



Workers' Compensation Division

Pharmaceutical Clinical Justification for Workers' Compensation

You must complete this clinical justification form when prescribing to a patient more than a five-day supply of Celebrex[®], Cymbalta[®], Fentora[®], Kadian[®], Lidoderm[®], Lyrica[®], or OxyContin[®], as required by OAR 436-009-0090(4). **Once you complete the form, you must send it to the workers' compensation insurer.**

If you have questions, contact the patient's workers' compensation insurer or the Workers' Compensation Division at 503-947-7606.

Prescribing provider name: _____ Patient name: _____

Date: _____ Workers' compensation claim no.: _____

High-cost drug:	Some equally effective and less expensive alternative drugs:
<input type="checkbox"/> Celebrex [®]	Diclofenac Sodium Flurbiprofen Meclofenamate Sodium Naproxen Ibuprofen up to 98% Less per pill
<input type="checkbox"/> Cymbalta [®]	Citalopram Hydrobromide Venlafaxine HCl Fluoxetine HCl Amitriptyline HCl Gabapentin up to 61% Less per pill
<input type="checkbox"/> Fentora [®]	Oxycodone Hydrocodone w/Acetaminophen Hydromorphone HCL up to 94% Less per pill
<input type="checkbox"/> Kadian [®]	Morphine Sulfate Oxymorphone HCl Tramadol HCl up to 63% Less per pill
<input type="checkbox"/> Lidoderm [®]	Lidocaine Oint 5% Lidocaine Cream 4% Doxepin HCl Cream 5% up to 95% Less per dose
<input type="checkbox"/> Lyrica [®]	Carbamazepine Oxcarbazepine Amitriptyline HCl Gabapentin up to 87% Less per pill
<input type="checkbox"/> OxyContin [®]	Morphine Sulfate Oxycodone HCl Oxymorphone HCl Tramadol HCl up to 72% Less per pill

Have you previously prescribed a lower-cost alternative drug for this patient before prescribing the brand name drug checked above?

Yes No

Will your patient need the higher-cost drug for longer than 60 days?

Yes No

Prescribing provider's signature