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Following the Public Hearing & Comment Period

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**PROPOSED RULE 099.41. ARKANSAS WORKERS' COMPENSATION DRUG
FORMULARY**

TABLE OF CONTENTS

SECTION

- I. General Provisions.
- II. Process for Requiring all Payors to contract with a Pharmacist and Physician or Physician or Medical Director or PBM who has contracted with a Pharmacist and Physician or Medical Director.
- III. Opioid Medications.
- IV. Process for Filling Workers' Compensation Prescriptions.
- V. Process for Resolving Disputes Between Provider and Reviewing Pharmacist or PBM.
- VI. Hearings.
- VII. Rule Review.
- VIII. Effective Date of Rule.
Drug Formulary.

Part I. General Provisions

Pursuant to Ark. Code Ann. 11-9-517 (Repl. 1996) and Commission Rule 099.02 (Effective March 1, 1982) the following rule is hereby established in order to implement a workers' compensation Drug Formulary.

A. Scope.

- 1. This rule does all the following:
 - (a) Adopts by reference as part of this rule the Public Employee Claims Division (PECD) Workers' Compensation Drug Formulary, which is maintained and updated by UAMS College of Pharmacy Evidence Based Prescription Program and any amendments to that formulary. The formulary will be reviewed and updated as needed.
 - (b) Establishes that all ~~Opioid initial~~ prescriptions for Opioids shall have a ~~90 MED per day limit for five days for the initial prescription with a 90-day maximum duration period~~ be limited to a 5-day supply and shall not exceed 90 MED per day. All subsequent Opioid prescriptions shall be limited to a 90-day maximum supply and shall not exceed a 90 MED dosage limitation per day.

- (c) Establishes the effective date for implementation of Rule 099.41.
- (d) Establishes procedures by which all payors shall have on staff a Pharmacist and Physician or Medical Director or shall contract with a PBM, who has a Pharmacist and a Physician or Medical Director on staff or has contracted with a Pharmacist and a Physician or Medical Director.
- (e) Establishes a procedure for pharmacists filling workers' compensation prescriptions.
- (f) Provides for the certification of all payors, determined to be in compliance with the criteria and standards established by this rule. (See Part II. A for certification requirements.)
- (g) Provides for the implementation of Medical Cost Containment Division (MCCD) review and decision making responsibility. The rule and definitions are not intended to supersede or modify the workers' compensation laws, the administrative rules of the Commission, or court decisions interpreting the laws or the Commission's administrative rules.
- (h) Provides for the right to appeal from the MCCD to an Administrative Law Judge.
- (i) Provides requirements in order for payors to be held responsible for payment of FDA approved Opioid medications.

B. Definitions.

As used in this rule:

1. "Administrator" means the Administrator of the Medical Cost Containment Department of the Arkansas Workers' Compensation Commission or his/her designee.
2. "Day" means calendar day.
3. "Dispute" means a disagreement between a payor, pharmacists, provider, or claimant, regarding this rule.
4. "Filling Pharmacist" is a pharmacist filling a prescription for medication.
5. "Initial Prescription" means the beginning, starting, commencing, or first written order for a medication. Changes in dosage, addition of or removal of previously prescribed medications either individually or in combination are not considered an initial prescription.
6. "Medical Director" is a physician that is on staff or is contracted with either a PBM or the payor of the worker's compensation claim.
7. "Outpatient service" means a service provided by the following but not limited to, types of facilities: physicians' offices and clinics, hospital emergency rooms, hospital outpatient facilities, community health centers, outpatient psychiatric hospitals, outpatient psychiatric units, and free-standing surgical outpatient facilities.
8. "Payor" is a self-insured entity, third party administrator or insurance carrier which pays workers' compensation benefits.
9. "Reviewing Pharmacist" is an individual with a Doctorate in pharmacy or a Bachelor's degree in pharmacy contracted with or on staff with a Payor or Pharmacy Benefit Manager.
10. "Pharmacy Benefit Manager" (PBM) is a third-party administrator (TPA) of prescription drug programs.
11. "Provider" means a facility, health care organization, or practitioner.
12. "MED" means Morphine Equivalent Dose Per Day.

Part II. Process for Requiring all Payors to contract with a Pharmacist and Physician or Medical Director or PBM who has contracted with a Pharmacist and Physician or Medical Director.

All payors shall have on staff or shall contract with a Pharmacist and Physician or Medical Director or PBM who has contracted with a Pharmacist and Physician or Medical Director or has a Pharmacist and Physician or Medical Director on staff. Certification requires the Payor to furnish the current name, license number, and address of their Pharmacist, PBM, and Physician or Medical Director to the Medical Cost Containment Division of the Arkansas Workers' Compensation Commission and update this information when changes occur.

Part III. Opioid Medications

- A. For workers' compensation injuries or illnesses with an incident date on or after ~~September 1, 2017~~ January 1, 2018 payors will not be held financially responsible for payment for FDA approved Opioid medications in excess of 90 MED per day.
- B. Prior to prescribing Opioid medications, physicians ~~should~~ shall check the Prescription Drug Monitoring Program (PDMP) database for the current controlled substances that the injured employee is taking in order to make informed decisions as to what medications to prescribe.
- C. A Payor shall not be required to pay for more than five (5) days of medication for the first prescription of an Opioid medication. A Payor shall not be required to pay for continuing an Opioid medication beyond the first five (5) day prescription unless all of the following requirements are met:
 1. The medication is prescribed by an authorized treating physician; and
 2. The medication is reasonable, necessary and related to the workers' compensation injury or illness; and
 3. The provider prescribing the medication examines the injured employee in a follow-up visit and certifies that the medication taken so far is proving to be effective in treating the injured employee's injury or illness; and
 4. The provider prescribing the medication certifies that continuing the Opioid medication therapy is medically necessary.
 5. A Payor shall not be required to pay for continuing an Opioid medication beyond 90 days without written certification of medical necessity ~~by the authorized treating physician prescribing the medication~~ which shall include the following:
 - (a) Follow-up visits with prescribing physician;
 - (b) Documentation by prescribing physician of improved function under the medication;
 - (c) Periodic drug screening;
 - (d) A detailed plan for future weaning off the Opioid medication;
 - (e) A summary of conservative care rendered to the worker that focused on increased function and return to work;
 - (f) Mandatory and documented review of the Prescription Drug Monitoring Program (PDMP) prior to issuing every prescription for a Schedule II or III narcotic or benzodiazepine;
 - (g) A statement on why prior or alternative conservative measures were ineffective or contraindicated (including non-opioid pain medications); and
 - (h) A summary of findings, if any, of the data received from an automated Prescription

Drug Monitoring Program (PDMP).

