



Workers' Compensation Drug List

Effective: March 1, 2026



Overview

The Optum Workers' Compensation Drug List, otherwise known as our Global Workers' Compensation Formulary, is a guide within select therapeutic categories for clients, injured persons and healthcare providers. Generic medicines should be considered as first-line when prescribing medicines. If there is no generic alternative available, there may be more than one brand-name medicine to treat a condition. Generics listed in therapeutic categories are for representation purposes only. This drug list is not an all-inclusive list 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 benefits include a formulary that covers certain medicines for your injury. Ask your doctor to prescribe an approved generic medicine from this list when it is medically appropriate. The U.S. Food and Drug Administration (FDA) makes sure generics meet the same safety and quality standards as brand-name drugs. They work just as well.

Important Details:

- Your plan may not cover some medicines, even if they appear on this list.
- New medicines approved by the FDA may not be covered right away.
- Some medicines may have limits based on state treatment rules.
- Non-formulary medicines may need special approval to confirm they relate to your work injury.
- Your doctor might be asked to consider a different medicine or a generic alternative. This could mean your prescription changes to another brand or a generic drug if it's appropriate. Sometimes, an over-the-counter (OTC) version may be used if it's allowed by the formulary.

If you have questions about coverage, contact your workers' compensation claims professional or adjuster.

Healthcare Provider:

Your patient may be covered under a medication plan, or workers' compensation formulary. Optum's Global Workers' Compensation Formulary is designed to allow transactions for medications to pass through that have a high degree of relatedness to the typical injuries found in workers' compensation, as necessary during the acute and chronic phase of an injury. As a way to help manage healthcare costs, please authorize generic and/or OTC substitution whenever possible. If there are no medical reasons that prohibit the use of generics, generic medications should be considered, when available.

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 Optum Workers' Compensation and Auto No-fault Pharmacy and Therapeutics Committee.
- Some medications may be restricted based on state medical treatment guidelines. Non-formulary medications may be excluded or require prior authorization to ensure relationship to the workplace incident. Eligibility questions should be referred to your patient's workers' compensation benefits claims professional.
- Medications listed in this document may or may not include all dosage forms. An OTC formulation is allowed if the medication is allowed on the formulary. Please mark "OTC" on the front of the prescription, thus, facilitating the dispensing and coverage of your selected formulation.

LEGEND

Acute Phase: Generally the first 0 to 89 days after the injury.

Chronic Phase: Generally starts day 90 after the injury and continues throughout the life of the claim.

Allowed: Medication is allowed to pass through without requiring authorization at the pharmacy. Some medications have cost and/or maximum fill limitations.

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.

Excluded: Medication is not covered, or considered non-formulary, and will reject at the pharmacy.

Medication Class	Description	Medication Name	Status in Acute Phase	Status in Chronic Phase
Penicillins	Penicillins are commonly used in the prevention or treatment of infections caused by certain bacteria. Medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Amoxicillin Amoxicillin-Clavulanate Ampicillin Dicloxacillin Penicillin	Allowed up to 21 lifetime days	Allowed up to 21 lifetime days
Cephalosporins	Cephalosporins are commonly used in the prevention or treatment of infections caused by certain bacteria. Medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Cefaclor Cefadroxil Cefdinir Cefprozil Cephalexin	Allowed up to 21 lifetime days	Allowed up to 21 lifetime days
Macrolides	Macrolides are commonly used in the prevention or treatment of infections caused by certain bacteria, mainly affecting the respiratory system. Medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Azithromycin Clarithromycin Erythromycin	Allowed up to 21 lifetime days	Allowed up to 21 lifetime days
Tetracyclines	Tetracyclines are commonly used in the prevention or treatment of infections caused by certain bacteria. Medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Demeclocycline Doxycycline Minocycline Tetracycline	Allowed up to 21 lifetime days	Allowed up to 21 lifetime days
Fluoroquinolones	Fluoroquinolones are commonly used in the prevention or treatment of infections caused by certain bacteria. Medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Ciprofloxacin Levofloxacin Moxifloxacin Ofloxacin	Allowed up to 21 lifetime days	Allowed up to 21 lifetime days
Antivirals	These medications may be used in the prevention or treatment of infections caused by viruses, and may or may not require further evaluation for their appropriate use related to the injury. Select antiretrovirals may be allowed for one course of Human Immunodeficiency Virus (HIV) post-exposure prophylaxis (PEP) therapy.	Cobicistat Darunavir-Cobicistat Dolutegravir Dolutegravir-Lamivudine Emtricitabine Emtricitabine-Tenofovir Lamivudine-Tenofovir Lamivudine-Zidovudine Raltegravir Tenofovir	Allowed up to \$3,500 and 30 lifetime days (Maximum 30 day supply per fill)	Non-formulary
		Biktarvy	Allowed up to \$5,000 and 30 lifetime days (Maximum 1 per day and 30 day supply per fill)	
		Acyclovir Valacyclovir	Non-formulary	
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. Medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Clindamycin Gentamicin Linezolid Metronidazole Nitrofurantoin Sulfamethoxazole-Trimethoprim Vancomycin	Allowed up to 21 lifetime days	Allowed up to 21 lifetime days

