

Medication	Comments	Alternatives
Anti-epilepsy medication		
Vimpat	Not recommended as first-line therapy for neuropathic pain	First-line agents for the treatment of neuropathic pain include: Neurontin® (gabapentin), Lyrica® (pregabalin), Cymbalta® (duloxetine), amitriptyline, nortriptyline

Cannabinoids		
Marrinol (dronabinol)	Synthetic THC; not recommended for pain per Official Disability Guidelines (ODG)	For pain - alternative agents would be non-opioid analgesics (non-steroidal antiinflammatory drugs (NSAIDs), acetaminophen), opioids, and/or treatment of other pain components (i.e. neuropathic pain medications).
Cesamet (nabilone)	Approved only for the treatment of chemotherapy induced nausea and vomiting that has not responded to conventional therapies	For nausea/vomiting - alternative agents would be Phenergan (promethazine) and Compazine (prochlorperazine)
Epidiolex	Approved only for the treatment of seizures associated with pediatric / childhood epilepsy syndromes, Lennox-Gastuat syndrome and Dravet syndrome	Treatment for these rare, and severe, pediatric seizures include: Dravet syndrome - stiripentol Lennox-Gastuat - clobazam, clonazepam, felbamate, lamotrigine, rufinamide, and topiramate

Opioid analgesics		
Buprenex (buprenorphine HCl injection)		Butrans (buprenorphine transdermal) may be considered first-line for the treatment of moderate to severe pain in select patient population. Opioids are not recommended as first-line treatment for chronic non-malignant (non-cancer) pain. First-line agents are non-opioid analgesics (non-steroidal antiinflammatory drugs (NSAIDs), acetaminophen). If opioids are deemed necessary preference should be given to the use first of short-acting opioids (i.e. tramadol, morphine sulfate, hydrocodone/APAP, oxycodone/APAP) with appropriate monitoring based on the Official Disability Guidelines (ODGs) prior to trying long-acting opioids. Long-acting opioids should be reserved for select patients that meet select criteria and are in the chronic phase of their injury. If deemed necessary and appropriate, preferred long-acting opioids may be morphine sulfate extended release tablets or tramadol extended release.
Butrans (buprenorphine transdermal)	Recommended first-line for the treatment of pain in select patient population	
Subutex (buprenorphine sublingual tab)		
Belbuca (buprenorphine buccal film)		
Bunavail (buprenorphine / naloxone buccal film)	Recommended in select patients for the treatment of opioid analgesic dependence but not recommended first-line for pain	
Suboxone (buprenorphine / naloxone sublingual film)	Recommended in select patients for the treatment of opioid analgesic dependence but not recommended first-line for pain	
Zubsolv (buprenorphine / naloxone)	Recommended in select patients for the treatment of opioid analgesic dependence but not recommended first-line for pain	
Dsuvia (sublingual sufentail)	Not approved for use outside of a hospital and/or outpatient setting; not for use for more than 72 hours; only to be administered by healthcare provider	

Medication	Comments	Alternatives
Opioid analgesics (continued)		
Fentora (fentanyl buccal tablet)	Approved only for breakthrough cancer pain in some patients	<p>First-line agents are non-opioid analgesics (NSAIDs, acetaminophen).</p> <p>If opioid analgesics are deemed necessary, preference should be given to first, the use of short-acting opioids (i.e. tramadol, morphine sulfate, hydrocodone/APAP, oxycodone/APAP, oxycodone immediate release) with appropriate monitoring based on ODG, prior to trying long-acting opioids.</p> <p>Long-acting opioids should be reserved for select patients that meet select criteria and are in the chronic phase of their injury.</p> <p>If deemed necessary and appropriate, morphine sulfate extended-release tablets are preferred.</p>
Onsolis (fentanyl buccal film)	Approved only for breakthrough cancer pain in some patients	
Actiq (immediate-release fentanyl lollipop)	Approved only for breakthrough cancer pain in some patients	
Lazanda (fentanyl immediate-release nasal spray)	Approved only for breakthrough cancer pain in some patients	
Subsys (fentanyl sublingual spray)	Approved only for breakthrough cancer pain in some patients	
Abstral (fentanyl transmucosal)	Approved only for breakthrough cancer pain in some patients	
Levorphanol	Any requests for this medication should be reviewed by the Medical Director / NJM Staff Physicians	
Opana (oxymorphone immediate release)		
Meperidine		
Apadaz (benzhyrocodone / APAP)	Recommended for max 14 days use in acute pain	
Meperidine and promethazine combo		
Opioid and nutritional combos		
Zohydro (hydrocodone extended release)		
Exalgo (hydromorphone extended release)		
Avinza (morphine extended-release capsule)		
Kadian (morphine extended-release capsule)		
Xartemis XR (oxycodone / APAP extended release)		
Hysingla ER (hydrocodone extended release)		

