APPENDIX TO RULE 4123-6-21.3
Formulary List of Medications Covered by the Ohio Bureau of Workers' Compensation

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Acne - Oral	Isotretinoin Cap 25 MG Isotretinoin Cap 30 MG Isotretinoin Cap 35 MG	
ADHD - Amphetamines	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG Amphetamine-Dextroamphetamine Tab 5 MG Amphetamine-Dextroamphetamine Tab 7.5 MG Amphetamine-Dextroamphetamine Tab 10 MG Amphetamine-Dextroamphetamine Tab 12.5 MG Amphetamine-Dextroamphetamine Tab 15 MG Amphetamine-Dextroamphetamine Tab 20 MG Amphetamine-Dextroamphetamine Tab 30 MG Dextroamphetamine Sulfate Cap ER 24HR 10 MG Dextroamphetamine Sulfate Cap ER 24HR 15 MG Dextroamphetamine Sulfate Tab 5 MG Dextroamphetamine Sulfate Tab 10 MG Lisdexamfetamine Dimesylate Cap 10 MG Lisdexamfetamine Dimesylate Cap 20 MG Lisdexamfetamine Dimesylate Cap 30 MG Lisdexamfetamine Dimesylate Cap 40 MG Lisdexamfetamine Dimesylate Cap 50 MG Lisdexamfetamine Dimesylate Cap 60 MG Lisdexamfetamine Dimesylate Cap 70 MG	
ADHD - Stimulants – Misc.	Armodafinil Tab 50 MG Armodafinil Tab 150 MG Armodafinil Tab 200 MG Armodafinil Tab 250 MG Dexmethylphenidate HCl Cap ER 24 HR 10 MG Dexmethylphenidate HCl Cap ER 24 HR 15 MG Dexmethylphenidate HCl Cap ER 24 HR 20 MG Dexmethylphenidate HCl Cap ER 24 HR 30 MG Methylphenidate HCl Cap ER 30 MG (CD) Methylphenidate HCl Cap ER 24HR 10 MG (LA) Methylphenidate HCl Cap ER 24HR 20 MG (LA) Methylphenidate HCl Cap ER 24HR 30 MG (LA) Methylphenidate HCl Cap ER 24HR 40 MG (LA) Methylphenidate HCl Cap ER 24HR 60 MG (LA) Methylphenidate HCl Tab 5 MG Methylphenidate HCl Tab 10 MG Methylphenidate HCl Tab 20 MG Methylphenidate HCl Tab ER 10 MG Methylphenidate HCl Tab ER 20 MG Methylphenidate HCl Tab ER Osmotic Release 18 MG Methylphenidate HCl Tab ER Osmotic Release 27 MG Methylphenidate HCl Tab ER Osmotic Release 36 MG Methylphenidate HCl Tab ER Osmotic Release 54 MG Methylphenidate HCl Tab ER Osmotic Release 72 MG Methylphenidate HCl Tab ER 24HR 18 MG Methylphenidate HCl Tab ER 24HR 27 MG Methylphenidate HCl Tab ER 24HR 36 MG Methylphenidate HCl Tab ER 24HR 54 MG Modafinil Tab 100 MG Modafinil Tab 200 MG	
ADHD Agents	Atomoxetine HCl Cap 10 MG Atomoxetine HCl Cap 18 MG Atomoxetine HCl Cap 25 MG Atomoxetine HCl Cap 40 MG Atomoxetine HCl Cap 60 MG Atomoxetine HCl Cap 80 MG Atomoxetine HCl Cap 100 MG Guanfacine HCl Tab ER 24HR 3 MG Guanfacine HCl Tab ER 24HR 4 MG	
Agents for Chemical Dependency	Acamprosate Calcium Tab Delayed Release 333 MG Disulfiram Tab 250 MG Disulfiram Tab 500 MG	
Agents for Opioid Use Disorder	Buprenorphine-Naloxone SL Tab 2-0.5 MG Buprenorphine-Naloxone SL Tab 8-2 MG Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG	Restricted to use in claims with an allowed condition of opioid use disorder or as part of approved treatment under OAC 4123-6-21.8. Maximum dose of 2 tablets or films per day.
Alternative Medicine	Glucosamine Sulfate Cap 500 MG Glucosamine Sulfate Tab 500 MG Glucosamine-Chondroitin Cap 500-400 MG Glucosamine-Chondroitin Tab 500-400 MG Glucosamine-Chondroitin Tab 750-600 MG Lutein-Zeaxanthin Cap 6-0.24 MG Lutein-Zeaxanthin Cap 20-0.8 MG Lutein-Zeaxanthin Cap 20-1 MG Lutein-Zeaxanthin Cap 25-5 MG Lutein-Zeaxanthin Cap 45-1.8 MG Melatonin Cap 5 MG Melatonin Cap 10 MG Melatonin Tab 300 MCG Melatonin Tab 1 MG Melatonin Tab 3 MG Melatonin Tab 5 MG Melatonin Tab 10 MG	
Amyotrophic Lateral Sclerosis (ALS) Agents	Riluzole Tab 50 MG	
Anabolic Steroids	Oxandrolone Tab 2.5 MG Oxandrolone Tab 10 MG	
Analgesic Combinations	Acetaminophen-Caffeine Tab 500-65 MG Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG Aspirin-Caffeine Tab 400-32 MG	
	Butalbital-Acetaminophen Tab 50-325 MG Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG Butalbital-Aspirin-Caffeine Cap 50-325-40 MG Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	Reimbursement is limited to 4 grams of acetaminophen per day or 24 doses per 30 days and is restricted to only those claims in which headache is related to an allowed condition in the claim.
Analgesics - Other	Acetaminophen Cap 500 MG Acetaminophen Liquid 160 MG/5ML Acetaminophen Liquid 167 MG/5ML Acetaminophen Suppos 325 MG Acetaminophen Suppos 650 MG Acetaminophen Susp 160 MG/5ML Acetaminophen Tab 325 MG Acetaminophen Tab 500 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Analgesics - Peptide Channel Blockers	Ziconotide Acetate Intrathecal Inj 100 MCG/ML Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML) Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	Requires previous approval of intrathecal pain pump.
Anaphylaxis Therapy Agents	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000) Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000) Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	
Androgens	Methyltestosterone Cap 10 MG Testosterone Cypionate IM Inj in Oil 100 MG/ML Testosterone Cypionate IM Inj in Oil 200 MG/ML Testosterone Enanthate IM Inj in Oil 200 MG/ML Testosterone TD Gel 10MG/ACT (2%) Testosterone TD Gel 12.5 MG/ACT (1%) Testosterone TD Gel 20.25 MG/ACT (1.62%) Testosterone TD Gel 25 MG/2.5GM (1%) Testosterone TD Gel 50 MG/5GM (1%) Testosterone TD Patch 24HR 2 MG/24HR Testosterone TD Patch 24HR 4 MG/24HR Testosterone TD Soln 30 MG/ACT	Coverage limited to only those claims that have allowed medical conditions involving the genitourinary or endocrine systems.
Antacids	Aluminum & Magnesium Hydroxides Susp 200-200MG/5ML Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML Alum & Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML Aluminum Hydroxide-Magnesium Carbonate Chew Tab 160-105 MG Aluminum Hydroxide-Magnesium Carbonate Susp 95-358 MG/15ML Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-14.2 MG Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-20 MG Calcium Carbonate (Antacid) Chew Tab 500 MG Calcium Carbonate (Antacid) Chew Tab 750 MG Calcium Carbonate (Antacid) Chew Tab 1000 MG Calcium Carbonate (Antacid) Tab 648 MG Calcium Carbonate-Mag Hydroxide Chew Tab 550-110 MG Calcium Carbonate-Mag Hydroxide Chew Tab 1000-200 MG Calcium Carbonate-Simethicone Chew Tab 750-80 MG Calcium Carbonate-Simethicone Chew Tab 1000-60 MG Magnesium Oxide Cap 140 MG (85 MG Elemental MG) Magnesium Oxide Cap 500 MG Magnesium Oxide Tab 400 MG Sodium Bicarbonate Tab 325 MG Sodium Bicarbonate Tab 650 MG Sodium Bicarbonate-Citric Acid Effer Tab 1940-1000 MG	
Anthelmintics	Mebendazole Chew Tab 100 MG	
Antianginal Agents	Isosorbide Dinitrate Cap ER 40 MG Isosorbide Dinitrate Tab 10 MG Isosorbide Dinitrate Tab 20 MG Isosorbide Dinitrate Tab ER 40 MG Isosorbide Mononitrate Tab 20 MG Isosorbide Mononitrate Tab ER 24HR 30 MG Isosorbide Mononitrate Tab ER 24HR 60 MG Isosorbide Mononitrate Tab ER 24HR 120 MG Nitroglycerin Oint 2% Nitroglycerin SL Tab 0.3 MG Nitroglycerin SL Tab 0.4 MG Nitroglycerin TD Patch 24HR 0.1 MG/HR Nitroglycerin TD Patch 24HR 0.2 MG/HR Nitroglycerin TD Patch 24HR 0.3 MG/HR Nitroglycerin TD Patch 24HR 0.4 MG/HR Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY) Ranolazine Tab ER 12HR 500 MG Ranolazine Tab ER 12HR 1000 MG	
Antianxiety - Benzodiazepine	All Benzodiazepine products	Effective January 1, 2019, reimbursement for anxiolytic benzodiazepine medications (including clonazepam) will be limited to one product per month. Reimbursement is restricted to the maximum daily dose listed with each of the agents below. Reimbursement for all oral benzodiazepine anti-anxiety and anti-convulsant drug class agents (excluding clobazam) will be limited to 30 days of use. Prior authorization is required for continued therapy past 30 days. In claims where anxiolytic benzodiazepine medications (including clonazepam) were covered in the 60 days prior to April 1, 2018, the injured worker will be limited to the daily dose and dosage form that was last covered prior to April 1, 2018.
	Alprazolam Products	Effective 10/1/2017 coverage of all forms of Alprazolam will be discontinued in any claim where the drug was not covered in the previous 60 days. In claims where the drug was covered in the 60 days prior to October 1,2017, the coverage of alprazolam will be limited to the daily dose and dosage form that was last covered prior to October 1, 2017.