Medication Class	Description	Medication Name	Status in Acute Phase	Status in Chronic Phase
Anthelmintics	This oral anti-parasitic medication may be used for severe cases of a scabies skin infection.	Ivermectin	Allowed	Non-formulary
Anti-anxiety agents	Anti-anxiety agents are commonly used to treat anxiety disorders, insomnia and a few other conditions. For example, diazepam may be used as a muscle relaxant. Short-term use of benzodiazepines is recommended, regardless of the indication. Hydroxyzine may be used for anxiety or as an antihistamine. Other medications in this class may or may not require further evaluation for their appropriate use related to the injury.	Alprazolam Chlordiazepoxide Clorazapate Diazepam Lorazepam Oxazepam	Allowed up to 7 lifetime days (benzodiazepines)	Non-formulary
		Bupirone Hydroxyzine	Allowed (bupirone, hydroxyzine only)	Allowed
Antidepressants	Tricyclic antidepressants (TCAs) and select Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) may be used for depression and as adjuvant therapy for neuropathic pain and/or insomnia. Depression is a common co-morbid disease state that often presents in injured persons with chronic pain. Other antidepressants may or may not require further evaluation for their appropriate use related to the injury.	Amitriptyline Citalopram Duloxetine Escitalopram Fluoxetine Nortriptyline Paroxetine Venlafaxine	Allowed	Allowed
		Trazodone	Non-formulary	
Antihistamines	Antihistamines are used in the treatment of histamine-induced inflammation, such as for urticaria (hives) or allergic reactions to environment or chemical exposures. Promethazine is used to treat nausea and vomiting. Medications in this class may be allowed during the acute phase of injury and may or may not require further evaluation for their appropriate use related to the injury when used on a chronic basis. OTC formulations are allowed.	Cetirizine Chlorpheniramine Diphenhydramine Fexofenadine Levocetirizine Loratadine Promethazine	Allowed	Allowed
Antiemetics	Although prochlorperazine is classified as an antipsychotic, it is commonly used for the treatment of nausea and vomiting. Other medications may or may not require further evaluation.	Prochlorperazine	Allowed up to 30 lifetime days	Allowed up to 30 lifetime days
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. Some medications in this class may or may not require further evaluation for their appropriate use related to the injury. OTC formulations are allowed.	Dexamethasone Hydrocortisone Methylprednisolone Prednisone Triamcinolone	Allowed up to 90 lifetime days	Allowed up to 90 lifetime days
Anticonvulsants	Anticonvulsants may be used off-label for the treatment of neuropathic (nerve) pain. Only select strengths of the immediate-release (IR) formulations of the listed medications are allowed. All other anticonvulsants may or may not require further evaluation. *QL may apply.	Carbamazepine Gabapentin* Lamotrigine Pregabalin Topiramate	Allowed	Allowed
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. Other medications in this class may or may not require further evaluation for their appropriate use related to the injury. OTC formulations are allowed.	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole Famotidine Nizatidine Misoprostol Sucralfate	Allowed	Allowed
Antidiarrheals	Certain medications in this class are commonly prescribed to treat diarrhea, gastric indigestion, and nausea/vomiting. Other medications in this class may or may not require further evaluation for their appropriate use related to the injury. OTC formulations are allowed.	Bismuth subsalicylate Loperamide	Allowed	Allowed