Part IV. Process for Filling Workers' Compensation Prescriptions

- A. Pharmacists filling a workers' compensation prescription must verify that the prescribed drug(s) are listed on the approved drug formulary.
- B. If the prescribed drug(s) is not on the approved drug formulary, the pharmacist must contact the Payor for approval of the prescribed drug(s) and must consult with the Prescribing Physician before switching the medication to a formulary medication(s).
- C. The filling pharmacist must abide by the rule requirements for prescribed Opioids for the Payor to be required to pay for the medication(s). (90 MED per day for five (5) days and a 90 day duration)
- D. Compounded medications require pre-authorization from the Payor and medical certification of the patient's inability to tolerate treatment by other non-compounded medications.

Part V. Process for Resolving Disputes Between Provider and Reviewing Pharmacist or PBM

When the Payor denies the medication and the injured employee, filling pharmacist, or prescribing physician insists on the medication that has been denied, a reconsideration may be made to the reviewing pharmacist on staff or contracted with the Payor or the Payor's PBM by submitting a Reconsideration Form. The Payor should promptly send a Reconsideration Form to the prescribing physician to complete and submit together with any supporting documentation to the reviewing Pharmacist. The reviewing Pharmacist shall have three (3) business days to consult with the Physician or Medical Director, if necessary, and to respond to the reconsideration request. If the reviewing Pharmacist does not respond within three (3) business days, the filling pharmacist may fill the prescription. If the reviewing Pharmacist denies the reconsideration request, an appeal may be made within 10 business days to the Medical Cost Containment Division of the Arkansas Workers' Compensation Commission.

Part VI. Hearings

A. Administrative Review Procedure

An appeal may be made to the Administrator of the Medical Cost Containment Division by mail, fax, or email.

Administrator of the Medical Cost Containment Division
P.O. Box 950
Little Rock, AR 72203-0950
501-682-1790 fax
501-682-2747 fax
Phannah@awcc.state.ar.us

1. Appeals will be reviewed by the Medical Cost Containment Division and a determination will be issued within three (3) business days of receipt of the appeal and supporting documentation.
2. An appeal may be rejected if it does not contain the following information:
 - (a) Injured employee name;

- (b) Date of birth of injured employee;
 - (c) Social Security Number of injured employee;
 - (d) Arkansas Workers' Compensation File Number;
 - (e) Date of Injury;
 - (f) Prescribing doctor's name;
 - (g) Prescribing doctor's DEA number;
 - (h) Name of drug and dosage;
 - (i) Requestor's name (pharmacy or prescribing doctor);
 - (j) Requestor's contact information;
 - (k) A statement that the approval request for a prescribed drug(s) has been denied by the insurance carrier, accompanied by the denial letter if available;
 - (l) A statement that the prior approval denial poses an unreasonable risk of a medical emergency and justification from a medical perspective such as withdrawal potential or other significant side effects or complications.
 - (m) A statement that the potential medical emergency has been documented in the prior approval process.
 - (n) A statement that the insurance carrier has been notified that a request for an expedited determination is being submitted to the Arkansas Workers' Compensation Commission; and
 - (o) The signature of the requestor and the following certification by the requestor for paragraphs (g) to (o) of the above subsection, "I hereby certify under penalty of law that the previously listed conditions have been met."
3. An appeal determination shall be processed and approved or denied by the Administrator in accordance with this section. At the discretion of the Administrator, an incomplete appeal may be considered in accordance with this section.
 4. A determination by the Administrator becomes final under the appeal process and shall be effective retroactively to the date of the original prescription.
 5. Any party feeling aggrieved by the Order of the Administrator has the right to appeal the final decision of the Administrator to an Administrative Law Judge of the Arkansas Workers' Compensation Commission for an expedited hearing. The appeal must be made within 10 business days. The Administrative Law Judge shall have **two weeks from receipt of the appeal** to conduct an expedited hearing and render a decision. The Notice of Appeal shall contain the following:
 - (a) A copy of the Administrator's Order appealed from;
 - (b) Copies of all materials submitted to the Administrator in the appeal proceedings.

Part VII. Rule Review

The Arkansas Workers' Compensation Commission encourages participation in the development of and changes to this Rule by all groups, associations, and the public. Any such group, association or other party desiring input or changes made to this Rule and associated schedules must make their recommendations, in writing to the Medical Cost Containment Administrator. After yearly analysis, the Commission may incorporate such recommended changes into this Rule.

Part VIII. Effective Date of Rule

This Rule is adopted for all prescriptions for workers' compensation claims with a date of injury on or after ~~September 1, 2017~~ January 1, 2018, and applies to all FDA approved drugs that are prescribed and dispensed for outpatient use.