	Chlordiazepoxide HCl Cap 5 MG Chlordiazepoxide HCl Cap 10 MG Chlordiazepoxide HCl Cap 25 MG	Maximum dose of 200 milligrams per day
	Clorazepate Dipotassium Tab 3.75 MG Clorazepate Dipotassium Tab 7.5 MG Clorazepate Dipotassium Tab 15 MG	Maximum dose of 80 milligrams per day
	Diazepam Conc 5 MG/ML Diazepam Oral Soln 1 MG/ML Diazepam Tab 2 MG Diazepam Tab 5 MG Diazepam Tab 10 MG	Maximum dose of 40 milligrams per day
	Lorazepam Conc 2 MG/ML Lorazepam Tab 0.5 MG Lorazepam Tab 1 MG Lorazepam Tab 2 MG	Maximum dose of 8 milligrams per day
	Oxazepam Cap 10 MG Oxazepam Cap 15 MG Oxazepam Cap 30 MG	Maximum dose of 180 milligrams per day
Antianxiety Agents – Misc.	Buspirone HCl Tab 5 MG Buspirone HCl Tab 7.5 MG Buspirone HCl Tab 10 MG Buspirone HCl Tab 15 MG Buspirone HCl Tab 30 MG Hydroxyzine HCl Syrup 10 MG/5ML Hydroxyzine HCl Tab 10 MG Hydroxyzine HCl Tab 25 MG Hydroxyzine HCl Tab 50 MG Hydroxyzine Pamoate Cap 25 MG Hydroxyzine Pamoate Cap 50 MG Hydroxyzine Pamoate Cap 100 MG Meprobamate Tab 200 MG Meprobamate Tab 400 MG	
Antiarrhythmics	Amiodarone HCl Tab 200 MG Amiodarone HCl Tab 400 MG Dofetilide Cap 125 MCG (0.125 MG)	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Dofetilide Cap 250 MCG (0.25 MG) Dofetilide Cap 500 MCG (0.5 MG) Dronedarone HCl Tab 400 MG Flecainide Acetate Tab 50 MG Flecainide Acetate Tab 100 MG Flecainide Acetate Tab 150 MG Mexiletine HCl Cap 150 MG Mexiletine HCl Cap 200 MG Propafenone HCl Cap ER 12HR 225 MG Propafenone HCl Cap ER 12HR 325 MG Propafenone HCl Cap ER 12HR 425 MG Propafenone HCl Tab 150 MG Propafenone HCl Tab 225 MG Propafenone HCl Tab 300 MG Quinidine Gluconate Tab ER 324 MG	
Antibiotic - Aminoglycosides	Neomycin Sulfate Tab 500 MG Tobramycin Inhal Cap 28 MG Tobramycin Nebu Soln 300 MG/5ML	
Antibiotic - Cephalosporins - 1st Generation	Cefadroxil Cap 500 MG Cefadroxil For Susp 500 MG/5ML Cefadroxil Tab 1 GM Cephalexin Cap 250 MG Cephalexin Cap 500 MG Cephalexin Cap 750 MG Cephalexin For Susp 250 MG/5ML	
Antibiotic - Cephalosporins - 2nd Generation	Cefaclor Cap 250 MG Cefaclor Cap 500 MG Cefprozil Tab 250 MG Cefprozil Tab 500 MG Cefuroxime Axetil Tab 250 MG Cefuroxime Axetil Tab 500 MG	
Antibiotic - Cephalosporins - 3rd Generation	Cefdinir Cap 300 MG Cefdinir Susp 250 MG/5ML Cefixime Cap 400 MG Cefixime Susp 500 MG/5ML Cefpodoxime Proxetil Tab 100 MG Cefpodoxime Proxetil Tab 200 MG	
Antibiotic - Fluoroquinolones	Ciprofloxacin Susp 500 MG/5ML (10%) (10 GM/100ML) Ciprofloxacin HCl Tab 250 MG Ciprofloxacin HCl Tab 500 MG Ciprofloxacin HCl Tab 750 MG Levofloxacin Tab 250 MG Levofloxacin Tab 500 MG Levofloxacin Tab 750 MG Moxifloxacin HCl Tab 400 MG Ofloxacin Tab 300 MG Ofloxacin Tab 400 MG	
Antibiotic - Macrolides	Azithromycin Susp 100 MG/5ML Azithromycin Susp 200 MG/5ML Azithromycin Powd Pack Susp 1 GM Azithromycin Tab 250 MG Azithromycin Tab 500 MG Clarithromycin Tab 250 MG Clarithromycin Tab 500 MG Clarithromycin Tab ER 24HR 500 MG Erythromycin Ethylsuccinate Susp 200 MG/5ML Erythromycin Ethylsuccinate Tab 400 MG Erythromycin Stearate Tab 250 MG Erythromycin Tab 250 MG Erythromycin Tab 500 MG Erythromycin Tab Delayed Release 250 MG Erythromycin Tab Delayed Release 333 MG Erythromycin Tab Delayed Release 500 MG Erythromycin w/ Delayed Release Particles Cap 250 MG	
Antibiotic - Penicillins	Amoxicillin & K Clavulanate Chew Tab 400-57 MG Amoxicillin & K Clavulanate Susp 250-62.5 MG/5ML Amoxicillin & K Clavulanate Susp 400-57 MG/5ML Amoxicillin & K Clavulanate Susp 600-42.9 MG/5ML Amoxicillin & K Clavulanate Tab 250-125 MG Amoxicillin & K Clavulanate Tab 500-125 MG Amoxicillin & K Clavulanate Tab 875-125 MG Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG Amoxicillin (Trihydrate) Cap 250 MG Amoxicillin (Trihydrate) Cap 500 MG Amoxicillin (Trihydrate) Chew Tab 250 MG Amoxicillin (Trihydrate) Susp 250 MG/5ML Amoxicillin (Trihydrate) Susp 400 MG/5ML Amoxicillin (Trihydrate) Tab 500 MG Amoxicillin (Trihydrate) Tab 875 MG Ampicillin Cap 500 MG Dicloxacillin Sodium Cap 250 MG Dicloxacillin Sodium Cap 500 MG Penicillin V Potassium Soln 250 MG/5ML Penicillin V Potassium Tab 250 MG Penicillin V Potassium Tab 500 MG	
Antibiotic -Tetracyclines	Demeclocycline HCl Tab 150 MG Demeclocycline HCl Tab 300 MG Doxycycline Calcium Syrup 50 MG/5ML Doxycycline Hyclate Cap 50 MG Doxycycline Hyclate Cap 100 MG Doxycycline Hyclate Tab 20 MG Doxycycline Hyclate Tab 100 MG Doxycycline Hyclate Tab Delayed Release 50 MG Doxycycline Hyclate Tab Delayed Release 75 MG Doxycycline Hyclate Tab Delayed Release 100 MG Doxycycline Hyclate Tab Delayed Release 150 MG Doxycycline Hyclate Tab Delayed Release 200 MG Doxycycline Monohydrate Cap 50 MG Doxycycline Monohydrate Cap 100 MG Doxycycline Monohydrate Tab 50 MG Doxycycline Monohydrate Tab 100 MG Doxycycline Monohydrate Tab 150 MG Minocycline HCl Cap 50 MG Minocycline HCl Cap 75 MG Minocycline HCl Cap 100 MG Tetracycline HCl Cap 250 MG Tetracycline HCl Cap 500 MG	
Anti-Cataplectic Agents	Sodium Oxybate Oral Solution 500 MG/ML	
Anticoagulants - Coumarin Anticoagulants	Warfarin Sodium Tab 1 MG Warfarin Sodium Tab 2 MG Warfarin Sodium Tab 2.5 MG Warfarin Sodium Tab 3 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Warfarin Sodium Tab 4 MG Warfarin Sodium Tab 5 MG Warfarin Sodium Tab 6 MG Warfarin Sodium Tab 7.5 MG Warfarin Sodium Tab 10 MG	
Anticoagulants - Direct Factor Xa Inhibitors	Apixaban Tab 2.5 MG Apixaban Tab 5 MG Edoxaban Tosylate Tab 15 MG Edoxaban Tosylate Tab 30 MG Edoxaban Tosylate Tab 60 MG Rivaroxaban Tab 2.5 MG Rivaroxaban Tab 10 MG Rivaroxaban Tab 15 MG Rivaroxaban Tab 20 MG Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG	After 30 days of use, prior authorization will be required if treatment is not directly for an allowed condition in the claim
Anticoagulants - Heparins and Heparinoid-Like Agents	Dalteparin Sodium Inj 2500 Unit/0.2ML Dalteparin Sodium Inj 5000 Unit/0.2ML Dalteparin Sodium Inj 7500 Unit/0.3ML Dalteparin Sodium Inj 10000 Unit/ML Dalteparin Sodium Inj 12500 Unit/0.5ML Dalteparin Sodium Inj 15000 Unit/0.6ML Dalteparin Sodium Inj 18000 Unit/0.72ML Dalteparin Sodium Inj 95000 Unit/3.8ML Enoxaparin Sodium Inj 30 MG/0.3ML Enoxaparin Sodium Inj 40 MG/0.4ML Enoxaparin Sodium Inj 60 MG/0.6ML Enoxaparin Sodium Inj 80 MG/0.8ML Enoxaparin Sodium Inj 100 MG/ML Enoxaparin Sodium Inj 120 MG/0.8ML Enoxaparin Sodium Inj 150 MG/ML Enoxaparin Sodium Inj 300 MG/3ML Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML Heparin Sodium (Porcine) Inj 5000 Unit/ML Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML Heparin Sodium (Porcine) Inj 10000 Unit/ML Heparin Sodium (Porcine) Inj 20000 Unit/ML	
Anticoagulants - Thrombin Inhibitors	Dabigatran Etexilate Mesylate Cap 75 MG Dabigatran Etexilate Mesylate Cap 110 MG Dabigatran Etexilate Mesylate Cap 150 MG	
Anticonvulsants - Benzodiazepines	Clobazam Tab 10 MG Clobazam Tab 20 MG	Limited to claims in which seizure disorder is an allowed condition and that the injured worker must have tried and failed (as defined in O.A.C. 4123-6-21 (J), two first line anticonvulsants
	ALL Clonazepam Products	Effective January 1, 2019, reimbursement for anxiolytic benzodiazepine medications (including clonazepam) will be limited to one product per month. Benzodiazepine drug class restrictions apply. Maximum dose of four (4) milligrams per day. Reimbursement for all benzodiazepine anti-anxiety and anti-convulsant drug class agents (excluding clobazam) will be limited to 30 days of use. Prior authorization is required for continued therapy past 30 days. In claims where anxiolytic benzodiazepine medications (including clonazepam) were covered in the 60 days prior to April 1, 2018, the injured worker will be limited to the daily dose and dosage form that was last covered prior to April 1, 2018.
	Clonazepam Orally Disintegrating Tab 0.125 MG Clonazepam Orally Disintegrating Tab 0.25 MG Clonazepam Orally Disintegrating Tab 0.5 MG Clonazepam Orally Disintegrating Tab 1 MG Clonazepam Orally Disintegrating Tab 2 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications.
	Clonazepam Tab 0.5 MG Clonazepam Tab 1 MG Clonazepam Tab 2 MG	
	Diazepam Rectal Gel Delivery System 10 MG Diazepam Rectal Gel Delivery System 20 MG Midazolam HCl Inj 5 MG/ML	
	Midazolam Nasal Spray Soln 5 MG/0.1 ML	Prior authorization required. Reimbursement is limited to claims in which all of the following are documented; frequent seizure activity that is related to allowed conditions in the claim, the injured worker is concurrently receiving maintenance anticonvulsant medication, and the injured worker is unable to administer generic injectable midazolam intranasally. Reimbursement is limited to one package every 30 days.
Anticonvulsants - Carbamates	Felbamate Tab 600 MG	
Anticonvulsants - GABA Modulators	Tiagabine HCl Tab 2 MG Tiagabine HCl Tab 4 MG Tiagabine HCl Tab 12 MG Tiagabine HCl Tab 16 MG	
Anticonvulsants - Hydantoins	Phenytoin Chew Tab 50 MG Phenytoin Sodium Extended Cap 30 MG Phenytoin Sodium Extended Cap 100 MG Phenytoin Sodium Extended Cap 200 MG Phenytoin Sodium Extended Cap 300 MG Phenytoin Susp 125 MG/5ML	
Anticonvulsants - Misc	Brivaracetam 10 MG Brivaracetam 25 MG Brivaracetam 50 MG Brivaracetam 75 MG Brivaracetam 100 MG	May be reimbursed with prior authorization. Reimbursement is limited to claims with an allowed condition of seizure disorder and the injured worker has tried and failed at least one anticonvulsant.