Medication Class	Description	Medication Name	Status in Acute Phase	Status in Chronic Phase
Dermatologics (topical anti-bacterials)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment, not an occupational injury. If a dermatologic is allowed, OTC formulations are preferred. Most generic topical anti-bacterials are allowed to treat conditions in the acute phase of an injury.	Bacitracin Bacitracin-Polymixin B Gentamicin Mupirocin Neomycin-Bacitracin-Polymixin	Allowed	Non-formulary
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. If a dermatologic is allowed, OTC formulations are preferred. Most generic topical anti-fungals are allowed to treat conditions in the acute phase of an injury.	Ciclopirox Clotrimazole Econazole Ketoconazole Miconazole Nystatin Terbinafine Tolnaftate	Allowed	Non-formulary
Dermatologics (topical analgesics)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment, not an occupational injury. If a dermatologic is allowed, OTC formulations are preferred. Many of the listed generic topical analgesics are allowed with cost limits. A few listed medications require Step Therapy (ST), meaning other topical analgesics should be tried first.	Diclofenac sodium gel 1% (OTC) Lidocaine patch 4% (OTC), 1.8%, 5%	Allowed	Non-formulary Exceptions (Allowed): Diclofenac sodium gel 1% (OTC) Lidocaine patch 4% (OTC), 1.8%, 5%
		Camphor-Menthol-Methyl Salicylate Capsaicin Lidocaine cream 4% Lidocaine-Menthol patch Lidocaine-Prilocaine Menthol gel/liquid Menthol-Camphor Menthol-Methyl Salicylate Trolamine Salicylate Liniments & Rubs	Allowed up to \$100	Exceptions (Allowed up to \$100): Camphor-Menthol-Methyl Salicylate Menthol gel/liquid Methyl Salicylate Menthol-Camphor Menthol-Methyl Salicylate Trolamine salicylates Liniments & Rubs
		Diclofenac epolamine patch (ST) Lidocaine patch 1.8% (ST)	Use diclofenac gel 1% first Use lidocaine patch 4% or 5% first	Use diclofenac gel 1% first Use lidocaine patch 4% or 5% first
Dermatologics (topical corticosteroids)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment, not an occupational injury. If a dermatologic is allowed, OTC formulations are preferred. Most generic topical corticosteroids are allowed to treat conditions in the acute phase of an injury.	Betamethasone Clobetasol Desonide Desoximetasone Fluocinonide Fluticasone Hydrocortisone Mometasone Triamcinolone	Allowed	Non-formulary
Dermatologics (topical miscellaneous)	There are multiple topical products within the dermatologics category. Certain medications are excluded due to their use in cosmetic treatment, not an occupational injury. If a dermatologic is allowed, OTC formulations are preferred. Most generic miscellaneous dermatologics are allowed to treat conditions in the acute phase of an injury.	Aluminum Sulfate-Calcium Acetate Permethrin Cream Diphenhydramine Mafenide Acetate Silver Sulfadiazine Sodium Chloride Wound Cleansers Wound Dressings	Allowed	Non-formulary
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). Certain generic medications and OTC formulations in this class are allowed due to the likely association with opioid analgesics. All other medications may or may not require further evaluation for their appropriate use related to the injury.	Bisacodyl Calcium polycarbophil Docusate Fiber Lactulose Magnesium citrate/hydroxide Polyethylene glycol 3350 Psyllium Senna/Sennosides	Allowed	Allowed

