

## Pain Management Formulary - Abbreviated

| DRUG CLASSIFICATION    |                           | RESTRICTIONS / ADMINISTRATION                                 |  |
|------------------------|---------------------------|---|--|
| <b>NSAIDS</b>          | Propionic Acid            | Ibuprofen (Motrin <sup>®</sup> , Advil <sup>®</sup> )         |  |
|                        |                           | Naproxen (Naprosyn <sup>®</sup> , Aleve <sup>®</sup> )        |  |
|                        | Salicylic Acid            | Salsalate (Disalcid <sup>®</sup> )                            |  |
|                        | Acetic Acid               | Sulindac (Clinoril <sup>®</sup> )                             |  |
| <b>Opioids</b>         | Short Acting or Acute Tx  | Acetam / Cod #3 (Tylenol #3 <sup>®</sup> )                    | NA/DOT only. Must be crushed/floated.  |
|                        |                           | Morphine IR (MSIR <sup>®</sup> )                              | NA/DOT only. Must be crushed/floated.  |
|                        |                           | Tramadol (Ultram <sup>®</sup> )                               | Nonformulary. NA/DOT only. Must be crushed/floated. See full guideline for place in therapy. |
|                        | Long Acting or Chronic Tx | Morphine SR (MS Contin <sup>®</sup> , Oramorph <sup>®</sup> ) | NA/DOT only. DO NOT CRUSH.   |
|                        |                           | Methadone (Methadose <sup>®</sup> )                           | NA/DOT only. Must be crushed/floated.  |
| <b>Antidepressants</b> | TCA                       | Nortriptyline (Pamelor <sup>®</sup> )                         | NA/DOT only. Must be crushed/floated.  |
|                        | SNRI                      | Venlafaxine (Effexor <sup>®</sup> )                           | NA/DOT only.   |
|                        |                           | Duloxetine (Cymbalta <sup>®</sup> )                           | NA/DOT only. Nonformulary. See full guideline for place in therapy.                          |
| <b>Anticonvulsants</b> | Preferred                 | Oxcarbazepine (Trileptal <sup>®</sup> )                       | NA/DOT only.   |
|                        |                           | Gabapentin (Neurontin <sup>®</sup> )                          | NA/DOT only. Must be crushed/floated.  |
|                        | Alternate                 | Carbamazepine (Tegretol <sup>®</sup> )                        | NA/DOT only.   |
| <b>Antispasmodics</b>  | Acute                     | Baclofen (Lioresal <sup>®</sup> )                             | NA/DOT only. Prescription restricted to 10 day supply. No refills.                           |
|                        |                           | Methocarbamol (Robaxin <sup>®</sup> )                         | NA/DOT only. Prescription restricted to 10 day supply. No refills.                           |
|                        | Chronic                   | Baclofen (Lioresal <sup>®</sup> )                             | NA/DOT only. Chronic use restricted to spinal cord injury or spasticity disorders.           |
| <b>Topicals</b>        |                           | Lidocaine Patch (Lidoderm <sup>®</sup> )                      | Nonformulary. Restricted to pain specialist.   |