	Carbamazepine Cap ER 12HR 100 MG Carbamazepine Cap ER 12HR 200 MG Carbamazepine Cap ER 12HR 300 MG Carbamazepine Chew Tab 100 MG Carbamazepine Susp 100 MG/5ML Carbamazepine Tab 200 MG Carbamazepine Tab ER 12HR 100 MG Carbamazepine Tab ER 12HR 200 MG Carbamazepine Tab ER 12HR 400 MG	
	Gabapentin Cap 100 MG Gabapentin Cap 300 MG Gabapentin Cap 400 MG Gabapentin Oral Soln 250 MG/5ML Gabapentin Tab 600 MG Gabapentin Tab 800 MG	Reimbursement limited to 3,600 MG/day.
	Lacosamide Tab 50 MG Lacosamide Tab 100 MG Lacosamide Tab 150 MG Lacosamide Tab 200 MG	
	Lamotrigine Orally Disintegrating Tab Products Lamotrigine Orally Disintegrating Tab 25 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Lamotrigine Orally Disintegrating Tab 50 MG Lamotrigine Orally Disintegrating Tab 100 MG Lamotrigine Orally Disintegrating Tab 200 MG	
	Lamotrigine Tab 25 MG Lamotrigine Tab 100 MG Lamotrigine Tab 150 MG Lamotrigine Tab 200 MG Lamotrigine Tab 25 MG (35) Starter Kit Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit Lamotrigine Tab ER 24HR 50 MG Lamotrigine Tab ER 24HR 100 MG Lamotrigine Tab ER 24HR 200 MG Lamotrigine Tab ER 24HR 250 MG Lamotrigine Tab ER 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit Levetiracetam Oral Soln 100 MG/ML Levetiracetam Tab 250 MG Levetiracetam Tab 500 MG Levetiracetam Tab 750 MG Levetiracetam Tab 1000 MG Levetiracetam Tab ER 24HR 500 MG Levetiracetam Tab ER 24HR 750 MG Oxcarbazepine Tab 150 MG Oxcarbazepine Tab 300 MG Oxcarbazepine Tab 600 MG	
	Pregabalin Cap 25 MG Pregabalin Cap 50 MG Pregabalin Cap 75 MG Pregabalin Cap 100 MG Pregabalin Cap 150 MG Pregabalin Cap 200 MG Pregabalin Cap 225 MG Pregabalin Cap 300 MG	Limited to a maximum of 3 capsules per day or 600 mg per day (whichever is less).
	Primidone Tab 50 MG Primidone Tab 250 MG Topiramate Sprinkle Cap 15 MG Topiramate Sprinkle Cap 25 MG Topiramate Tab 25 MG Topiramate Tab 50 MG Topiramate Tab 100 MG Topiramate Tab 200 MG Zonisamide Cap 25 MG Zonisamide Cap 50 MG Zonisamide Cap 100 MG	
Anticonvulsants - Succinimides	Ethosuximide Cap 250 MG	
Anticonvulsants - Valproic Acid	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG Divalproex Sodium Tab Delayed Release 125 MG Divalproex Sodium Tab Delayed Release 250 MG Divalproex Sodium Tab Delayed Release 500 MG Divalproex Sodium Tab ER 24 HR 250 MG Divalproex Sodium Tab ER 24 HR 500 MG Valproate Sodium Oral Soln 250 MG/5ML Valproic Acid Cap 250 MG	
Antidementia Agents	Donepezil Hydrochloride Tab 5 MG Donepezil Hydrochloride Tab 10 MG Donepezil Hydrochloride Tab 23 MG Galantamine Hydrobromide Cap ER 24HR 8 MG Galantamine Hydrobromide Cap ER 24HR 16 MG Galantamine Hydrobromide Tab 4 MG Galantamine Hydrobromide Tab 8 MG Galantamine Hydrobromide Tab 12 MG Memantine HCl Cap ER 24HR 7 MG Memantine HCl Cap ER 24HR 14 MG Memantine HCl Cap ER 24HR 21 MG Memantine HCl Cap ER 24HR 28 MG Memantine HCl Cap ER 24HR 7 MG & 14 MG & 21 MG & 28 MG Pack Memantine HCl Tab 5 MG Memantine HCl Tab 10 MG Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak Rivastigmine Tartrate Cap 3 MG Rivastigmine Tartrate Cap 4.5 MG Rivastigmine Tartrate Cap 6 MG Rivastigmine TD Patch 24HR 4.6 MG/24HR Rivastigmine TD Patch 24HR 9.5 MG/24HR	
Antidepressants - Alpha-2 Receptor Antagonists (Tetracyclics)	Mirtazapine Orally Disintegrating Tab Products Mirtazapine Orally Disintegrating Tab 15 MG Mirtazapine Orally Disintegrating Tab 30 MG Mirtazapine Orally Disintegrating Tab 45 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Mirtazapine Tab 7.5 MG Mirtazapine Tab 15 MG Mirtazapine Tab 30 MG Mirtazapine Tab 45 MG	
Antidepressants – Misc.	Bupropion HCl Tab 75 MG Bupropion HCl Tab 100 MG Bupropion HCl Tab ER 12HR 100 MG Bupropion HCl Tab ER 12HR 150 MG Bupropion HCl Tab ER 12HR 200 MG Bupropion HCl Tab ER 24HR 150 MG Bupropion HCl Tab ER 24HR 300 MG Maprotiline HCl Tab 25 MG Maprotiline HCl Tab 50 MG Maprotiline HCl Tab 75 MG	
Antidepressants – Monoamine Oxidase Inhibitors (MAOIs)	Phenelzine Sulfate Tab 15 MG Selegiline TD Patch 24HR 6 MG/24HR Selegiline TD Patch 24HR 9 MG/24HR Selegiline TD Patch 24HR 12 MG/24HR Tranylcypromine Sulfate Tab 10 MG	
Antidepressants – Selective Serotonin Reuptake Inhibitors (SSRIs)	Citalopram Hydrobromide Oral Soln 10 MG/5ML Citalopram Hydrobromide Tab 10 MG Citalopram Hydrobromide Tab 20 MG Citalopram Hydrobromide Tab 40 MG Escitalopram Oxalate Soln 5 MG/5ML Escitalopram Oxalate Tab 5 MG Escitalopram Oxalate Tab 10 MG Escitalopram Oxalate Tab 20 MG Fluoxetine HCl Cap 10 MG Fluoxetine HCl Cap 20 MG Fluoxetine HCl Cap 40 MG Fluoxetine HCl Cap Delayed Release 90 MG Fluoxetine HCl Solution 20 MG/5ML	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Fluvoxamine Maleate Cap ER 24HR 100 MG Fluvoxamine Maleate Cap ER 24HR 150 MG Fluvoxamine Maleate Tab 25 MG Fluvoxamine Maleate Tab 50 MG Fluvoxamine Maleate Tab 100 MG Paroxetine HCl Oral Susp 10 MG/5ML Paroxetine HCl Tab 10 MG Paroxetine HCl Tab 20 MG Paroxetine HCl Tab 30 MG Paroxetine HCl Tab 40 MG Paroxetine HCl Tab ER 24HR 12.5 MG Paroxetine HCl Tab ER 24HR 25 MG Paroxetine HCl Tab ER 24HR 37.5 MG Sertraline HCl Oral Conc 20 MG/ML Sertraline HCl Tab 25 MG Sertraline HCl Tab 50 MG Sertraline HCl Tab 100 MG	
Antidepressants - Serotonin Modulators	Nefazodone HCl Tab 50 MG Nefazodone HCl Tab 100 MG Nefazodone HCl Tab 150 MG Nefazodone HCl Tab 200 MG Nefazodone HCl Tab 250 MG Trazodone HCl Tab 50 MG Trazodone HCl Tab 100 MG Trazodone HCl Tab 150 MG Trazodone HCl Tab 300 MG Vilazodone HCl Tab 10 MG Vilazodone HCl Tab 20 MG Vilazodone HCl Tab 40 MG Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG	
Antidepressants - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	Desvenlafaxine Succinate Tab ER 24HR 25 MG Desvenlafaxine Succinate Tab ER 24HR 50 MG Desvenlafaxine Succinate Tab ER 24HR 100 MG Desvenlafaxine Tab ER 24HR 50 MG Desvenlafaxine Tab ER 24HR 100 MG Duloxetine HCl Enteric Coated Pellets Cap 20 MG Duloxetine HCl Enteric Coated Pellets Cap 30 MG Duloxetine HCl Enteric Coated Pellets Cap 60 MG Venlafaxine HCl Cap ER 24HR 37.5 MG Venlafaxine HCl Cap ER 24HR 75 MG Venlafaxine HCl Cap ER 24HR 150 MG Venlafaxine HCl Tab 25 MG Venlafaxine HCl Tab 37.5 MG Venlafaxine HCl Tab 50 MG Venlafaxine HCl Tab 75 MG Venlafaxine HCl Tab 100 MG Venlafaxine HCl Tab ER 24HR 37.5 MG Venlafaxine HCl Tab ER 24HR 75 MG Venlafaxine HCl Tab ER 24HR 150 MG Venlafaxine HCl Tab ER 24HR 225 MG	
Antidepressants - Tricyclic Agents	Amitriptyline HCl Tab 10 MG Amitriptyline HCl Tab 25 MG Amitriptyline HCl Tab 50 MG Amitriptyline HCl Tab 75 MG Amitriptyline HCl Tab 100 MG Amitriptyline HCl Tab 150 MG Amoxapine Tab 25 MG Amoxapine Tab 50 MG Amoxapine Tab 100 MG Amoxapine Tab 150 MG Clomipramine HCl Cap 25 MG Clomipramine HCl Cap 50 MG Clomipramine HCl Cap 75 MG Desipramine HCl Tab 10 MG Desipramine HCl Tab 25 MG Desipramine HCl Tab 50 MG Desipramine HCl Tab 75 MG Desipramine HCl Tab 100 MG Desipramine HCl Tab 150 MG Doxepin HCl Cap 10 MG Doxepin HCl Cap 25 MG Doxepin HCl Cap 50 MG Doxepin HCl Cap 75 MG Doxepin HCl Cap 100 MG Doxepin HCl Cap 150 MG Doxepin HCl Conc 10 MG/ML Imipramine HCl Tab 10 MG Imipramine HCl Tab 25 MG Imipramine HCl Tab 50 MG Imipramine Pamoate Cap 75 MG Imipramine Pamoate Cap 100 MG Imipramine Pamoate Cap 125 MG Imipramine Pamoate Cap 150 MG Nortriptyline HCl Cap 10 MG Nortriptyline HCl Cap 25 MG Nortriptyline HCl Cap 50 MG Nortriptyline HCl Cap 75 MG Nortriptyline HCl Soln 10 MG/5ML Protriptyline HCl Tab 5 MG Protriptyline HCl Tab 10 MG Trimipramine Maleate Cap 25 MG Trimipramine Maleate Cap 50 MG Trimipramine Maleate Cap 100 MG	
Antidiabetic - Alpha-Glucosidase Inhibitors	Acarbose Tab 25 MG Acarbose Tab 50 MG Acarbose Tab 100 MG Miglitol Tab 25 MG Miglitol Tab 50 MG Miglitol Tab 100 MG	
Antidiabetic - Amylin Analogs	Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML) Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	
Antidiabetic - Biguanides	Metformin HCl Tab 500 MG Metformin HCl Tab 850 MG Metformin HCl Tab 1000 MG Metformin HCl Tab ER 24HR 500 MG Metformin HCl Tab ER 24HR 750 MG	
Antidiabetic - Diabetic Other	Glucagon (rDNA) For Inj Kit 1 MG Glucagon HCl (rDNA) For Inj 1 MG Glucose Chew Tab 1 GM Glucose Chew Tab 4 GM Glucose Chew Tab 5 GM Glucose Gel 15 GM/32 ML Glucose Gel 15 GM/33GM Glucose Gel 40%	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Glucose Gel 77.4% Glucose Oral Liquid 15 GM/59ML Glucose Oral Liquid 15 GM/60ML	
Antidiabetic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Alogliptin Benzoate Tab 6.25 MG Alogliptin Benzoate Tab 12.5 MG Alogliptin Benzoate Tab 25 MG Linagliptin Tab 5 MG Saxagliptin HCl Tab 2.5 MG Saxagliptin HCl Tab 5 MG Sitagliptin Phosphate Tab 25 MG Sitagliptin Phosphate Tab 50 MG Sitagliptin Phosphate Tab 100 MG	
Antidiabetic – Incretin Mimetic Agents (GLP-1 Receptor Agonists)	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML Dulaglutide Soln Pen-injector 1.5 MG/0.5ML Dulaglutide Soln Pen-injector 3 MG/0.5ML Dulaglutide Soln Pen-injector 4.5 MG/0.5ML	Reimbursement limited to 2 ML per 28 days.