Medication	Comments	Alternatives
Opioid analgesics (continued)		
Targiniq ER (oxycodone / naloxone extended release)		<p>First-line agents are non-opioid analgesics (NSAIDs, acetaminophen).</p> <p>If opioid analgesics are deemed necessary, preference should be given to first, the use of short-acting opioids (i.e. tramadol, morphine sulfate, hydrocodone/APAP, oxycodone/APAP, oxycodone immediate release) with appropriate monitoring based on ODG, prior to trying long-acting opioids.</p> <p>Long-acting opioids should be reserved for select patients that meet select criteria and are in the chronic phase of their injury.</p> <p>If deemed necessary and appropriate, morphine sulfate extended-release tablets are preferred.</p>
Combunox (oxycodone / ibuprofen immediate release)	Duration of therapy not to exceed seven days	
Opana ER (oxycodone extended release)		
Conzip (tramadol ER capsule)	Preferred would be generic tramadol extended-release tablets	
Xtampza (oxycodone cap ER 12 HR)		

Non-steroidal Anti-inflammatory Drugs (NSAIDs)		
NSAID Therapy Paks (i.e., Napro Pak Cook, Flexizol Pak Combipak)		<p>First-line NSAIDs would include over-the-counter (OTC) formulations of individual components (i.e. ibuprofen and naproxen).</p> <p>NSAIDs should be used at the lowest dose and shortest duration of time possible.</p> <p>Certain patient populations (including those with existing cardiovascular disease) may not be good candidates for chronic NSAID use and may require increased prescriber monitoring for medication effects.</p>
Vivlodex (meloxicam capsule)		

Proton Pump Inhibitors (PPIs)		
Vimovo (naproxen and esomeprazole)	Individual components available OTC	Preferred agents would be use of OTC Nexium and OTC naproxen.
Duexis (famotidine and ibuprofen)	Individual components available OTC	Preferred agents would be use of OTC famotidine and ibuprofen.

Musculoskeletal Therapy Agents		
Amrix (cyclobenzaprine ER)		<p>Chronic use of muscle relaxants is not recommended.</p> <p>Immediate-release formulations recommended over use of long-acting formulations.</p> <p>Acute use of appropriate individual muscle relaxants preferred over use of muscle relaxant combination products / paks / kits.</p>
Muscle Relaxant and Liniment Gel Combinations / Kits		
Muscle Relaxant and Dietary Management Pak Combos		

Medication	Comments	Alternatives
Stimulants		
Nuvigil (armodafinil) – (route to RN basket)	FDA approved only for use in shift work sleep disorder and narcolepsy	Stimulants are not recommended for use to counteract sedation associated with opioid use. Preferred treatment is to adjust the dose of medications that are causing oversedation.
Provigil (modafinil) – (route to RN basket)		
Xyrem (sodium oxybate)	FDA approved only for narcolepsy; this medication is the same as the “date-rape” drug; no data to show this drug is better than others available on market	If use is for an approved indication (i.e. narcolepsy, shift work sleep disorder) care should be taken to make sure indication is compensable to work claim.

GU-Type 5 Inhibitor		
Cialis	Impotence medication	Erectile dysfunction can be caused by several conditions, including low testosterone (which can be caused by aging) and can be exacerbated by the presence of other comorbid conditions (including cardiovascular disease and certain neuropathic conditions). Care should be taken to investigate the origin of erectile dysfunction. If testosterone levels are low, consideration should be given to replacing testosterone.
Stendra		
Staxyn		
Viagra		
Levitra		

Topical Non-steroidal Anti-inflammatory Agents		
Pennsaid 2% solution		Topical Pennsaid 1.5% is available in a generic formulation, diclofenac topical solution 1.5%.
Flector 1.3% patches		Option 1: Voltaren 1% gel, a non-steroidal anti-inflammatory agent, should be used at lowest dose for shortest possible duration, regardless of route of administration. Option 2: Lidocaine patch, a local anesthetic agent, with or without oral anti-inflammatory agent. Lidocaine patch is applied only once a day for 12 hours duration per day.