Medication Class	Description	Medication Name	Status in Acute Phase	Status in Chronic Phase
Laxatives (misc. gastrointestinal agents)	These gastrointestinal medications may be appropriate for opioid-induced constipation (OIC) after first-line therapy has been tried and failed, and opioid analgesics are also being used for pain. Step therapy (ST) rules and quantity limits (QL) apply.	Lubiprostone Naldemedine Naloxegol	Allowed (ST, QL)	Allowed (ST, QL)
Skeletal Muscle Relaxants	The medications listed here are appropriate for use as skeletal muscle relaxants. Injured person response can vary considerably amongst these medications as well as tolerance to side effects. Long-term use is generally not recommended. All other medications in this class may or may not require further evaluation for their appropriate use related to the injury. IR = immediate-release	Baclofen Tizanidine Cyclobenzaprine (IR) Chlorzoxazone Metaxalone Methocarbamol Orphenadrine	Allowed	Allowed
Non-Opioid Analgesics	The single entity short-acting non-opioid analgesics listed are appropriate for acute pain management or exacerbations of pain. Acetaminophen alone and in combination represents the largest selection of medications in this class. All other non-opioid analgesic combination products may or may not require further evaluation for their appropriate use related to the injury. OTC formulations are generally allowed.	Acetaminophen (APAP) Aspirin Butalbital-Acetaminophen-Caffeine Butalbital-Aspirin-Caffeine Diflunisal Butalbital/Acetaminophen Salsalate	Allowed	Allowed
		Journavx	Allowed (Maximum 30 per fill and 90 lifetime days)	Allowed (Maximum 30 per fill and 90 lifetime days)
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Medications listed in the NSAID class may be appropriate for the treatment of acute pain and inflammation. Long-term use is generally not recommended. There is great interpatient variability of response to these medications. Treatment with NSAIDs and NSAID-containing products may increase the risk for gastrointestinal ulcers; therefore, some injured persons may require gastroprotection. Single entity OTC formulations are allowed.	Ibuprofen Naproxen Diclofenac Etodolac Fenoprofen Flurbiprofen Meloxicam Nabumetone Celecoxib	Allowed	Allowed
Opioid 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) or will require further evaluation for their appropriate use related to the injury.	Codeine Hydromorphone Morphine Oxycodone Oxymorphone Tramadol Acetaminophen-Codeine Hydrocodone-Acetaminophen Hydrocodone-Ibuprofen Oxycodone-Acetaminophen Tramadol-Acetaminophen	Allowed	Allowed
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. Other long-acting opioid analgesic and combination products may or may not require further evaluation for their appropriate use related to the injury. ER = extended-release	Fentanyl patch Hydromorphone ER Morphine Sulfate ER Tab Morphine Sulfate ER Cap Morphine Sulfate Beads ER Cap Oxycodone ER Oxymorphone ER Tramadol ER	Non-formulary (quantity limits may apply if approved)	Allowed with quantity limits listed below: Buprenorphine Patch: Max 1 every 7 days Buprenorphine Buccal Film: Max 2 per day Morphine Sulfate ER Tab: Max 3 per day Oxycodone ER: Max 4 per day Tramadol ER Tab: Max 1 per day

Medication Class	Description	Medication Name	Status in Acute Phase	Status in Chronic Phase
Mouth/Throat/ Dental products	The listed oral medications are used for the treatment of acute injuries in the mouth. All other medications in this class may or may not require further evaluation for their appropriate use related to the injury. OTC formulations are allowed.	Artificial saliva Cevimeline Pilocarpine	Allowed	Allowed
		Clotrimazole Nystatin Phenol Povidone-Iodine	Allowed	Non-formulary
Ophthalmic (eye) products	The listed ophthalmic medications (not all-inclusive) represent some of those medications used in the eyes for lubrication, or to prevent and/or treat pain, inflammation and infections. OTC formulations are allowed. Medications used to treat glaucoma and other non-injury associated conditions may or may not require further evaluation.	Artificial Tears Solution Ciprofloxacin Dexamethasone Erythromycin Fluorometholone Ketorolac Loteprednol Moxifloxacin Neomycin-Polymyxin-Dexamethasone Ofloxacin Polymixin B-Trimethoprim Prednisolone Tobramycin	Allowed	Non-formulary
Otic (ear) products	The listed otic medications (not all-inclusive) represent some of those medications used in the ears to prevent and/or treat pain, inflammation and infections. Other medications in this class may or may not require further evaluation for their appropriate use related to the injury. HC = hydrocortisone	Acetic Acid Carbamide Peroxide Ciprofloxacin Ciprofloxacin-Dexamethasone Ciprofloxacin-Hydrocortisone Fluocinolone HC with Acetic Acid Neomycin-Polymixin-HC Ofloxacin	Allowed	Non-formulary
Antidotes	The listed medications or products are used in the treatment of opioid overdose	Naloxone nasal spray/injection Nalmefene nasal spray	Allowed	Allowed
Medical devices Medical supplies	The listed devices and supplies are used to treat wounds and/or certain injuries. Products not listed may or may not require further evaluation. OTC formulations are typically allowed.	Adhesive bandages/tape Elastic bandage & supports Gauze bandages Gauze pads & dressings Nasal dilators Occlusive silicone sheets Transparent dressings	Allowed	Non-formulary
		Heating Wraps/Pads Cold Packs Heating/Cooling Therapy Aids	Allowed up to \$100	Allowed up to \$100

DISCLAIMER: Generics should be considered first-line when prescribing medications. This list of medications represents a summary of coverage. It is not all-inclusive and does not guarantee coverage for all injured persons 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 by the Optum Workers' Compensation and Auto No-fault Pharmacy and Therapeutics Committee. 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 a broad 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 injured person 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. Injured persons should consult with their prescribers to determine if a specific medication is appropriate for the treatment of their medical condition(s).

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