	Exenatide Extended Release for Susp Pen-injector 2 MG Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML Exenatide Soln Pen-injector 5 MCG/0.02ML Exenatide Soln Pen-injector 10 MCG/0.04ML Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML) Lixisenatide Soln Pen-injector 20 MCG/0.2ML (100 MCG/ML) Lixisenatide Pen-inj Starter Kit 10 MCG/0.2ML & 20 MCG/0.2ML Semaglutide Soln Pen-Inj 0.25 or 0.5 MG/Dose (2 MG/1.5ML) Semaglutide Soln Pen-Inj 1 MG/Dose (2 MG/1.5ML)	
Antidiabetic - Insulin	Insulin Aspart Inj 100 Unit/ML Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30) Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30) Insulin Aspart Soln Cartridge 100 Unit/ML Insulin Aspart Soln Pen-injector 100 Unit/ML Insulin Degludec Soln Pen-Injector 100 Unit/ML Insulin Degludec Soln Pen-Injector 200 Unit/ML Insulin Detemir Inj 100 Unit/ML Insulin Detemir Soln Pen-injector 100 Unit/ML Insulin Glargine Inj 100 Unit/ML Insulin Glargine Soln Pen-Injector 100 Unit/ML Insulin Glargine Soln Pen-Injector 300 Unit/ML Insulin Glulisine Inj 100 Unit/ML Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML Insulin Lispro Sol Pen-injector 100 Unit/ML (1 Unit Dial) Insulin Lispro (Human) Inj 100 Unit/ML Insulin Lispro (Human) Soln Cartridge 100 Unit/ML Insulin Lispro (Human) Soln Pen-injector 200 Unit/ML Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50) Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25) Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50) Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25) Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30) Insulin NPH (Human) (Isophane) Inj 100 Unit/ML Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30) Insulin Regular (Human) Inj 100 Unit/ML Insulin Regular (Human) Inj 500 Unit/ML Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML	
Antidiabetic - Meglitinide Analogues	Nateglinide Tab 60 MG Nateglinide Tab 120 MG Repaglinide Tab 0.5 MG Repaglinide Tab 1 MG Repaglinide Tab 2 MG	
Antidiabetic - Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	Canagliflozin Tab 100 MG Canagliflozin Tab 300 MG Dapagliflozin Propanediol Tab 5 MG Dapagliflozin Propanediol Tab 10 MG Empagliflozin Tab 10 MG Empagliflozin Tab 25 MG Ertugliflozin L-Pyroglutamic Acid Tab 5 MG Ertugliflozin L-Pyroglutamic Acid Tab 15 MG	
Antidiabetic - Sulfonylurea	Glimepiride Tab 1 MG Glimepiride Tab 2 MG Glimepiride Tab 4 MG Glipizide Tab 5 MG Glipizide Tab 10 MG Glipizide Tab ER 24HR 2.5 MG Glipizide Tab ER 24HR 5 MG Glipizide Tab ER 24HR 10 MG Glyburide Micronized Tab 1.5 MG Glyburide Micronized Tab 3 MG Glyburide Micronized Tab 6 MG Glyburide Tab 1.25 MG Glyburide Tab 2.5 MG Glyburide Tab 5 MG	
Antidiabetic - Thiazolidinediones (TZDs)	Pioglitazone HCl Tab 15 MG Pioglitazone HCl Tab 30 MG Pioglitazone HCl Tab 45 MG Rosiglitazone Maleate Tab 2 MG Rosiglitazone Maleate Tab 4 MG	
Antidiarrheal Agents - Misc	Bismuth Subsalicylate Chew Tab 262 MG Bismuth Subsalicylate Susp 262 MG/15ML Bismuth Subsalicylate Tab 262 MG Lactobacillus - Packet Lactobacillus Cap Lactobacillus Chew Tab Lactobacillus Rhamnosus (GG) Cap Lactobacillus Tab Probiotic Product - Cap Saccharomyces boulardii Cap 250 MG	
Antidotes - Chelating Agents	Succimer Cap 100 MG	
Antiemetics	Aprepitant Capsule 80 MG Aprepitant Capsule Therapy Pack 80 & 125 MG Dimenhydrinate Chew Tab 25 MG Dimenhydrinate Chew Tab 50 MG Dimenhydrinate Tab 50 MG	
	Dronabinol Cap 2.5 MG	Coverage will require a Prior Authorization documenting (a) an allowed condition of chemotherapy

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Dronabinol Cap 5 MG Dronabinol Cap 10 MG	induced nausea and vomiting or (b) a previous trial and therapeutic failure (as defined in O.A.C.4123.6.21 (J)) with either promethazine, ondansetron, or meclizine. In claims where the drug was covered in the 60 days prior to October 1, 2017, the medication will continue to be allowed at the current dose.
	Granisetron HCl Tab 1 MG Meclizine HCl Chew Tab 25 MG Meclizine HCl Tab 12.5 MG Meclizine HCl Tab 25 MG Ondansetron HCl Oral Soln 4 MG/5ML Ondansetron HCl Tab 4 MG Ondansetron HCl Tab 8 MG Scopolamine TD Patch 72HR 1 MG/3DAYS Trimethobenzamide HCl Cap 300 MG	
Antifungals	Fluconazole Susp 40 MG/ML Fluconazole Tab 50 MG Fluconazole Tab 100 MG Fluconazole Tab 150 MG Griseofulvin Ultramicrosize Tab 250 MG	
	Isavuconazonium 186 MG	May be reimbursed with prior authorization. Reimbursement will be considered for individuals who are being treated for a fungal infection related to an allowed condition in the claim who have tried and failed at least one antifungal.
	Itraconazole Cap 100 MG Itraconazole Oral Soln 10 MG/ML Ketoconazole Tab 200 MG Nystatin Tab 500000 Unit Posaconazole Susp 40 MG/ML Posaconazole Tab Delayed Release 100 MG Terbinafine HCl Tab 250 MG Voriconazole Tab 200 MG	
Antihistamines	Carbinoxamine Maleate Tab 4 MG Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) Cetirizine HCl Tab 5 MG Cetirizine HCl Tab 10 MG Chlorpheniramine Maleate Tab 4 MG Clemastine Fumarate Tab 2.68 MG Cyproheptadine HCl Tab 4 MG Desloratadine Tab 5 MG Diphenhydramine HCl Cap 25 MG Diphenhydramine HCl Cap 50 MG Diphenhydramine HCl Liquid 12.5 MG/5ML Diphenhydramine HCl Tab 25 MG Fexofenadine HCl Tab 60 MG Fexofenadine HCl Tab 180 MG Levocetirizine Dihydrochloride Tab 5 MG Loratadine Syrup 5 MG/5ML Loratadine Tab 10 MG Promethazine HCl Suppos 12.5 MG Promethazine HCl Suppos 25 MG Promethazine HCl Suppos 50 MG Promethazine HCl Syrup 6.25 MG/5ML Promethazine HCl Tab 12.5 MG Promethazine HCl Tab 25 MG Promethazine HCl Tab 50 MG	
Antihyperlipidemics - Bile Acid Sequestrants	Cholestyramine Light Powder 4 GM/DOSE Cholestyramine Light Powder Packets 4 GM Cholestyramine Powder 4 GM/DOSE Cholestyramine Powder Packets 4 GM Colesevelam HCl Packet For Susp 3.75 GM Colesevelam HCl Tab 625 MG Colestipol HCl Granule Packets 5 GM Colestipol HCl Tab 1 GM	
Antihyperlipidemics - Combinations	Ezetimibe-Simvastatin Tab 10-10 MG Ezetimibe-Simvastatin Tab 10-20 MG Ezetimibe-Simvastatin Tab 10-40 MG Ezetimibe-Simvastatin Tab 10-80 MG	
Antihyperlipidemics - Fibric Acid Derivatives	Choline Fenofibrate Cap DR 45 MG Choline Fenofibrate Cap DR 135 MG Fenofibrate Cap 150 MG Fenofibrate Micronized Cap 130 MG Fenofibrate Micronized Cap 134 MG Fenofibrate Micronized Cap 200 MG Fenofibrate Tab 48 MG Fenofibrate Tab 54 MG Fenofibrate Tab 120 MG Fenofibrate Tab 145 MG Fenofibrate Tab 160 MG Gemfibrozil Tab 600 MG	
Antihyperlipidemics -HMG CoA Reductase Inhibitors	Atorvastatin Calcium Tab 10 MG Atorvastatin Calcium Tab 20 MG Atorvastatin Calcium Tab 40 MG Atorvastatin Calcium Tab 80 MG Fluvastatin Sodium Tab ER 24 HR 80 MG Lovastatin Tab 10 MG Lovastatin Tab 20 MG Lovastatin Tab 40 MG Lovastatin Tab ER 24HR 60 MG Pravastatin Sodium Tab 10 MG Pravastatin Sodium Tab 20 MG Pravastatin Sodium Tab 40 MG Pravastatin Sodium Tab 80 MG Rosuvastatin Calcium Tab 5 MG Rosuvastatin Calcium Tab 10 MG Rosuvastatin Calcium Tab 20 MG Rosuvastatin Calcium Tab 40 MG Simvastatin Tab 5 MG Simvastatin Tab 10 MG Simvastatin Tab 20 MG Simvastatin Tab 40 MG Simvastatin Tab 80 MG	
Antihyperlipidemic - Intestinal Cholesterol Absorption Inhibitors	Ezetimibe Tab 10 MG	
Antihyperlipidemic - Lecithin	Lecithin Cap 1200 MG Lecithin Chew Tab 1000 MG	
Antihyperlipidemic – Misc.	Omega-3-acid Ethyl Esters Cap 1 GM	
Antihyperlipidemic - Nicotinic Acid Derivatives	Niacin Tab ER 500 MG (Antihyperlipidemic) Niacin Tab ER 750 MG (Antihyperlipidemic) Niacin Tab ER 1000 MG (Antihyperlipidemic)	
Antihyperlipidemic - Omega-3 Fatty Acids	Omega-3 Fatty Acids Cap 183.33 MG Omega-3 Fatty Acids Cap 150 MG Omega-3 Fatty Acids Cap 180 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Omega-3 Fatty Acids Cap 554 MG Omega-3 Fatty Acids Cap 645 MG Omega-3 Fatty Acids Cap 875 MG Omega-3 Fatty Acids Cap 900 MG Omega-3 Fatty Acids Cap 1000 MG Omega-3 Fatty Acids Cap 1200 MG Omega-3 Fatty Acids Cap Delayed Release 332.5 MG Omega-3 Fatty Acids Cap Delayed Release 350 MG Omega-3 Fatty Acids Cap Delayed Release 600 MG Omega-3 Fatty Acids Cap Delayed Release 1400 MG	