PA Required = Prior Authorization Required

¹ Select compounding kits also require Prior Authorization

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Penicillins	Allowed
Amoxicillin (Trihydrate) Powder	PA Required
Amoxicillin (Trihydrate) Tab Sr 24Hr 775 Mg	PA Required
Ampicillin Powder	PA Required
Cephalosporins	Allowed
Cefadroxil Cap	PA Required
Cefadroxil Tab	PA Required
Cefadroxil Powder	PA Required
Cephalexin Tab	PA Required
Cephalexin Powder	PA Required
Cefaclor Monohydrate Powder	PA Required
Cefprozil Tab	PA Required
Cefuroxime Axetil Tab	PA Required
Cefuroxime Sodium (Bulk) For Inj 225 Gm	PA Required
Cefdinir Cap	PA Required
Cefditoren Pivoxil	PA Required
Cefixime Cap	PA Required
Cefixime Tab	PA Required
Cefixime Chew Tab	PA Required
Cefpodoxime Proxetil Tab	PA Required
Ceftazidime (Bulk) For Inj 100 Gm	PA Required
Ceftibuten Cap	PA Required
Macrolide Antibiotics	Allowed
Erythromycin Powder	PA Required
Erythromycin Stearate Powder	PA Required
Erythromycin Ethylsuccinate Powder	PA Required
Azithromycin Extended Release For Oral Susp 2 Gm	PA Required
Fidaxomicin	PA Required
Tetracyclines	Allowed
Chlortetracycline	PA Required
Demeclocycline	PA Required
Doxycycline Monohydrate Cap 75 Mg	PA Required
Doxycycline Monohydrate Cap 150 Mg	PA Required
Doxycycline Monohydrate Tab 50 Mg	PA Required
Doxycycline Monohydrate Tab 75 Mg	PA Required
Doxycycline Monohydrate Tab 150 Mg	PA Required
Doxycycline Hyclate Tab 50 Mg	PA Required
Doxycycline Hyclate Tab 75 Mg	PA Required
Doxycycline Hyclate Tab 150 Mg	PA Required
Doxycycline Hyclate Tab Delayed Release	PA Required
Doxycycline Hyclate For Inj	PA Required
Doxycycline Hyclate Powder	PA Required
Doxycycline Hyclate Cap Dr Particles	PA Required
Doxycycline Calcium	PA Required
Doxycycline Hyclate W/ Cleanser Kit	PA Required
Doxycycline Hyclate W/ Eyelid Cleansers Kit	PA Required
*Doxycycline Hyclate & Eyelid Cleans & Spray Kit**	PA Required
Doxycycline Monohyd W/ Omega 3-Vit E Cap Kit	PA Required
Minocycline HCl Tab	PA Required
Minocycline HCl Iv For Soln	PA Required
Minocycline HCl Powder	PA Required
Minocycline HCl Tab Sr 24Hr	PA Required
Minocycline HCl W/ Acne Care Products Kit	PA Required
Oxytetracycline HCl Powder	PA Required
Nicazefdoxy Kit	PA Required
Fluoroquinolones	Allowed
Ciprofloxacin-Ciprofloxacin HCl (Base Eq)	PA Required
Moxifloxacin HCl	PA Required
Gemifloxacin Mesylate	PA Required
Reserved	PA Required
Aminoglycosides	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Sulfonamides	PA Required
Antitubercular	PA Required
Reserved	PA Required
Antifungals	PA Required
Antiviral	PA Required
Antimalarial	PA Required
Amebicides	PA Required
Anthelmintics	PA Required
Misc Anti-Infectives	Allowed
Aztreonam	PA Required
Aztreonam Lysine For Inhal	PA Required
Bacitracin Intramuscular	PA Required
Colistimethate Sodium For Inj 150 Mg	PA Required
Dalbavancin HCl	PA Required
Metronidazole Cap	PA Required
Metronidazole Tab Sr 24Hr	PA Required
Oritavancin Diphosphate	PA Required
Pentamidine Isethionate	PA Required
Rifaximin Tab	PA Required
Telavancin HCl	PA Required
Tinidazole	PA Required
Trimethoprim Powder	PA Required
Vancomycin	PA Required
Vancomycin HCl Oral Soln (Compound Kit)	PA Required
Polymyxin B Sulfate	PA Required
Doripenem	PA Required
Ertapenem Sodium	PA Required
Meropenem	PA Required
Imipenem-Cilastatin	PA Required
Chloramphenicol Powder	PA Required
Chloramphenicol Sodium Succinate	PA Required
Telithromycin Tab 300 Mg	PA Required
Lincomycin HCl	PA Required
Lincomycin HCl-Lidocaine HCl	PA Required
Oxazolidinones	PA Required
Quinupristin-Dalfopristin	PA Required
Daptomycin For Iv Soln 500 Mg	PA Required
Tigecycline	PA Required
Atovaquone	PA Required
Nitazoxanide Tab	PA Required
Trimetrexate Glucuronate	PA Required
Drotrecogin Alfa (Activated)	PA Required
Vaccines	PA Required
Toxoids	PA Required
Antisera	PA Required
Misc Biologicals	PA Required
Antineoplastic	PA Required
Corticosteroids	Allowed
Betamethasone Sodium Phosphate Powder	PA Required
Budesonide	PA Required
Cortisone Acetate Powder	PA Required
Dexamethasone Powder	PA Required
Dexamethasone Acetate Powder	PA Required
Dexamethasone Sodium Phosphate Powder	PA Required
*Dexamethasone Sodium Phosphate Pf Inj	PA Required
Hydrocortisone Sod Phosphate Powder	PA Required
Hydrocortisone Sodium Succinate For Inj 1000 Mg	PA Required
Methylprednisolone Powder	PA Required
Methylprednisolone Acetate Pf Inj Susp 40 Mg/ML	PA Required
Methylprednisolone Acetate Powder	PA Required
Methylprednisolone Sodium Succinate For Inj 2000 Mg	PA Required
Prednisolone Powder	PA Required
Prednisolone Acetate Powder	PA Required
Prednisolone Sodium Phosphate Powder	PA Required
Prednisone Tab Delayed Release 5 Mg	PA Required
Prednisone Powder	PA Required
Triamcinolone Diacetate Pf Inj Susp 40 Mg/ML	PA Required
Triamcinolone Diacetate Micronized Powder	PA Required
*Dexamethasone Sod Phos & Bupiv ***	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
*Dexamethasone Sod Phos & Lidocaine**	PA Required
Methylprednisolone Ace & Bupivacaine Inj	PA Required
*Methylprednisolone Inj & Lidocaine Inj Kit***	PA Required
*Triamcinolone & Bupivacaine HCl	PA Required
*Triamcinolone Inj & Lidocaine HCl Inj	PA Required
*Betamethasone Sod Phos & Ace Inj & Bupiv	PA Required
*Betamethasone Sod Phos & Ace & Lido	PA Required
*Dexamethasone Pf & Bupiv & Lido	PA Required
*Methylprednisolone & Bupiv & Lido	PA Required
*Triamcinolone & Bupiv & Lido	PA Required
Triamcinolone & Lidocaine & Ammonia	PA Required
*Betameth Na Phos & Ace & Bupiv & Lido	PA Required
Fludrocortisone Acetate Powder	PA Required
Androgen-Anabolic Steroids	PA Required
Estrogens	PA Required
Contraceptives Oral	PA Required
Progestins	PA Required
Antidiabetics	PA Required
Thyroid	PA Required
Oxytocics	PA Required
Misc Endocrine	PA Required
Cardiotonics	PA Required
Antianginal Agents	PA Required
Beta Blockers	PA Required
Calcium Blockers	PA Required
Antiarrhythmic	PA Required
Antihypertensive	PA Required
Diuretics	PA Required
Pressors	PA Required
Antihypertipidemic	PA Required
Misc Cardiovascular	PA Required
Antihistamines	Allowed
Brompheniramine Maleate Powder	PA Required
Chlorpheniramine Maleate Powder	PA Required
Clemastine Fumarate Powder	PA Required
*Diphenhydramine HCl For Oral Susp (Compound Kit)**	PA Required