Dermatologicals		
Topical lidocaine / menthol / capsaicin combinations		If deemed therapeutically appropriate, consideration should be given to use of more economical OTC combination products (i.e. Icy Hot, Ben Gay).
Oral and topical dermatological combinations		Use of individual components, if deemed clinically appropriate, is preferred over use of combination packs or kits.
ZTlido	Brand name, topical lidocaine patch	OTC combination products (i.e. Icy Hot, Ben Gay) can be used as an alternative
Epiceram	Topical skin barrier emulsion protectant	If deemed therapeutically appropriate, an alternate therapy option is Emulsion SB.

Medication	Comments	Alternatives
Dermatologicals (continued)		
Rhofade	Topical cream indicated for use in the treatment of rosacea	If treatment of rosacea is deemed therapeutically appropriate, alternate first-line agents include: generic metronidazole 0.75% topical gel or cream, generic sodium sulfacetamide 10% / sulfur 5% topical, oral doxycycline, oral clindamycin, or oral metronidazole.

Antidote Agents		
Evzio (naloxone) Auto-injector	Opioid overdose reversal agents available in numerous formulations	If deemed appropriate, intranasal formulations preferred.

Opioid Induced Constipation Agents		
Movantik (naloxegol)	Non-specific first-line agent trial recommended	Alternative agents for the treatment of constipation include senna, polyethylene glycol, and senna / docusate combination therapy.
Relistor (methylnaltrexone)		
Entereg (alvimopan)		
Symproic (naldemedine)		
Amitiza (lubiprostone)		
Motegrity (prucalopride)		

Antipsychotic Agents		
Saphris (asenapine)	Antipsychotic and antimanic agents	Alternatives: olanzapine, risperidone, quetiapine
Latuda (lurasidone)		
Fanapt (iloperidone)		
Nuplazid (pimavanserin)		
Perseris (risperidone inj)		
Rexulti (brexpiprazole)		
Versacloz (clozapine oral susp)		
Vraylar (cariprazine)		

Pseudobulbar Affect (PBA) Agent		
Nuedexta (dextromethorphan / quinidine)	Approved for treatment of PBA	Alternatives: Selective Serotonin Reuptake Inhibitors (SSRIs) – Celexa (citalopram) 20 mg/day, Prozac (fluoxetine) 20 mg/day, Luvox (fluvoxamine) 100 mg/day, Zoloft (sertraline) 50 mg/day; Tricyclic Antidepressants (TCAs) – Elavil (amitriptyline) 20 mg-100 mg/day, Pamelor (nortriptyline) 20 mg-100 mg/day. The dose of antidepressants is lower for treatment of PBA than for depression.

Medication	Comments	Alternatives
Antimigraine Agents		
Aimovig (erenumab)	New class of injectable calcitonin gene-related peptide (CGRP) receptor antagonists for migraine prophylaxis	First-line migraine abortive agents include triptans (i.e. sumatriptan) and non-steroidal anti-inflammatory agents (i.e. diclofenac, ibuprofen). The safety of treating more than four migraines a month with triptans has not been established. First-line agents indicated for use in migraine prophylaxis include propranolol, topiramate, valproic acid, and divalproex sodium. Migraine prophylaxis medications should be used daily to prevent migraine episodes.
Ajovy (fremanezumab)		
Emgality (galcanezumab)		

Antiobesity Agents		
Contrave (bupropion and naltrexone)	Medications in this class are used for the treatment of obesity, often in combination with diet and exercise	Care should be taken to ensure that indication for use is compensable under work claim
Adipex (phentermine)		
Belviq (lorcaserin IR and ER)		
Didrex (benzphetamine)		
Lomaira (phentermine)		
Melfiat (phendimetrazine)		
Qsymia (phentermine and topiramate)		
Saxenda (liraglutide inj)		

NMDA Antagonist		
Spravato (esketamine) nasal spray	New mechanism of action for treatment of major depressive disorder when used in conjunction with oral antidepressant	Alternatives for the treatment of depression include conventional, orally administered, generic antidepressants