Antihyperlipidemic - PCSK9 Inhibitors	Alirocumab Subcutaneous Soln Pen-injector 75 MG/ML Alirocumab Subcutaneous Soln Pen-injector 150 MG/ML	
Antihypertensive Combinations	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG Amlodipine Besylate-Benazepril HCl Cap 5-10 MG Amlodipine Besylate-Benazepril HCl Cap 5-20 MG Amlodipine Besylate-Benazepril HCl Cap 5-40 MG Amlodipine Besylate-Benazepril HCl Cap 10-20 MG Amlodipine Besylate-Benazepril HCl Cap 10-40 MG Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG Amlodipine Besylate-Valsartan Tab 5-160 MG Amlodipine Besylate-Valsartan Tab 10-160 MG Amlodipine Besylate-Valsartan Tab 10-320 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG Atenolol & Chlorthalidone Tab 50-25 MG Atenolol & Chlorthalidone Tab 100-25 MG Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG Lisinopril & Hydrochlorothiazide Tab 20-25 MG Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG Metoprolol & Hydrochlorothiazide Tab 50-25 MG Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG Quinapril-Hydrochlorothiazide Tab 20-12.5 MG Quinapril-Hydrochlorothiazide Tab 20-25 MG Telmisartan-Amlodipine Tab 40-5 MG Telmisartan-Amlodipine Tab 80-10 MG Trandolapril-Verapamil HCl Tab ER 2-240 MG Trandolapril-Verapamil HCl Tab ER 4-240 MG Valsartan-Hydrochlorothiazide Tab 80-12.5 MG Valsartan-Hydrochlorothiazide Tab 160-12.5 MG Valsartan-Hydrochlorothiazide Tab 160-25 MG Valsartan-Hydrochlorothiazide Tab 320-12.5 MG Valsartan-Hydrochlorothiazide Tab 320-25 MG	
Antihypertensive - ACE Inhibitors	Benazepril HCl Tab 5 MG Benazepril HCl Tab 10 MG Benazepril HCl Tab 20 MG Benazepril HCl Tab 40 MG Captopril Tab 12.5 MG Captopril Tab 25 MG Captopril Tab 50 MG Captopril Tab 100 MG Enalapril Maleate Tab 2.5 MG Enalapril Maleate Tab 5 MG Enalapril Maleate Tab 10 MG Enalapril Maleate Tab 20 MG Fosinopril Sodium Tab 10 MG Fosinopril Sodium Tab 20 MG Lisinopril Tab 2.5 MG Lisinopril Tab 5 MG Lisinopril Tab 10 MG Lisinopril Tab 20 MG Lisinopril Tab 30 MG Lisinopril Tab 40 MG Moexipril HCl Tab 15 MG Quinapril HCl Tab 5 MG Quinapril HCl Tab 10 MG Quinapril HCl Tab 20 MG Quinapril HCl Tab 40 MG Ramipril Cap 1.25 MG Ramipril Cap 2.5 MG Ramipril Cap 5 MG Ramipril Cap 10 MG Trandolapril Tab 1 MG Trandolapril Tab 2 MG	
Antihypertensives – Agents for Pheochromocytoma	Phenoxybenzamine HCl Cap 10 MG	
Antihypertensives - Angiotensin II Receptor Antagonists	Candesartan Cilexetil Tab 8 MG Candesartan Cilexetil Tab 16 MG Candesartan Cilexetil Tab 32 MG Irbesartan Tab 75 MG Irbesartan Tab 150 MG Irbesartan Tab 300 MG Losartan Potassium Tab 25 MG Losartan Potassium Tab 50 MG Losartan Potassium Tab 100 MG Olmesartan Medoxomil Tab 5 MG Olmesartan Medoxomil Tab 20 MG Olmesartan Medoxomil Tab 40 MG Telmisartan Tab 80 MG Valsartan Tab 40 MG Valsartan Tab 80 MG Valsartan Tab 160 MG Valsartan Tab 320 MG	

APPENDIX TO RULE 4123-6-21.3
Formulary List of Medications Covered by the Ohio Bureau of Workers' Compensation

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Antihypertensives – Antiadrenergic Antihypertensives	Clonidine HCl Tab 0.1 MG Clonidine HCl Tab 0.2 MG Clonidine HCl Tab 0.3 MG Clonidine HCl TD Patch Weekly 0.1 MG/24HR Clonidine HCl TD Patch Weekly 0.2 MG/24HR Clonidine HCl TD Patch Weekly 0.3 MG/24HR Doxazosin Mesylate Tab 1 MG Doxazosin Mesylate Tab 2 MG Doxazosin Mesylate Tab 4 MG Doxazosin Mesylate Tab 8 MG Guanfacine HCl Tab 1 MG Guanfacine HCl Tab 2 MG Prazosin HCl Cap 1 MG Prazosin HCl Cap 2 MG Prazosin HCl Cap 5 MG Terazosin HCl Cap 1 MG Terazosin HCl Cap 2 MG Terazosin HCl Cap 5 MG Terazosin HCl Cap 10 MG	
Antihypertensive - Direct Renin Inhibitors	Aliskiren Fumarate Tab 150 MG Aliskiren Fumarate Tab 300 MG	
Antihypertensive - Selective Aldosterone Receptor Antagonists (SARAs)	Eplerenone Tab 25 MG Eplerenone Tab 50 MG	
Antihypertensive - Vasodilators	Hydralazine HCl Tab 10 MG Hydralazine HCl Tab 25 MG Hydralazine HCl Tab 50 MG Hydralazine HCl Tab 100 MG Minoxidil Tab 2.5 MG Minoxidil Tab 10 MG	
Anti-infective Agents – Misc.	Atovaquone Susp 750 MG/5ML Clindamycin HCl Cap 150 MG Clindamycin HCl Cap 300 MG Clindamycin Palmitate HCl For Soln 75 MG/5ML Dapsone Tab 25 MG Dapsone Tab 100 MG Linezolid Susp 100 MG/5ML Linezolid Tab 600 MG Metronidazole Cap 375 MG Metronidazole Tab 250 MG Metronidazole Tab 500 MG Nitazoxanide Tab 500 MG Rifaximin Tab 200 MG Rifaximin Tab 550 MG Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML Sulfamethoxazole-Trimethoprim Tab 400-80 MG Sulfamethoxazole-Trimethoprim Tab 800-160 MG Tinidazole Tab 500 MG Trimethoprim Tab 100 MG Vancomycin HCl Cap 125 MG Vancomycin HCl Cap 250 MG	
Antimalarial	Atovaquone-Proguanil HCl Tab 250-100 MG Chloroquine Phosphate Tab 250 MG Hydroxychloroquine Sulfate Tab 200 MG Mefloquine HCl Tab 250 MG Quinine Sulfate Cap 324 MG	
Antimanic Agents	Lithium Carbonate Cap 150 MG Lithium Carbonate Cap 300 MG Lithium Carbonate Cap 600 MG Lithium Carbonate Tab 300 MG Lithium Carbonate Tab ER 300 MG Lithium Carbonate Tab ER 450 MG Lithium Oral Solution 8 mEq/5ML	
Antimyasthenic/Cholinergic Agents	Pyridostigmine Bromide Tab 60 MG Pyridostigmine Bromide Tab ER 180 MG	
Antimycobacterial Agents	Ethambutol HCl Tab 100 MG Ethambutol HCl Tab 400 MG Isoniazid Tab 300 MG Pyrazinamide Tab 500 MG Rifampin Cap 150 MG Rifampin Cap 300 MG	
Antineoplastic - Alkylating Agents	Cyclophosphamide Cap 25 MG Cyclophosphamide Cap 50 MG Cyclophosphamide Tab 50 MG	
Antineoplastic - Antimetabolites	Capecitabine Tab 500 MG Methotrexate Sodium Tab 2.5 MG	
Antineoplastic - Hormonal and Related Agents	Anastrozole Tab 1 MG Exemestane Tab 25 MG Letrozole Tab 2.5 MG Megestrol Acetate Susp 40 MG/ML Megestrol Acetate Tab 20 MG Megestrol Acetate Tab 40 MG Tamoxifen Citrate Tab 20 MG	
Antiparkinson Agents	Amantadine HCl Cap 100 MG Amantadine HCl Syrup 50 MG/5ML Amantadine HCl Tab 100 MG Benztropine Mesylate Tab 0.5 MG Benztropine Mesylate Tab 1 MG Benztropine Mesylate Tab 2 MG Bromocriptine Mesylate Cap 5 MG Carbidopa & Levodopa Tab 10-100 MG Carbidopa & Levodopa Tab 25-100 MG Carbidopa & Levodopa Tab 25-250 MG Carbidopa & Levodopa Tab ER 25-100 MG Carbidopa & Levodopa Tab ER 50-200 MG Entacapone Tab 200 MG Pramipexole Dihydrochloride Tab 0.125 MG Pramipexole Dihydrochloride Tab 0.25 MG Pramipexole Dihydrochloride Tab 0.5 MG Pramipexole Dihydrochloride Tab 1 MG Pramipexole Dihydrochloride Tab 1.5 MG Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG Rasagiline Mesylate Tab 1 MG Ropinirole Hydrochloride Tab 0.25 MG Ropinirole Hydrochloride Tab 0.5 MG Ropinirole Hydrochloride Tab 1 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Ropinirole Hydrochloride Tab 2 MG Ropinirole Hydrochloride Tab 3 MG Ropinirole Hydrochloride Tab 4 MG Ropinirole Hydrochloride Tab 5 MG Ropinirole Hydrochloride Tab ER 24HR 2 MG Ropinirole Hydrochloride Tab ER 24HR 4 MG Ropinirole Hydrochloride Tab ER 24HR 6 MG Ropinirole Hydrochloride Tab ER 24HR 8 MG Ropinirole Hydrochloride Tab ER 24HR 12 MG Trihexyphenidyl HCl Tab 2 MG Trihexyphenidyl HCl Tab 5 MG	
Antiperistaltic Agents	Difenoxin w/ Atropine Tab 1-0.025 MG Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML Diphenoxylate w/ Atropine Tab 2.5-0.025 MG Loperamide HCl Cap 2 MG Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML) Loperamide HCl Tab 2 MG	
Antipsoriatics - Oral	Acitretin Cap 25 MG	
Antipsychotics - ALL		Antipsychotic medications may be reimbursed with prior authorization if the injured worker has an allowed condition of schizophrenia or bipolar disorder Requests for antipsychotic medications that are FDA approved for the treatment of Major Depressive Disorder may be reimbursed with prior authorization if the injured worker has an allowed condition of Major Depressive Disorder or Dysthymic Disorder an has tried and failed at least two antidepressants. Prior Authorization for all antipsychotic medications is limited to no longer than 6 months. Documentation of Abnormal Involvement Movement Scale (AIMS) testing will be required every 6 months for ongoing use of all antipsychotic medications.