Diphenhydramine HCl Powder	PA Required
Doxylamine Succinate Powder	PA Required
Pyrilamine Maleate Powder	PA Required
Tripelennamine HCl Powder	PA Required
Promethazine HCl Powder	PA Required
Azatadine Maleate Powder	PA Required
Desloratadine	PA Required
Levocetirizine Dihydrochloride	PA Required
Terfenadine Powder	PA Required
Cpm-Methscop Tab & Cpm-Methscop Tab Pack	PA Required
Chlorpheniramine-Methscopolamine Tab Sr 12Hr	PA Required
Decongestants	PA Required
Cough/Cold	PA Required
Antiasthmatics	PA Required
Misc Respiratory	PA Required
Laxatives	Allowed
Magnesium Sulfate Powder	PA Required
Bisacodyl Powder	PA Required
Danthron Powder	PA Required
Senna Powder	PA Required
Cellulose Powder	PA Required
*Fiber Oral Powder**	PA Required
Malt Extract Powder	PA Required
Methylcellulose Powder Laxative	PA Required
*Corn Dextrin Oral Powder**	PA Required
*Wheat Bran Oral Powder**	PA Required
*Wheat Dextrin Oral Powder**	PA Required
*Guar Gum Oral Powder**	PA Required
*Inulin Oral Powder**	PA Required
Docusate Sodium Powder	PA Required
*Guar Gum-Maltodextrin Oral Powder**	PA Required
*Wheat Dextrin-Calcium Oral Powder**	PA Required
*Fiber W/ Vitamins & Minerals Oral Powder**	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
*Wheat Dextrin-Vitamin B6-Vitamin B12-Folic Acid Powder***	PA Required
Mag Cit-Bisacodyl-Petrolat-Peg-Metoclopramide-Electrol Kit	PA Required
Antidiarrheals	PA Required
Antacids	PA Required
Ulcer Drugs	PA Required
H2 Antagonists	Allowed
Cimetidine Powder	PA Required
*Ranitidine HCl For Oral Susp (Compound Kit)**	PA Required
*Lansoprazole Susp (Compound Kit)**	PA Required
*Omeprazole Susp (Compound Kit)**	PA Required
Antiemetics	PA Required
Digestive Aids	PA Required
Misc GI Agents	PA Required
Urinary Anti-Infectives	PA Required
Urinary Antispasmodics	PA Required
Vaginal Products	PA Required
Misc Genitourinary Products	PA Required
Antianxiety Agents	Allowed
Droperidol Powder	PA Required
Hydroxyzine Pamoate Powder	PA Required
*Alprazolam & Dietary Management Cap Pack***	PA Required
*Diazepam & Dietary Management Cap Pack***	PA Required
Antidepressants	PA Required
Trazodone HCl	Allowed
Trazodone HCl Powder	PA Required
Venlafaxine	Allowed
Amitriptyline	Allowed
Amitriptyline HCl Powder	PA Required
Nortriptyline	Allowed
Nortriptyline HCl Powder	PA Required
Antipsychotics	PA Required
Prochlorperazine	Allowed
Hypnotics	Allowed
Amobarbital Sodium	PA Required
Pentobarbital Powder	PA Required
Phenobarbital Powder	PA Required
Phenobarbital Powder	PA Required
Secobarbital Sodium	PA Required
Chloral Hydrate Crystals	PA Required
Quazepam	PA Required
Temazepam Cap 22.5 Mg	PA Required
Zolpidem Tartrate Tab Cr	PA Required
Zolpidem Tartrate SI Tab	PA Required
Zolpidem Tartrate Oral Spray	PA Required
Dexmedetomidine HCl	PA Required
Dexmedetomidine HCl In NaCl 0.9%	PA Required
Ramelteon	PA Required
Central Nervous System Drugs: Hypnotics: Selective Melatonin Receptor Agonists: Tasimelteon	PA Required
Doxylamine Succinate (Sleep)	PA Required
Diphenhydramine-Acetaminophen (Sleep)	PA Required
Diphenhydramine Citrate-Aspirin	PA Required
Ibuprofen-Diphenhydramine Citrate	PA Required
Ibuprofen-Diphenhydramine HCl	PA Required
Naproxen Sodium-Diphenhydramine HCl	PA Required
Doxepin HCl (Sleep) (Base Equiv)	PA Required
Suvorexant	PA Required
*Temazepam & Dietary Management Cap Pack***	PA Required
*Zolpidem & Dietary Management Cap Pack***	PA Required
Stimulants	PA Required
Misc Psychotherapeutic	PA Required
Reserved	PA Required
Analgesics	Allowed
Asa Powder	PA Required
Diffunisal Powder	PA Required
Sodium Salicylate Powder	PA Required
Sodium Salicylate Crystals	PA Required
Ziconotide Acetate Intrathecal	PA Required
Butalbital-Caff-Apap-Codeine Cap	PA Required
Butalbital-Caff-Apap Tab	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Butalbital-Caff-Apap Elixir	PA Required
Butalbital-Caff-Apap Soln	PA Required
Butalbital-Caff-Asa Cap	PA Required
Butalbital-Caff-Asa Tab	PA Required
Opioids	PA Required
Codeine Sulfate Tab	Allowed for 7 days then PA Required
Codeine Sulfate Oral Soln	Allowed for 7 days then PA Required
Hydromorphone HCl Tab	Allowed for 7 days then PA Required
Hydromorphone HCl Oral Liqd	Allowed for 7 days then PA Required
Hydromorphone HCl Suppos	Allowed for 7 days then PA Required
Morphine Sulfate Tab	Allowed for 7 days then PA Required
Morphine Sulfate Oral Conc	Allowed for 7 days then PA Required
Morphine Sulfate Oral Soln, Iv Soln, And Inj	Allowed for 7 days then PA Required
Morphine Sulfate Suppos	Allowed for 7 days then PA Required
Oxycodone HCl Cap	Allowed for 7 days then PA Required
Oxycodone HCl Tab	Allowed for 7 days then PA Required
Oxycodone HCl Oral Conc	Allowed for 7 days then PA Required
Oxycodone HCl Oral Soln	Allowed for 7 days then PA Required
Oxycodone HCl Tab Abuse Deter	Allowed for 7 days then PA Required
Oxymorphone HCl Tab	Allowed for 7 days then PA Required
Tapentadol HCl Tab	Allowed for 7 days then PA Required
Tramadol HCl Tab	Allowed for 7 days then PA Required
Butorphanol Tartrate Inj And Nasal Soln	Allowed for 7 days then PA Required
Pentazocine W/ Naloxone Tab	Allowed for 7 days then PA Required
Oxycodone W/ Acetaminophen Cap	Allowed for 7 days then PA Required
Oxycodone W/ Acetaminophen Tab	Allowed for 7 days then PA Required
Oxycodone W/ Acetaminophen Soln	Allowed for 7 days then PA Required
Oxycodone W/ Aspirin Tab	Allowed for 7 days then PA Required
Oxycodone-Ibuprofen Tab	Allowed for 7 days then PA Required
Acetaminophen W/ Codeine Tab	Allowed for 7 days then PA Required
Acetaminophen W/ Codeine Susp	Allowed for 7 days then PA Required
Acetaminophen W/ Codeine Soln	Allowed for 7 days then PA Required
Acetaminophen-Caff-Dihydrocodeine Cap	Allowed for 7 days then PA Required
Acetaminophen-Caff-Dihydrocodeine Tab	Allowed for 7 days then PA Required
Aspirin-Caff-Dihydrocodeine Cap	Allowed for 7 days then PA Required
Hydrocodone-Acetaminophen Cap	Allowed for 7 days then PA Required
Hydrocodone-Acetaminophen Tab	Allowed for 7 days then PA Required
Hydrocodone-Acetaminophen Soln	Allowed for 7 days then PA Required
Hydrocodone-Ibuprofen Tab	Allowed for 7 days then PA Required
Pentazocine-Acetaminophen Tab	Allowed for 7 days then PA Required
