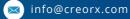


LEGEND		
Acute Phase:	Generally the first 0 to 89 days after the injury.	
Allowed:	Medication is allowed to pass through without requiring authorization at the pharmacy. Some medications have cost and/or maximum fill limitations.	
Excluded:	Medication is not covered, or considered non-formulary, and will reject at the pharmacy.	
Prior Authorization:	Non-formulary medication rejects at the pharmacy and requires further evaluation by the claims examiner before approval. Medications may have cost and/or maximum fill limitations.	







Medication Class	Description	Medication Name	Notes
Corticosteroids	Corticosteroids are mainly used in the treatment of acute inflammation, as well as a host of other possible conditions, including but not limited to, acute pain, asthma, itching, hives, spinal cord compression, inflammation from chemical exposure, etc.	Medrol dose pack 4mg Tabs Prednisone 1mg,2.5mg, 5mg, 10mg 20mg Tabs	
Sedative Hypnotics	Sedative Hypnotics medication are used in the treat insomnia.	Trazadone 100mg and 150mg Tabs Zaleplon 5mg and 10mg Tabs Zolpidem 10mg Tabs	
Anticonvulsants and Tricyclic Agents	Anticonvulsants may be used off-label for the treatment of neuropathic (nerve) pain. Tricyclic antidepressants (TCAs) may be used for depression and as adjuvant therapy for neuropathic pain and/or insomnia.	Amitriptyline Gabapentin Nortriptyline	
Anti-anxiety Agents	Anti-anxiety agents are commonly used to treat anxiety disorders, insomnia and a few the conditions. Short-term use of benzodiazepines is recommended, regardless of the indication. Hydroxyzine may be used for anxiety or as an antihistamine.	Alprazolam 0.25mg, 0.5mg, 1mg Tabs Buspirone 5mg, 7.5mg, 10mg, 15mg30mg Tabs Diazepam 5mg, 10mg Tabs Duloxetine 30mg Caps Hydroxyzine 10mg 25mg and 50mg Tabs Hydroxyzine Pamoate 25mg and 50mg Caps	
Dermatologics (Topical Corticosteroids)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment. Generic topical corticosteroids are allowed to treat conditions in the acute phase of an injury.	Hydrocortisone 2.5% cream	OTC formulation not covered
Skeletal Muscle Relaxants	The medications listed here are appropriate for use as skeletal muscle relaxants. Claimant response can vary considerably amongst these medications as well as tolerance to side effects.	Baclofen 5mg, 10mg Tabs Carisoprodol 350mg Tabs Cyclobenzaprine 5mg, 10mg Tabs Methocarbamol 500mg, 750mg Tabs Tizanidine 2mg, 4mg Tabs	
Nonsteroidal Anti-Inflammatory	Medications listed in the NSAID class may be appropriate for the treatment of acute pain andinflammation. Long-term use is generally not recommended.	Celecoxib 50mg,100mg,200mg, Caps Diclofenac 50mg and 75mg EC Tabs Ciclofenac 1% and 3% Gel Etodolac 500mg Tabs Ibuprofen 400mg, 600mg, 800mg Tabs Meloxicam 7.5mg, 15mg Tabs Naproxen 500mg Tabs	OTC formulation not covered
Opioid and NonOpioid Analgesics Short-acting	The listed single entity short-acting opioid analgesics and combination products may be appropriate for the treatment of acute or breakthrough pain. Other single entity short-acting opioid analgesics and combination products and supplements are either excluded (e.g., transmucosal immediate-release fentanyl products).	Acetaminophen-Caffeine 30-300mg (Tylenol #3) Tabs Acetaminophen-Butalbital-Caffeine 325-50-40mg Tabs Hydrocodone-Acetaminophen 5/325mg, 7.5mg/325mg, 10/325mg Tabs Oxycodone 5mg, 10mg, 15mg, 30mg IR Tabs Oxycodone /Acetaminophen 5/325mg, 7.5mg/325mg, 10/325mg Tabs Tramadol 50mg and 100mg Tabs	
Opioid Analgesics – Long-acting	The listed single entity long-acting opioid analgesics may be appropriate for the treatment of chronic pain. However, long-acting opioid analgesics are not allowed in the acute phase.	Morphine Sulfate 15mg, 30mg ER Tabs	Allowed with quantity limitations Max 2 per day