Antipsychotics - Benzisoxazoles	Haloperidol Lactate Oral Conc 2 MG/ML Haloperidol Tab 0.5 MG Haloperidol Tab 1 MG Haloperidol Tab 2 MG Haloperidol Tab 5 MG Haloperidol Tab 10 MG Haloperidol Tab 20 MG Paliperidone Tab ER 24HR 1.5 MG Paliperidone Tab ER 24HR 3 MG Paliperidone Tab ER 24HR 6 MG Paliperidone Tab ER 24HR 9 MG	
	Risperidone Orally Disintegrating Tab 0.25 MG Risperidone Orally Disintegrating Tab 0.5 MG Risperidone Orally Disintegrating Tab 1 MG Risperidone Orally Disintegrating Tab 2 MG Risperidone Orally Disintegrating Tab 3 MG Risperidone Orally Disintegrating Tab 4 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Risperidone Soln 1 MG/ML Risperidone Tab 0.25 MG Risperidone Tab 0.5 MG Risperidone Tab 1 MG Risperidone Tab 2 MG Risperidone Tab 3 MG Risperidone Tab 4 MG	
Antipsychotics - Dibenzapines	Asenapine Maleate SL Tab Products Asenapine Maleate SL Tab 2.5 MG Asenapine Maleate SL Tab 5 MG Asenapine Maleate SL Tab 10 MG	Sublingual dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Clozapine Orally Disintegrating Tab Products Clozapine Orally Disintegrating Tab 12.5 MG Clozapine Orally Disintegrating Tab 25 MG Clozapine Orally Disintegrating Tab 100 MG Clozapine Orally Disintegrating Tab 150 MG Clozapine Orally Disintegrating Tab 200 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Clozapine Tab 25 MG Clozapine Tab 50 MG Clozapine Tab 100 MG Clozapine Tab 200 MG Loxapine Succinate Cap 5 MG Loxapine Succinate Cap 10 MG Loxapine Succinate Cap 25 MG Loxapine Succinate Cap 50 MG	
	Olanzapine Orally Disintegrating Tab 5 MG Olanzapine Orally Disintegrating Tab 10 MG Olanzapine Orally Disintegrating Tab 15 MG Olanzapine Orally Disintegrating Tab 20 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Olanzapine Tab 2.5 MG Olanzapine Tab 5 MG Olanzapine Tab 7.5 MG Olanzapine Tab 10 MG Olanzapine Tab 15 MG Olanzapine Tab 20 MG Quetiapine Fumarate Tab 25 MG Quetiapine Fumarate Tab 50 MG Quetiapine Fumarate Tab 100 MG Quetiapine Fumarate Tab 200 MG Quetiapine Fumarate Tab 300 MG Quetiapine Fumarate Tab 400 MG Quetiapine Fumarate Tab ER 24HR 50 MG Quetiapine Fumarate Tab ER 24HR 150 MG Quetiapine Fumarate Tab ER 24HR 200 MG Quetiapine Fumarate Tab ER 24HR 300 MG Quetiapine Fumarate Tab ER 24HR 400 MG	
Antipsychotics - Dihydroindolones	Molindone HCl Tab 5 MG Molindone HCl Tab 10 MG Molindone HCl Tab 25 MG	
Antipsychotics – Misc.	Carbamazepine (Antipsychotic) Cap ER 12HR 100 MG Carbamazepine (Antipsychotic) Cap ER 12HR 200 MG Carbamazepine (Antipsychotic) Cap ER 12HR 300 MG Lurasidone HCl Tab 20 MG Lurasidone HCl Tab 40 MG Lurasidone HCl Tab 60 MG Lurasidone HCl Tab 80 MG Lurasidone HCl Tab 120 MG Ziprasidone HCl Cap 20 MG Ziprasidone HCl Cap 40 MG Ziprasidone HCl Cap 60 MG Ziprasidone HCl Cap 80 MG	
Antipsychotics - Phenothiazines	Chlorpromazine HCl Tab 10 MG Chlorpromazine HCl Tab 25 MG Chlorpromazine HCl Tab 50 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Chlorpromazine HCl Tab 100 MG Chlorpromazine HCl Tab 200 MG Fluphenazine HCl Elixir 2.5 MG/5ML Fluphenazine HCl Oral Conc 5 MG/ML Fluphenazine HCl Tab 1 MG Fluphenazine HCl Tab 2.5 MG Fluphenazine HCl Tab 5 MG Fluphenazine HCl Tab 10 MG Perphenazine Tab 2 MG Perphenazine Tab 4 MG Perphenazine Tab 8 MG Perphenazine Tab 16 MG Prochlorperazine Maleate Tab 5 MG Prochlorperazine Maleate Tab 10 MG Prochlorperazine Suppos 25 MG Thioridazine HCl Tab 10 MG Thioridazine HCl Tab 25 MG Thioridazine HCl Tab 50 MG Thioridazine HCl Tab 100 MG Trifluoperazine HCl Tab 1 MG Trifluoperazine HCl Tab 2 MG Trifluoperazine HCl Tab 5 MG Trifluoperazine HCl Tab 10 MG	
Antipsychotics - Quinolinone Derivatives	Aripiprazole Oral Solution 1 MG/ML	
	Aripiprazole Orally Disintegrating Tab 10 MG Aripiprazole Orally Disintegrating Tab 15 MG	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Aripiprazole Tab 2 MG Aripiprazole Tab 5 MG Aripiprazole Tab 10 MG Aripiprazole Tab 15 MG Aripiprazole Tab 20 MG Aripiprazole Tab 30 MG	
Antipsychotics - Thioxanthenes	Thiothixene Cap 1 MG Thiothixene Cap 2 MG Thiothixene Cap 5 MG Thiothixene Cap 10 MG	
Antirheumatic-Enzyme Inhibitors	Baricitinib Tab 1 MG Baricitinib Tab 2 MG Tofacitinib Citrate 5 MG Tofacitinib Citrate 10 MG Tofacitinib Citrate Tab ER 24HR 11 MG Tofacitinib Citrate Tab ER 24HR 22 MG Upadacitinib Tab ER 24HR 15 MG	Prior authorization required. Authorization will only be granted if rheumatoid arthritis is an allowed condition in the claim.
Antirheumatic- Selective T-Cell Costimulation Blocker	Abatacept Subcutaneous Soln Auto-Injector 125 MG/ML Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	Prior authorization required. Authorization will only be granted if rheumatoid arthritis is an allowed condition in the claim.
Antiseptics & Disinfectants	Cadexomer Iodine Gel 0.9% Chlorhexidine Gluconate Liquid 4% Chlorhexidine Gluconate Soln 4% Dakin's Solution 0.125% (Quarter Strength) Dakin's Solution 0.25% (Half Strength) Dakin's Solution 0.5% Formaldehyde Solution 10% Hydrogen Peroxide Soln 3% Povidone-Iodine Oint 10% Povidone-Iodine Soln 7.5% Povidone-Iodine Soln 10% Povidone-Iodine Swabs 10%	
Antitussives	Benzonatate Cap 100 MG Benzonatate Cap 200 MG Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML Hydrocodone w/ Homatropine Tab 5-1.5 MG	
Beta Blockers	Acebutolol HCl Cap 200 MG Acebutolol HCl Cap 400 MG Atenolol Tab 25 MG Atenolol Tab 50 MG Atenolol Tab 100 MG Bisoprolol Fumarate Tab 5 MG Bisoprolol Fumarate Tab 10 MG Carvedilol Phosphate Cap ER 24HR 10 MG Carvedilol Phosphate Cap ER 24HR 20 MG Carvedilol Phosphate Cap ER 24HR 40 MG Carvedilol Phosphate Cap ER 24HR 80 MG Carvedilol Tab 3.125 MG Carvedilol Tab 6.25 MG Carvedilol Tab 12.5 MG Carvedilol Tab 25 MG Labetalol HCl Tab 100 MG Labetalol HCl Tab 200 MG Labetalol HCl Tab 300 MG Metoprolol Succinate Tab ER 24HR 25 MG Metoprolol Succinate Tab ER 24HR 50 MG Metoprolol Succinate Tab ER 24HR 100 MG Metoprolol Succinate Tab ER 24HR 200 MG Metoprolol Tartrate Tab 25 MG Metoprolol Tartrate Tab 50 MG Metoprolol Tartrate Tab 100 MG Nadolol Tab 20 MG Nadolol Tab 40 MG Nadolol Tab 80 MG Nebivolol HCl Tab 2.5 MG Nebivolol HCl Tab 5 MG Nebivolol HCl Tab 10 MG Nebivolol HCl Tab 20 MG Pindolol Tab 5 MG Pindolol Tab 10 MG Propranolol HCl Cap ER 24HR 60 MG Propranolol HCl Cap ER 24HR 80 MG Propranolol HCl Cap ER 24HR 120 MG Propranolol HCl Cap ER 24HR 160 MG Propranolol HCl Tab 10 MG Propranolol HCl Tab 20 MG Propranolol HCl Tab 40 MG Propranolol HCl Tab 60 MG Propranolol HCl Tab 80 MG Sotalol HCl (AFIB/AFL) Tab 80 MG Sotalol HCl Tab 80 MG Sotalol HCl Tab 120 MG Sotalol HCl Tab 160 MG Timolol Maleate Tab 10 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Calcium Channel Blockers	Amlodipine Besylate Tab 2.5 MG Amlodipine Besylate Tab 5 MG Amlodipine Besylate Tab 10 MG Diltiazem HCl Cap ER 24HR 120 MG Diltiazem HCl Cap ER 24HR 180 MG Diltiazem HCl Cap ER 24HR 240 MG Diltiazem HCl Coated Beads Cap ER 24HR 120 MG Diltiazem HCl Coated Beads Cap ER 24HR 180 MG Diltiazem HCl Coated Beads Cap ER 24HR 240 MG Diltiazem HCl Coated Beads Cap ER 24HR 300 MG Diltiazem HCl Coated Beads Cap ER 24HR 360 MG Diltiazem HCl Coated Beads Tab ER 24HR 240 MG Diltiazem HCl Coated Beads Tab ER 24HR 360 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG Diltiazem HCl Tab 30 MG Diltiazem HCl Tab 60 MG Diltiazem HCl Tab 90 MG Diltiazem HCl Tab 120 MG Felodipine Tab ER 24HR 5 MG Felodipine Tab ER 24HR 10 MG Nicardipine HCl Cap 20 MG Nifedipine Cap 10 MG Nifedipine Cap 20 MG Nifedipine Tab ER 24HR 30 MG Nifedipine Tab ER 24HR 60 MG Nifedipine Tab ER 24HR 90 MG Nifedipine Tab ER 24HR Osmotic Release 30 MG Nifedipine Tab ER 24HR Osmotic Release 60 MG Nifedipine Tab ER 24HR Osmotic Release 90 MG Nisoldipine Tab ER 24HR 20 MG Nisoldipine Tab ER 24HR 25.5 MG Verapamil HCl Cap ER 24HR 120 MG Verapamil HCl Cap ER 24HR 180 MG Verapamil HCl Cap ER 24HR 240 MG Verapamil HCl Tab 40 MG Verapamil HCl Tab 80 MG Verapamil HCl Tab 120 MG Verapamil HCl Tab ER 120 MG Verapamil HCl Tab ER 180 MG Verapamil HCl Tab ER 240 MG	
Cardiac Glycosides	Digoxin Tab 125 MCG (0.125 MG) Digoxin Tab 250 MCG (0.25 MG)	
Cardiovascular Agents Misc. - Combinations	Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG Sacubitril-Valsartan Tab 24-26 MG Sacubitril-Valsartan Tab 49-51 MG Sacubitril-Valsartan Tab 97-103 MG	
Chelating Agents	Penicillamine Cap 250 MG Penicillamine Tab 250 MG	
Chemical	Alcohol, Rubbing 70%	
Combination Psychotherapeutics	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG Chlordiazepoxide-Amitriptyline Tab 10-25 MG Olanzapine-Fluoxetine HCl Cap 3-25 MG Olanzapine-Fluoxetine HCl Cap 6-25 MG Olanzapine-Fluoxetine HCl Cap 6-50 MG Olanzapine-Fluoxetine HCl Cap 12-25 MG Olanzapine-Fluoxetine HCl Cap 12-50 MG Perphenazine-Amitriptyline Tab 2-10 MG Perphenazine-Amitriptyline Tab 2-25 MG Perphenazine-Amitriptyline Tab 4-10 MG Perphenazine-Amitriptyline Tab 4-25 MG Perphenazine-Amitriptyline Tab 4-50 MG	
Cough/Cold/Allergy Combinations	Brompheniramine & Phenylephrine Elixir 1-2.5MG/5ML Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG Chlorpheniramine-DM Tab 4-30 MG Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML Dextromethorphan-Guaifenesin Liquid 10-187 MG/5ML Dextromethorphan-Guaifenesin Liquid 10-200 MG/5ML Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML Dextromethorphan-Guaifenesin Liquid 5-50 MG/ML Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML Diphenhydramine-Acetaminophen Tab 12.5-325 MG Fexofenadine-Pseudoephedrine Tab ER 12HR 60-120 MG Fexofenadine-Pseudoephedrine Tab ER 24HR 180-240 MG Guaifenesin-Codeine Soln 100-10 MG/5ML Hydrocod Polst-Chlorphen Polst Cap ER 12HR 10-8 MG Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML Loratadine & Pseudoephedrine Tab ER 12HR 5-120 MG Loratadine & Pseudoephedrine Tab ER 24HR 10-240 MG Phenylephrine w/ Acetaminophen Tab 5-325 MG Phenylephrine w/ DM-GG Liqd 10-18-200 MG/15ML Phenylephrine w/ DM-GG Liqd 2.5-5-100 MG/ML Phenylephrine w/ DM-GG Liqd 5-10-100 MG/5ML Phenylephrine w/ DM-GG Liquid 10-15-350 MG/5ML Phenylephrine w/ DM-GG Tab 10-15-400 MG Phenylephrine w/ DM-GG Tab 5-10-200 MG Phenylephrine-Chlorphen-DM Liquid 10-4-10 MG/5ML Phenylephrine-Chlorphen-DM Tab 10-4-10 MG Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML Promethazine w/ Codeine Syrup 6.25-10 MG/5ML Promethazine-DM Syrup 6.25-15 MG/5ML Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML Pseudoephedrine w/ DM-GG Tab 60-15-400 MG Pseudoephedrine w/ DM-GG Tab 60-20-380 MG Dextromethorphan-Doxylamine-APAP Liquid 10-6.25-325 MG/15ML Pseudoephedrine-Guaifenesin Tab ER 12HR 120-1200 MG Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	
Cystic Fibrosis Agents	Dornase Alfa Inhal Soln 1 MG/ML	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Pulmonary Fibrosis Agents	Nintedanib Esylate Cap 100 MG Nintedanib Esylate Cap 150 MG	May be reimbursed with prior authorization. Reimbursement will be considered for individuals who are being treated for interstitial lung disease related to an allowed condition in the claim. PA requests have to include documentation of fibrosis greater than or equal to ten percent within the past year and a Forced Vital Capacity (FVC) greater than or equal to forty percent of predicted.