Tramadol-Acetaminophen Tab	Allowed for 7 days then PA Required
Anti-Rheumatic	PA Required
Anti-Inflammatory	Allowed
Diclofenac Cap	PA Required
Diclofenac Sodium Powder	PA Required
Diclofenac Crystal	PA Required
Diclofenac Potassium Cap	PA Required
Diclofenac Sodium Tab Sr 24Hr	PA Required
Fenoprofen Powder	PA Required
Flurbiprofen Powder	PA Required
Ibuprofen Powder	PA Required
Ibuprofen Lysine Iv	PA Required
*Ibuprofen & Liniment Topical Gel Kit**	PA Required
Indomethacin Cap 20 Mg	PA Required
Indomethacin Cap 40 Mg	PA Required
Indomethacin Powder	PA Required
Indomethacin Sodium	PA Required
Ketoprofen Powder	PA Required
Ketorolac Tromethamine Nasal Spray 15 75 Mg/Spray	PA Required
Meclofenamic Acid Powder	PA Required
Mefenamic Acid	PA Required
*Meloxicam & Liniment Topical Gel Kit**	PA Required
Naproxen Powder	PA Required
Naproxen Powder	PA Required
Naproxen Sodium Tab Sr 24Hr (Base Equiv)	PA Required
*Naproxen & Liniment Topical Gel Kit**	PA Required
Piroxicam Powder	PA Required
Sulindac Powder	PA Required
Celecoxib	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Phenylbutazone Powder	PA Required
Duexis	PA Required
*Ketorolac Trometh & Lidocaine HCl Kit***	PA Required
Naproxen-Esomeprazole Magnesium Tab Dr	PA Required
*Ibuprofen & Caffeine-Vitamins Cap Kit***	PA Required
Diclofen Dr -Ranitidine -Capsaicin Cr Thpk	PA Required
*Ketorolac Inj & Bupivacaine & Lido Kit***	PA Required
Diclofenac Sod & Lido-Men-Methyl Sal Ptch Kit	PA Required
Migraine Products	PA Required
Gout	PA Required
Local Anesthetics	PA Required
General Anesthetics	PA Required
Reserved	PA Required
Anticonvulsants	PA Required
Neurontin	Allowed
Gabapentin Oral Susp (Cmpd Kit)	PA Required
Antiparkinsonians	PA Required
Neuromuscular Blockers	PA Required
Skeletal Muscle Relaxants	Allowed
Baclofen Intrathecal	PA Required
Baclofen Powder	PA Required
Carisoprodol Powder	PA Required
Chlorzoxazone Powder	PA Required
Cyclobenzaprine HCl Tab 7.5 Mg	PA Required
Cyclobenzaprine HCl Powder	PA Required
*Cyclobenzaprine HCl Td Cream (Compound Kit)**	PA Required
Cyclobenzaprine HCl Cap Sr 24Hr	PA Required
*Cyclobenzaprine HCl & Liniment Topical Gel Kit**	PA Required
*Cyclobenzaprine HCl W/ Msm Oral (Cmpd Kit)**	PA Required
Orphenadrine Powder	PA Required
Dantrolene Sodium For Iv Susp	PA Required
Dantrolene Sodium For Iv Soln	PA Required
Hyaluronidate	PA Required
*Autologous Cultured Chondrocytes For Implantation**	PA Required
*Tizanidine & Liniment Topical Gel Pack***	PA Required
*Carisoprodol Mg & Dietary Management Cap Pack***	PA Required
*Cyclobenzaprine & Dietary Management Cap Pack***	PA Required
Antimyasthenic Agents	PA Required
Vitamins	PA Required
Multi-Vitamins	PA Required
Minerals - Electrolytes	PA Required
Nutrients	PA Required
Dietary Products	PA Required
Hematopoietic Agents	PA Required
Anticoagulants	PA Required
Hemostatics	PA Required
Misc Hematological	PA Required
Ophthalmic	PA Required
*Ophthalmic Anti-Infectives**	Allowed
*Artificial Tears And Lubricants**	Allowed
*Ophthalmic Steroids**	Allowed
*Ophthalmic Decongestants**	Allowed
*Ophthalmic Local Anesthetics**	Allowed
*Ophthalmic Antiallergic***	Allowed
*Ophthalmic Irrigation Solutions***	Allowed
*Ophthalmic Hyperosmolar Products***	Allowed
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***	Allowed
Otic	Allowed
Mouth - Throat	PA Required
Oral Rinse	Allowed
Anorectal	PA Required
Dermatological	PA Required
*Antibiotics - Topical**	Allowed
Bacitracin Powder	PA Required
Bacitracin Zinc Powder	PA Required
Gentamicin Sulfate Powder	PA Required
Neomycin Sulfate Powder	PA Required
Tetracycline HCl Powder	PA Required
*Bacitracin-Polymyxin B Powder***	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
*Antifungals - Topical**	Allowed
Benzoic Acid Powder	PA Required
Ciclopirox Olamine Powder	PA Required
Clioquinol Powder	PA Required
Gentian Violet Powder	PA Required
Nystatin Topical Powder	PA Required
Tolnaftate Powder (Compounding)	PA Required
Undecylenate Zinc Powder	PA Required
Clotrimazole Powder	PA Required
Econazole Nitrate Powder	PA Required
Dermatologicals *Antifungals - Topical** *Imidazole-Related Antifungals - Topical*** Efinaconazole	PA Required
Miconazole Nitrate Powder	PA Required
Tavaborole	PA Required
Undecylenic Acid-Aluminum Chlorohydrate Aerosol Powder	PA Required
Undecylenic Acid-Zinc Undecylenate Powder	PA Required
*Itraconazole-Phenytoin Sodium (Cmpd Kit)***	PA Required
*Antihistamines-Topical**	Allowed
Levocetirizine-Loratadine (Cmpd Kit)	PA Required
Diclofenac Gel 1%	Allowed
*Antipruritics - Topical**	Allowed
*Burn Products**	Allowed
*Corticosteroids - Topical**	Allowed
Betamethasone Dipropionate Powder	PA Required
Betamethasone Valerate Powder	PA Required
Clobetasol Propionate Powder	PA Required
Desonide Powder	PA Required
Fluocinolone Acetonide Powder	PA Required
Fluocinonide Powder	PA Required
Hydrocortisone Powder	PA Required
Hydrocortisone Gel 10% (Cmpd Kit)	PA Required
Hydrocortisone Micronized Powder	PA Required
Hydrocortisone Acetate Powder	PA Required
Triamcinolone Acetonide Powder	PA Required
*Calcitriol-Fluticasone-Tacrolimus (Cmpd Kit)***	PA Required
Diaper Rash	Allowed
*Emollients**	Allowed
*Liniments**	Allowed
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
Capsaicin-Menthol-Methyl Salicylate Lotion 0.025-1	PA Required
*Local Anesthetics - Topical**	Allowed
Benzocaine Powder	PA Required
Capsaicin Powder	PA Required
Cocaine HCl Powder	PA Required
Dibucaine HCl Powder	PA Required
Lidocaine	PA Required
Lidocaine HCl Powder	PA Required
*Lidocaine HCl Cream 5% (Compound Kit)**	PA Required
*Lidocaine HCl Cream 10% (Compound Kit)**	PA Required
Lidocaine HCl Gel 3%	PA Required
Pramoxine HCl Powder	PA Required
Capsaicin-Menthol Topical Patch 0.0375-5%	PA Required
Lidocaine-Menthol Patch 4-4%	PA Required
Lidocaine Cream 4% & Transparent Dressing Kit	PA Required
Benzocaine-Menthol-Methyl Salicylate Lotion 15-5-3	PA Required
Lidocaine-Capsaicin-Menthol-Methyl Sal Lotn 2.5-0.	PA Required
Antiscabies	Allowed
*Wound Cleansers/Decubitus Ulcer Therapy***	Allowed
*Wound Dressings***	Allowed
*Wound Dressings - Powder***	PA Required
*Misc. Topical***	Allowed
Aluminum Chloride Powder	PA Required
Ichthammol Powder	PA Required
*Astringents***	Allowed
Aluminum Acetate Powder	PA Required

