfate		x	x		Yes	Yes	Yes	Yes	Yes		Yes		Yes*	Yes		Yes	Yes		Yes	Yes	Yes*

EFFECTIVE WITH THE LAUNCH OF ONBOARD: LIMITED RELEASE

**Special Considerations:**

1. Not to exceed a single seven (7) day supply.
2. For the prescribed course of therapy.
3. Short acting only.
4. As clinically indicated for causally-related injuries or conditions utilizing accepted standards of medical care.

\*\* Prescriber should consider appropriateness of naloxone when prescribing opioids. The Board supports the NYS DOH recommendations. After appropriate claimant assessment, if in the prescriber’s judgement it is appropriate for the claimant to obtain naloxone, the provider should submit a prior authorization request.

[health.ny.gov/professionals/ems/policy/13-10.htm](http://health.ny.gov/professionals/ems/policy/13-10.htm)

**WCB.NY.GOV**