Cytomegalovirus (CMV) Agents	Valganciclovir HCl Tab 450 MG	
Diabetic Supplies	Alcohol Sheets Alcohol Swabs Lancet Devices Lancets Misc. Lancets	
Diagnostic Test	Glucose Blood Test Strip	
Dietary Management Products - L-Methylfolate	L-Methylfolate Cap 15 MG L-Methylfolate Tab 7.5 MG L-Methylfolate Tab 15 MG L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG L-Methylfolate-Algae Cap 15-90.314 MG L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG	
Dietary Management Products - Misc	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	
Digestive Enzymes	Lactase Tab 3000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-63000-84000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit	
Diuretics	Acetazolamide Cap ER 12HR 500 MG Acetazolamide Tab 125 MG Acetazolamide Tab 250 MG Amiloride & Hydrochlorothiazide Tab 5-50 MG Amiloride HCl Tab 5 MG Bumetanide Tab 0.5 MG Bumetanide Tab 1 MG Bumetanide Tab 2 MG Chlorthalidone Tab 25 MG Chlorthalidone Tab 50 MG Furosemide Oral Soln 10 MG/ML Furosemide Tab 20 MG Furosemide Tab 40 MG Furosemide Tab 80 MG Hydrochlorothiazide Cap 12.5 MG Hydrochlorothiazide Tab 25 MG Hydrochlorothiazide Tab 50 MG Indapamide Tab 1.25 MG Methazolamide Tab 25 MG Methazolamide Tab 50 MG Metolazone Tab 2.5 MG Metolazone Tab 5 MG Spironolactone Tab 25 MG Spironolactone Tab 50 MG Spironolactone Tab 100 MG Torsemide Tab 10 MG Torsemide Tab 20 MG Torsemide Tab 100 MG Triamterene & Hydrochlorothiazide Cap 37.5-25 MG Triamterene & Hydrochlorothiazide Tab 37.5-25 MG Triamterene & Hydrochlorothiazide Tab 75-50 MG	
Eczema Agents	Dupilumab Subcutaneous Soln Pen-injector 300 MG/2ML Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	Prior authorization is required. Reimbursement is limited to claims in which the following are documented: asthma is an allowed condition, inadequate control of asthma after at least three (3) months of use of an inhaled corticosteroid plus a long-acting beta-agonist, or an inhaled corticosteroid plus a long-acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL within the past 12 months. Initial approval will be no greater than six (6) months. Subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications.
Electrolytes - Potassium	Potassium Bicarbonate Effer Tab 25 mEq Potassium Chloride Cap ER 8 mEq Potassium Chloride Cap ER 10 mEq Potassium Chloride MiERoencapsulated ERys ER Tab 10 mEq Potassium Chloride MiERoencapsulated ERys ER Tab 20 mEq Potassium Chloride Oral Soln 10% (20 MEQ/15ML) Potassium Chloride Powder Packet 20 mEq Potassium Chloride Tab ER 8 mEq (600 MG) Potassium Chloride Tab ER 10 mEq Potassium Chloride Tab ER 20 mEq (1500 MG) Potassium Gluconate Tab 80 MG (Elemental Potassium) Potassium Gluconate Tab 550 MG (90 MG Equiv K)	
Endocrine - Bone Density Regulators	Alendronate Sodium Oral Soln 70 MG/75ML Alendronate Sodium Tab 5 MG Alendronate Sodium Tab 35 MG Alendronate Sodium Tab 70 MG Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit Calcitonin (Salmon) Nasal Soln 200 Unit/ACT Ibandronate Sodium Tab 150 MG Risedronate Sodium Tab 30 MG Risedronate Sodium Tab 35 MG Risedronate Sodium Tab 150 MG Risedronate Sodium Tab Delayed Release 35 MG Teriparatide (Recombinant) Inj 600 MCG/2.4ML	
Endocrine - Corticotropin	Corticotropin Inj Gel 80 Unit/ML	
Endocrine - Growth Hormones	Somatropin For Inj 6 MG (18 Unit)	
Endocrine - Hormone Receptor Modulators	Raloxifene HCl Tab 60 MG	
Endocrine - Metabolic Modifiers	Calcitriol Cap 0.25 MCG Calcitriol Cap 0.5 MCG Cinacalcet HCl Tab 30 MG Doxercalciferol Cap 0.5 MCG Doxercalciferol Cap 2.5 MCG Paricalcitol Cap 1 MCG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Paricalcitol Cap 2 MCG	
Endocrine - Posterior Pituitary Hormones	Desmopressin Acetate Inj 4 MCG/ML Desmopressin Acetate Nasal Soln 0.01% (Refrigerated) Desmopressin Acetate Nasal Spray Soln 0.01% Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated) Desmopressin Acetate Tab 0.1 MG Desmopressin Acetate Tab 0.2 MG	
Estrogens	Estradiol Tab 0.5 MG	
Expectorants	Guaifenesin Liquid 100 MG/5ML Guaifenesin Syrup 100 MG/5ML Guaifenesin Tab 200 MG Guaifenesin Tab 400 MG Guaifenesin Tab ER 12HR 600 MG Guaifenesin Tab ER 12HR 1200 MG	
Fibromyalgia Agents	Milnacipran HCl Tab 12.5 MG Milnacipran HCl Tab 25 MG Milnacipran HCl Tab 50 MG Milnacipran HCl Tab 100 MG Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	
G.I. Agent - Antiflatulents	Simethicone Cap 125 MG Simethicone Cap 180 MG Simethicone Chew Tab 80 MG Simethicone Chew Tab 125 MG Simethicone Susp 40 MG/0.6ML	
G.I. Agent - Gallstone Solubilizing Agents	Ursodiol Cap 300 MG	
G.I. Agent - Gastrointestinal Chloride Channel Activators	Lubiprostone Cap 8 MCG Lubiprostone Cap 24 MCG	Reimbursement is limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation, defined as fewer than three (3) bowel movements per week or two (2) consecutive days without a bowel movement; the patient has received opioid prescriptions reimbursed by BWC for at least eight (8) weeks ; and office notes document previous failed therapy with at least two (2) different laxative classes. Reimbursement is limited to two (2) capsules per day.
G.I. Agent - Gastrointestinal Stimulants	Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) Metoclopramide HCl Tab 5 MG Metoclopramide HCl Tab 10 MG	
G.I. Agent - Inflammatory Bowel Agents	Balsalazide Disodium Cap 750 MG Mesalamine Cap ER 500 MG Mesalamine Cap DR 400 MG Mesalamine Enema 4 GM Mesalamine Suppos 1000 MG Mesalamine Tab Delayed Release 800 MG Mesalamine Tab Delayed Release 1.2 GM Olsalazine Sodium Cap 250 MG Sulfasalazine Tab 500 MG Sulfasalazine Tab Delayed Release 500 MG	
G.I. Agent - Intestinal Acidifiers	Lactulose (Encephalopathy) Solution 10 GM/15ML	
G.I. Agent - Peripheral Opioid Receptor Antagonists	Naldemedine Tosylate Tab 0.2 MG Naloxegol Oxalate Tab 12.5 MG Naloxegol Oxalate Tab 25 MG	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation, defined as fewer than three (3) bowel movements per week or two (2) consecutive days without a bowel movement; the patient has received opioid prescriptions reimbursed by BWC for at least 8 weeks ; and office notes document previous failed therapy with at least two different laxative classes. Reimbursement is limited to one tablet per day.