Public Employee Claims Division: Acute Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Calamine Powder	PA Required
*Zinc Oxide Topical Powder***	PA Required
Tannic Acid Powder	PA Required
*Skin Cleansers***	Allowed
*Skin Protectants***	Allowed
*Skin Protectants Misc - Powder***	PA Required
*Soaps***	Allowed
*Powders***	Allowed
*Powders***	PA Required
*Powders - Packet***	PA Required
Corn Starch Topical Powder	PA Required
Talc Topical Powder	PA Required
*Skin Oils***	Allowed
*Eyelid Cleansers & Lubricants***	Allowed
*Misc. Topical Combinations***	Allowed
*Menthol-Zinc Oxide Powder***	PA Required
*Talc-Starch Powder***	PA Required
Talc-Zinc Oxide Powder	PA Required
*Podiatric Products***	Allowed
*Podiatric Products - Aerosol Powder**	PA Required
Benzalkonium Chloride Powder	PA Required
*Podiatric Product - Combinations***	Allowed
*Misc. Dermatological Products**	Allowed
Reserved	PA Required
Antiseptic-Disinfectant	Allowed
Oxychlorosene Sodium Powder	PA Required
Merbromin Powder	PA Required
Thimerosal Powder	PA Required
Silver Protein Mild Powder	PA Required
Antidotes	PA Required
Diagnostic Products	PA Required
Reserved	PA Required
Chemicals	PA Required
Propoxyphene Napsylate (Bulk)	PA Required
Medical Devices	PA Required
Feeding Tubes	PA Required
Bandages	Allowed
Elastic Bandages & Supports	Allowed
Pharmaceutical Adjuvants	PA Required
Unclassified	PA Required