Medication Class	Description	Medication Name	Notes
Laxatives	Laxatives are commonly prescribed for injured persons taking opioid analgesics to maintain normal bowel function. Many of these medications are available over-the-counter (OTC).	Polyethylene glycol 17gm oral Packet	OTC formulation not covered
Ulcer/Antispasmodics	Medications in this class are used to treat indigestion, gastroesophageal reflux disease, heartburn, and nonsteroidal anti-inflammatory drug (NSAID)-induced gastritis or ulcers. Injured persons may be prescribed NSAIDs for the treatment of their occupational injury and require these medications to reduce the risk of ulcers.	Famotidine 10mg, 20mg, 40mg Tabs Omeprazole 10mg, 20mg, 40mg Caps	
Antiemetics	It is commonly used for the treatment of nausea and vomiting	Ondansetron 4mg, 8mg Tabs	OTC formulation not covered
Penicillins	Penicillins are commonly used in the prevention or treatment of infections caused by certain bacteria.	Amoxicillin 250mg, 500mg Tabs Amoxicillin-Clavulanate 500mg/125mg, 875mg/125mg Tabs	
Cephalosporins	Cephalosporins are commonly used in the prevention or treatment of infections caused by certain bacteria.	Cephalexin 250mg, 500mg Caps	
Macrolides	Macrolides are commonly used in the prevention or treatment of infections caused by certain bacteria, mainly affecting the respiratory system.	Azithromycin 250mg, 500mg Tabs	
Tetracyclines	Tetracyclines are commonly used in the prevention or treatment of infections caused by certain bacteria.	Doxycycline Hyclate ER 100mg Tab Doxycycline Monohydrate 100mg, 200mg Caps	
Fluoroquinolones	Fluoroquinolones are commonly used in the prevention or treatment of infections caused by certain bacteria.	Ciprofloxacin 250mg and 500mg Tabs Levofloxacin 250mm. 500mg and 750mg Tabs	
Aminoglycosides/ Misc. anti-infectives	Aminoglycosides may be used to treat serious infections caused by certain bacteria. The miscellaneous anti-infectives are generally those that do not have multiple medications available within a class of their own.	Clindamycin 150mg and 300mg Caps Sulfamethoxazole-Trimethoprim 400mg/80mg and 800mg/160mg Tabs	
Dermatologics (topical anti-fungals)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment, not an occupational injury. Generic topical anti-fungals are allowed to treat conditions in the acute phase of an injury.	• Ketoconazole 2% Cream	OTC formulation not covered
Dermatologics (Topical Analgesics)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment, not a personal injury. If a dermatologic is allowed, generic formulations are preferred. Many of the listed generic topical analgesics are allowed with cost limits.	Lidocaine 5% Ointment Lidocaine 5% Patch Lidocaine-Prilocaine Cream	OTC formulation not covered





The Personal Injury Drug List, otherwise known as our Auto Injury Formulary, is a guide within select therapeutic categories for clients, injured persons, and healthcare providers. Generic medicines should be considered as the first-line when prescribing medicines. Generics listed in therapeutic categories are for representation purposes only. This drug list is not all-inclusive and is subject to change. Medicines not listed are considered non-formulary, meaning they may be excluded or require prior authorization under this formulary.

Injured Person:

Your Lien provides you with a formulary to allow for certain medicines related to your injury. Ask your doctor or other healthcare providers to consider prescribing, when medically appropriate, an allowed generic medicine from this list. The U.S. Food and Drug Administration (FDA) requires generics to meet the same high standards as brand-name medicines, proving they are safe and as effective as their brand-name counterpart.

Additional information:

- Your specific plan design may not cover certain medicines or medication classes, regardless of the
 appearance in this document. In addition, medicines recently approved by the FDA may not be covered
 upon release to the market.
- Some medicines may be restricted based on state medical treatment guidelines. Non-formulary medicines, brand name medication, and over-the-counter (OTC) formulations are excluded.
- Your doctor may or may not be contacted after receiving a prescription to request consideration of medicine
 or a generic alternative. This may result in your doctor prescribing, when medically appropriate, a different
 generic alternative in place of your original prescription.

Healthcare Provider:

Your patient may be covered under a medication plan or Auto Injury Formulary. Auto Injury Formulary is designed to allow transactions for medications to pass through that have a high degree of relatedness to the typical injuries found in personal injury accidents as necessary during the acute phase of an injury. Please authorize generic and/or formulary generics substitution whenever possible.

Additional information:

- Generic medications should be considered as first-line when prescribing medications.
- This medication list represents a summary of the most utilized medications covered on this formulary.
 However, it is not all-inclusive and does not guarantee coverage for every patient. Additional medications
 may be covered or require prior authorization. The patient's specific medication plan design may not cover
 certain medications or categories, regardless of their appearance on this document. Medications recently
 approved by the FDA may not be covered upon release to the market until they are evaluated, determined to
 be appropriate, safe and cost-effective, and approved by Injury claims examiner.
- Some medications may be restricted based on state medical treatment guidelines. Non-formulary medications may be excluded.
- Medications listed in this document may or may not include all dosage forms.

Disclaimer:

Generics should be considered first-line when prescribing medications. This list of medications represents assummary of coverage, It is not all-inclusive and does not guarantee coverage for all claimants and clients. New-to-market products and new formulations of medications already in the marketplace may not be added to the formulary until the medication has been evaluated, determined to be clinically appropriate, safe and cost-effective, and approved claim adjusters. Specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Listed medications may be available in certain strengths and dosage forms. The preferred options in this list are abroad representation within a therapeutic category of available treatment options and do not necessarily represent clinical equivalency. Listed medications are for informational purposes only and are not intended to replace clinical judgment of the prescriber. Adverse effects of these medicines vary by claimant and are dependent on a number of factors including, but not limited to, concurrent use of other prescription and/or over-the-counter medicines, liver and/or kidney function, age, gender, concurrent use of alcohol and/or illegal substances, and other comorbid medical conditions. This document is subject to state-specific regulations and treatment guidelines, including but not limited to, those regarding generic substitution, controlled substance schedules, quantity and duration limitations, preference for brands and mandatory generics whenever applicable. Claimants should consult with their provider to determine if a specific medication is appropriate for the treatment of their medical condition(s). The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

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