PA Required = Prior Authorization Required

¹ Select compounding kits also require Prior Authorization

Public Employee Claims Division: Chronic Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Penicillins	PA Required
Cephalosporins	PA Required
Macrolide Antibiotics	PA Required
Tetracyclines	PA Required
Fluoroquinolones	PA Required
Reserved	PA Required
Aminoglycosides	PA Required
Sulfonamides	PA Required
Antitubercular	PA Required
Reserved	PA Required
Antifungals	PA Required
Antiviral	PA Required
Antimalarial	PA Required
Amebicides	PA Required
Anthelmintics	PA Required
Misc Anti-Infectives	PA Required
Vaccines	PA Required
Toxoids	PA Required
Antisera	PA Required
Misc Biologicals	PA Required
Antineoplastic	PA Required
Corticosteroids	Allowed
Betamethasone Sodium Phosphate Powder	PA Required
Budesonide	PA Required
Cortisone Acetate Powder	PA Required
Dexamethasone Powder	PA Required
Dexamethasone Acetate Powder	PA Required
Dexamethasone Sodium Phosphate Powder	PA Required
*Dexamethasone Sodium Phosphate Pf Inj	PA Required
Hydrocortisone Sod Phosphate Powder	PA Required
Hydrocortisone Sodium Succinate For Inj 1000 Mg	PA Required
Methylprednisolone Powder	PA Required
Methylprednisolone Acetate Pf Inj Susp 40 Mg/MI	PA Required
Methylprednisolone Acetate Powder	PA Required
Methylprednisolone Sodium Succinate For Inj 2000 Mg	PA Required
Prednisolone Powder	PA Required
Prednisolone Acetate Powder	PA Required
Prednisolone Sodium Phosphate Powder	PA Required
Prednisone Tab Delayed Release 5 Mg	PA Required
Prednisone Powder	PA Required
Triamcinolone Diacetate Pf Inj Susp 40 Mg/MI	PA Required
Triamcinolone Diacetate Micronized Powder	PA Required
*Dexamethasone Sod Phos & Bupiv ***	PA Required
*Dexamethasone Sod Phos & Lidocaine**	PA Required
Methylprednisolone Ace & Bupivacaine Inj	PA Required
*Methylprednisolone Inj & Lidocaine Inj Kit***	PA Required
*Triamcinolone & Bupivacaine HCl	PA Required
*Triamcinolone Inj & Lidocaine HCl Inj	PA Required
*Betamethasone Sod Phos & Ace Inj & Bupiv	PA Required
*Betamethasone Sod Phos & Ace & Lido	PA Required
*Dexamethasone Pf & Bupiv & Lido	PA Required
*Methylprednisolone & Bupiv & Lido	PA Required
*Triamcinolone & Bupiv & Lido	PA Required
Triamcinolone & Lidocaine & Ammonia	PA Required
*Betameth Na Pho&Ace & Bupiv & Lido	PA Required
Fludrocortisone Acetate Powder	PA Required
Androgen-Anabolic Steroids	PA Required
Estrogens	PA Required
Contraceptives Oral	PA Required
Progestins	PA Required
Antidiabetics	PA Required

Public Employee Claims Division: Chronic Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Thyroid	PA Required
Oxytocics	PA Required
Misc Endocrine	PA Required
Cardiotonics	PA Required
Antianginal Agents	PA Required
Beta Blockers	PA Required
Calcium Blockers	PA Required
Antiarrhythmic	PA Required
Antihypertensive	PA Required
Diuretics	PA Required
Pressors	PA Required
Antihyperlipidemic	PA Required
Misc Cardiovascular	PA Required
Antihistamines	PA Required
Decongestants	PA Required
Cough/Cold	PA Required
Antiasthmatics	PA Required
Misc Respiratory	PA Required
Laxatives	Allowed
Magnesium Sulfate Powder	PA Required
Bisacodyl Powder	PA Required
Danthron Powder	PA Required
Senna Powder	PA Required
Cellulose Powder	PA Required
*Fiber Oral Powder**	PA Required
Malt Extract Powder	PA Required
Methylcellulose Powder Laxative	PA Required
*Corn Dextrin Oral Powder**	PA Required
*Wheat Bran Oral Powder**	PA Required
*Wheat Dextrin Oral Powder**	PA Required
*Guar Gum Oral Powder**	PA Required
*Inulin Oral Powder**	PA Required
Docusate Sodium Powder	PA Required
*Guar Gum-Maltodextrin Oral Powder**	PA Required
*Wheat Dextrin-Calcium Oral Powder**	PA Required
*Fiber W/ Vitamins & Minerals Oral Powder**	PA Required
*Wheat Dextrin-Vitamin B6-Vitamin B12-Folic Acid Powder***	PA Required
Mag Cit-Bisacodyl-Petrolat-Peg-Metoclopramide-Electrol Kit	PA Required
Antidiarrheals	PA Required
Antacids	PA Required
Ulcer Drugs	PA Required
Antiemetics	PA Required
Digestive Aids	PA Required
Misc GI Agents	PA Required
Urinary Anti-Infectives	PA Required
Urinary Antispasmodics	PA Required
Vaginal Products	PA Required
Misc Genitourinary Products	PA Required
Antianxiety Agents	Allowed
Droperidol Powder	PA Required
Hydroxyzine Pamoate Powder	PA Required
*Alprazolam & Dietary Management Cap Pack***	PA Required
*Diazepam & Dietary Management Cap Pack***	PA Required
Antidepressants	PA Required
Trazodone HCl	Allowed
Trazodone HCl Powder	PA Required
Venlafaxine	Allowed
Amitriptyline	Allowed
Amitriptyline HCl Powder	PA Required
Nortriptyline	Allowed
Nortriptyline HCl Powder	PA Required
Antipsychotics	PA Required
Hypnotics	Allowed
Amobarbital Sodium	PA Required
Pentobarbital Powder	PA Required
Phenobarbital Powder	PA Required
Phenobarbital Powder	PA Required
Secobarbital Sodium	PA Required
Chloral Hydrate Crystals	PA Required

Public Employee Claims Division: Chronic Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Quazepam	PA Required
Temazepam Cap 22.5 Mg	PA Required
Zolpidem Tartrate Tab Cr	PA Required
Zolpidem Tartrate Sl Tab	PA Required
Zolpidem Tartrate Oral Spray	PA Required
Dexmedetomidine HCl	PA Required
Dexmedetomidine HCl In NaCl 0.9%	PA Required
Ramelteon	PA Required
Central Nervous System Drugs Hypnotics Selective Melatonin Receptor Agonists: Tasimelteon	PA Required
Doxylamine Succinate (Sleep)	PA Required
Diphenhydramine-Acetaminophen (Sleep)	PA Required
Diphenhydramine Citrate-Aspirin	PA Required
Ibuprofen-Diphenhydramine Citrate	PA Required
Ibuprofen-Diphenhydramine HCl	PA Required
Naproxen Sodium-Diphenhydramine HCl	PA Required
Doxepin HCl (Sleep) (Base Equiv)	PA Required
Suvorexant	PA Required
*Temazepam & Dietary Management Cap Pack***	PA Required
*Zolpidem & Dietary Management Cap Pack***	PA Required
Stimulants	PA Required
Misc Psychotherapeutic	PA Required
Reserved	PA Required
Analgesics	Allowed
Aspirin Powder	PA Required
Diflunisal Powder	PA Required
Sodium Salicylate Powder	PA Required
Sodium Salicylate Crystals	PA Required
Ziconotide Acetate Intrathecal	PA Required
Butalbital-Caff-Apap-Codeine Cap	PA Required
Butalbital-Caff-Apap Tab	PA Required
Butalbital-Caff-Apap Elixir	PA Required
Butalbital-Caff-Apap Soln	PA Required
Butalbital-Caff-Asa Cap	PA Required
Butalbital-Caff-Asa Tab	PA Required
Opioids	PA Required
Codeine Sulfate Tab	Allowed
Codeine Sulfate Oral Soln	Allowed
Hydromorphone HCl Tab	Allowed
Hydromorphone HCl Oral Liqd	Allowed
Hydromorphone HCl Suppos	Allowed
Morphine Sulfate Tab	Allowed
Morphine Sulfate Oral Conc	Allowed
Morphine Sulfate Oral Soln, Iv Soln, And Inj	Allowed
Morphine Sulfate Suppos	Allowed
Oxycodone HCl Cap	Allowed
Oxycodone HCl Tab	Allowed
Oxycodone HCl Oral Conc	Allowed
Oxycodone HCl Oral Soln	Allowed
Oxycodone HCl Tab Abuse Deter	Allowed
Oxymorphone HCl Tab	Allowed
Tapentadol HCl Tab	Allowed
Tramadol HCl Tab	Allowed
Butorphanol Tartrate Inj And Nasal Soln	Allowed
Pentazocine W/ Naloxone Tab	Allowed
Oxycodone W/ Acetaminophen Cap	Allowed
Oxycodone W/ Acetaminophen Tab	Allowed
Oxycodone W/ Acetaminophen Soln	Allowed
Oxycodone W/ Aspirin Tab	Allowed
Oxycodone-Ibuprofen Tab	Allowed
Acetaminophen W/ Codeine Tab	Allowed
Acetaminophen W/ Codeine Susp	Allowed
Acetaminophen W/ Codeine Soln	Allowed
Acetaminophen-Caff-Dihydrocodeine Cap	Allowed
Acetaminophen-Caff-Dihydrocodeine Tab	Allowed
Aspirin-Caff-Dihydrocodeine Cap	Allowed
Hydrocodone-Acetaminophen Cap	Allowed
Hydrocodone-Acetaminophen Tab	Allowed
Hydrocodone-Acetaminophen Soln	Allowed
Hydrocodone-Ibuprofen Tab	Allowed

Public Employee Claims Division: Chronic Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Pentazocine-Acetaminophen Tab	Allowed
Tramadol-Acetaminophen Tab	Allowed
Anti-Rheumatic	PA Required
Anti-Inflammatory	Allowed
Diclofenac Cap	PA Required
Diclofenac Sodium Powder	PA Required
Diclofenac Crystal	PA Required
Diclofenac Potassium Cap	PA Required
Diclofenac Sodium Tab Sr 24Hr	PA Required
Fenoprofen Powder	PA Required
Flurbiprofen Powder	PA Required
Ibuprofen Powder	PA Required
Ibuprofen Lysine Iv	PA Required
*Ibuprofen & Liniment Topical Gel Kit**	PA Required
Indomethacin Cap 20 Mg	PA Required
Indomethacin Cap 40 Mg	PA Required
Indomethacin Powder	PA Required
Indomethacin Sodium	PA Required
Ketoprofen Powder	PA Required
Ketorolac Tromethamine Nasal Spray 15.75 Mg/Spray	PA Required
Meclofenamic Acid Powder	PA Required
Mefenamic Acid	PA Required
*Meloxicam & Liniment Topical Gel Kit**	PA Required
Naproxen Powder	PA Required
Naproxen Powder	PA Required
Naproxen Sodium Tab Sr 24Hr (Base Equiv)	PA Required
*Naproxen & Liniment Topical Gel Kit**	PA Required
Piroxicam Powder	PA Required
Sulindac Powder	PA Required
Celecoxib	PA Required
Phenylbutazone Powder	PA Required
Duexis	PA Required
*Ketorolac Trometh & Lidocaine HCl Kit***	PA Required
Naproxen-Esomeprazole Magnesium Tab Dr	PA Required
*Ibuprofen & Caffeine-Vitamins Cap Kit***	PA Required
Diclofen Dr -Ranitidine -Capsaicin Cr Thpk	PA Required
*Ketorolac Inj & Bupivacaine & Lido Kit***	PA Required
Diclofenac Sod & Lido-Men-Methyl Sal Ptch Kit	PA Required
Migraine Products	PA Required
Gout	PA Required
Local Anesthetics	PA Required
General Anesthetics	PA Required
Reserved	PA Required
Anticonvulsants	PA Required
Carbamazepine Powder	PA Required
Neurontin	Allowed
Gabapentin Oral Susp (Cmpd Kit)	PA Required
Antiparkinsonians	PA Required
Neuromuscular Blockers	PA Required
Skeletal Muscle Relaxants	Allowed
Baclofen Intrathecal	PA Required
Baclofen Powder	PA Required
Carisoprodol Powder	PA Required
Chlorzoxazone Powder	PA Required
Cyclobenzaprine HCl Tab 7.5 Mg	PA Required
Cyclobenzaprine HCl Powder	PA Required
*Cyclobenzaprine HCl Td Cream (Compound Kit)**	PA Required
Cyclobenzaprine HCl Cap Sr 24Hr	PA Required
*Cyclobenzaprine HCl & Liniment Topical Gel Kit**	PA Required
*Cyclobenzaprine HCl W/ Msm Oral (Cmpd Kit)**	PA Required
Orphenadrine Powder	PA Required
Dantrolene Sodium For Iv Susp	PA Required
Dantrolene Sodium For Iv Soln	PA Required
Hyaluronidate	PA Required
*Autologous Cultured Chondrocytes For Implantation**	PA Required
*Tizanidine & Liniment Topical Gel Pack***	PA Required
*Carisoprodol Mg & Dietary Management Cap Pack***	PA Required
*Cyclobenzaprine & Dietary Management Cap Pack***	PA Required
Antimyasthenic Agents	PA Required

Public Employee Claims Division: Chronic Formulary Strategy¹

Class, Description, Subclass/Drug	Notes
Vitamins	PA Required
Multi-Vitamins	PA Required
Minerals - Electrolytes	PA Required
Nutrients	PA Required
Dietary Products	PA Required
Hematopoietic Agents	PA Required
Anticoagulants	PA Required
Hemostatics	PA Required
Misc Hematological	PA Required
Ophthalmic	PA Required
Otic	PA Required
Mouth - Throat	PA Required
Anorectal	PA Required
Dermatological	PA Required
Diclofenac Gel 1%	Allowed
Reserved	PA Required
Antiseptic-Disinfectant	PA Required
Antidotes	PA Required
Naloxone Nasal Spray	Allowed
Diagnostic Products	PA Required
Reserved	PA Required
Chemicals	PA Required
Propoxyphene Napsylate (Bulk)	PA Required
Medical Devices	PA Required
Thermacare	Allowed
Pharmaceutical Adjuvants	PA Required
Unclassified	PA Required