Genitourinary - Alkalinizers	Potassium Citrate Tab ER 5 MEQ (540 MG) Potassium Citrate Tab ER 10 MEQ (1080 MG)	
Genitourinary Irrigants	Acetic Acid Irrigation Soln 0.25% Sodium Chloride Irrigation Soln 0.9% *Citric Acid-Gluconolactone-Magnesium Carbonate Soln**	
Glucocorticosteroids	Cortisone Acetate Tab 25 MG Dexamethasone Conc 1 MG/ML Dexamethasone Elixir 0.5 MG/5ML Dexamethasone Soln 0.5 MG/5ML Dexamethasone Tab 0.5 MG Dexamethasone Tab 0.75 MG Dexamethasone Tab 1 MG Dexamethasone Tab 1.5 MG Dexamethasone Tab 2 MG Dexamethasone Tab 4 MG Dexamethasone Tab 6 MG Dexamethasone Tab Therapy Pack 1.5 MG (21) Dexamethasone Tab Therapy Pack 1.5 MG (35) Dexamethasone Tab Therapy Pack 1.5 MG (51) Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML Dexamethasone Sodium Phosphate Inj 4 MG/ML Dexamethasone Sodium Phosphate Inj 10 MG/ML Dexamethasone Sodium Phosphate Inj 20 MG/5ML Dexamethasone Sodium Phosphate Inj 120 MG/30ML Dexamethasone Sodium Phosphate Inj 100 MG/10ML Hydrocortisone Tab 5 MG Hydrocortisone Tab 10 MG Hydrocortisone Tab 20 MG Methylprednisolone Acetate Inj Susp 40 MG/ML Methylprednisolone Acetate Inj Susp 80 MG/ML Methylprednisolone Acetate PF Inj Susp 40 MG/ML Methylprednisolone Acetate PF Inj Susp 80 MG/ML Methylprednisolone Sod Succ For Inj 125 MG Methylprednisolone Tab 2 MG Methylprednisolone Tab 4 MG Methylprednisolone Tab 8 MG Methylprednisolone Tab 16 MG Methylprednisolone Tab 32 MG Methylprednisolone Tab Therapy Pack 4 MG (21) Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base) Prednisolone Sod Phosphate Oral Soln 15 MG/5ML Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq) Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent) Prednisolone Tab 5 MG Prednisolone Tab Therapy Pack 5 MG (21) Prednisolone Tab Therapy Pack 5 MG (48) Prednisone Oral Soln 5 MG/5ML Prednisone Tab 1 MG Prednisone Tab 2.5 MG Prednisone Tab 5 MG Prednisone Tab 10 MG Prednisone Tab 20 MG Prednisone Tab 50 MG Prednisone Tab Therapy Pack 5 MG (21) Prednisone Tab Therapy Pack 5 MG (48) Prednisone Tab Therapy Pack 10 MG (21) Prednisone Tab Therapy Pack 10 MG (48)	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Triamcinolone Acetonide Inj Susp 40 MG/ML	
Gout Agents	Allopurinol Tab 100 MG Allopurinol Tab 300 MG Colchicine Cap 0.6 MG Colchicine Tab 0.6 MG Febuxostat Tab 40 MG Febuxostat Tab 80 MG	
Hematopoietic Agents - Cobalamins	Cyanocobalamin Cap 1000 MCG Cyanocobalamin Cap 3000 MCG Cyanocobalamin Cap 5000 MCG Cyanocobalamin Tab 500 MCG Cyanocobalamin Tab 1000 MCG Cyanocobalamin Tab 2500 MCG Cyanocobalamin SL Tab 500 MCG Cyanocobalamin SL Tab 1000 MCG Cyanocobalamin SL Tab 2500 MCG Cyanocobalamin SL Tab 3000 MCG Cyanocobalamin SL Tab 5000 MCG Cyanocobalamin SL Tab 6000 MCG Cyanocobalamin Inj 1000 MCG/ML	
Hematopoietic Agents - Folic Acid/Folates	Folic Acid Tab 800 MCG Folic Acid Tab 1 MG	
Hematopoietic Agents - Iron	Carbonyl Iron Tab 45 MG (Elemental Iron) Ferrous Gluconate Tab 239 MG (27 MG Fe Equivalent) Ferrous Gluconate Tab 324 MG (38 MG Elemental Iron) Ferrous Sulfate Dried Tab ER 160 MG (50 MG Fe Equivalent) Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe) Ferrous Sulfate Syrup 300 MG/5ML (60 MG/5ML Elemental Fe) Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) Ferrous Sulfate Tab ER 142 MG (45 MG Fe Equivalent) Ferrous Sulfate Tab ER 143 MG (45 MG Fe Equivalent) Ferrous Sulfate Tab ER 47.5 MG (Elemental Fe) Ferrous Sulfate Tab EC 324 MG (65 MG Fe Equivalent) Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent) Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent) Polysaccharide Iron Complex Cap 391.3 MG (180 MG Elem Fe)	
Hematopoietic Growth Factors	Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML Epoetin Alfa Inj 40000 Unit/ML Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	
Hematopoietic Mixtures	Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-FA Cap Fe Asparto Gly-Succ Acd-C-Threonic Acd-B12-Des Stom Tab Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	
Hematorheologic Agents	Pentoxifylline Tab ER 400 MG	
Hemostatics - Systemic	Aminocaproic Acid Oral Soln 0.25 GM/ML Aminocaproic Acid Tab 500 MG Aminocaproic Acid Tab 1000 MG	
Hepatitis Agents	Elbasvir-Grazoprevir Tab 50-100 MG Glecaprevir-Pibrentasvir Tab 100-40 MG Ledipasvir-Sofosbuvir Tab 90-400 MG Peginterferon alfa-2a Soln Auto-Injector 135 MCG/0.5ML Peginterferon alfa-2a Soln Auto-Injector 180 MCG/0.5ML Peginterferon alfa-2a Soln Prefilled Syr 180 MCG/0.5ML Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML Ribavirin Cap 200 MG Ribavirin Tab 200 MG Sofosbuvir Tab 400 MG Sofosbuvir-Velpatasvir Tab 400-100 MG	
Herpes Agents	Acyclovir Cap 200 MG Acyclovir Susp 200 MG/5ML Acyclovir Tab 400 MG Acyclovir Tab 800 MG Famciclovir Tab 125 MG Famciclovir Tab 250 MG Famciclovir Tab 500 MG Valacyclovir HCl Tab 500 MG Valacyclovir HCl Tab 1 GM	
Hypnotics - Antihistamine	Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep) Ibuprofen-Diphenhydramine Citrate Tab 200-38 MG	
Hypnotics - Barbiturate	Phenobarbital Elixir 20 MG/5ML Phenobarbital Tab 15 MG Phenobarbital Tab 16.2 MG Phenobarbital Tab 30 MG Phenobarbital Tab 32.4 MG Phenobarbital Tab 60 MG Phenobarbital Tab 64.8 MG Phenobarbital Tab 97.2 MG	
Hypnotics - Non-Barbiturate	Eszopiclone Tab 1 MG Eszopiclone Tab 2 MG Eszopiclone Tab 3 MG Temazepam Cap 15 MG Temazepam Cap 30 MG Zaleplon Cap 5 MG Zaleplon Cap 10 MG Zolpidem Tartrate Tab 5 MG Zolpidem Tartrate Tab 10 MG Zolpidem Tartrate Tab ER 6.25 MG Zolpidem Tartrate Tab ER 12.5 MG	Drugs in this class will not be reimbursed for more than a 30-day supply without prior authorization. Prior authorization will only be considered for a period of acute care. Additionally, these drugs will not be reimbursed concurrently with opioids or stimulants.
Immunomodulators	Lenalidomide Caps 2.5 MG Lenalidomide Cap 5 MG Lenalidomide Cap 10 MG Lenalidomide Cap 20 MG	
Immunosuppressive Agents	Azathioprine Tab 50 MG Cyclosporine Cap 100 MG Cyclosporine Modified Cap 25 MG Cyclosporine Modified Cap 100 MG Cyclosporine Modified Oral Soln 100 MG/ML Cyclosporine Oral Soln 100 MG/ML	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Everolimus Tab 0.25 MG Everolimus Tab 0.5 MG Everolimus Tab 0.75 MG Everolimus Tab 1 MG Mycophenolate Mofetil Cap 250 MG Mycophenolate Mofetil Tab 500 MG Mycophenolate Mofetil Susp 200 MG/ML Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv) Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv) Sirolimus Oral Soln 1 MG/ML Sirolimus Tab 0.5 MG Sirolimus Tab 1 MG Sirolimus Tab 2 MG Tacrolimus Cap 0.5 MG Tacrolimus Cap 1 MG Tacrolimus Cap 5 MG Tacrolimus Tab ER 24HR 0.75 MG Tacrolimus Tab ER 24HR 1 MG Tacrolimus Tab ER 24HR 4 MG	
Impotence Agents	ALL impotence agents	Reimbursement for erectile dysfunction medications will be limited to one product per month.
	Alprostadil For Inj 20 MCG Alprostadil For Inj Kit 10 MCG Alprostadil For Inj Kit 20 MCG Alprostadil For Inj Kit 40 MCG	Max 6 units per 30 Days
	Alprostadil Urethral Pellet 250 MCG Alprostadil Urethral Pellet 500 MCG Alprostadil Urethral Pellet 1000 MCG	Max 6 pellet per 30 Days
	Sildenafil Citrate Tab 25 MG Sildenafil Citrate Tab 50 MG Sildenafil Citrate Tab 100 MG	Max 6 tab per 30 Days
	Tadalafil Tab 2.5 MG Tadalafil Tab 5 MG	Max 30 tab per 30 Days
	Tadalafil Tab 10 MG Tadalafil Tab 20 MG	Max 6 tab per 30 Days
	Vardenafil HCl Tab 5 MG Vardenafil HCl Tab 10 MG Vardenafil HCl Tab 20 MG	Max 6 tab per 30 Days
Influenza Agents	Oseltamivir Phosphate Cap 75 MG Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	
Insulin Administration Supplies	Insulin Pen Needle 29 G X 5 MM (3/16") Insulin Pen Needle 29 G X 8 MM (5/16") Insulin Pen Needle 29 G X 12 MM (1/2") Insulin Pen Needle 29 G X 12.7 MM Insulin Pen Needle 29 G X 13 MM (1/2") Insulin Pen Needle 30 G X 5 MM (3/16") Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16") Insulin Pen Needle 31 G X 4 MM (1/6") Insulin Pen Needle 31 G X 5 MM (3/16") Insulin Pen Needle 31 G X 6 MM (1/4") Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16") Insulin Pen Needle 32 G X 4 MM (5/32") Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16") Insulin Pen Needle 32 G X 6 MM (1/4") Insulin Pen Needle 32 G X 8 MM Insulin Pen Needle 33 G X 4 MM (5/32") Insulin Pen Needle 33 G X 5 MM (1/5" or 3/16") Insulin Pen Needle 33 G X 6 MM (1/4") Insulin Pen Needle 33 G X 8 MM (1/3" or 5/16") Insulin Syringe (Disp) U-100 0.3 ML Insulin Syringe (Disp) U-100 1/2 ML Insulin Syringe (Disp) U-100 1 ML Insulin Syringe/Needle U-40 1 ML 25 x 5/8" Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2" Insulin Syringe/Needle U-100 0.3 ML 29 G Insulin Syringe/Needle U-100 0.3 ML 29 x 1" Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2" Insulin Syringe/Needle U-100 0.3 ML 29 x 7/16" Insulin Syringe/Needle U-100 0.3 ML 30 G Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2" Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8" Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16" Insulin Syringe/Needle U-100 0.3 ML 30 x 7/16" Insulin Syringe/Needle U-100 0.3 ML 30 x 15/16" Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM) Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64" Insulin Syringe/Needle U-100 0.3 ML 31 x 3/8" Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16" Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM) Insulin Syringe/Needle U-100 1 ML 25 x 1" Insulin Syringe/Needle U-100 1 ML 25 x 5/8" Insulin Syringe/Needle U-100 1 ML 26 x 1/2" Insulin Syringe/Needle U-100 1 ML 27 x 1/2" Insulin Syringe/Needle U-100 1 ML 27 x 5/8" Insulin Syringe/Needle U-100 1 ML 28 x 1/2" Insulin Syringe/Needle U-100 1 ML 28 x 5/16" Insulin Syringe/Needle U-100 1 ML 29 G Insulin Syringe/Needle U-100 1 ML 29 x 1/2" Insulin Syringe/Needle U-100 1 ML 29 x 5/16" Insulin Syringe/Needle U-100 1 ML 29 x 7/16" Insulin Syringe/Needle U-100 1 ML 30 G Insulin Syringe/Needle U-100 1 ML 30 x 1/2" Insulin Syringe/Needle U-100 1 ML 30 x 3/8" Insulin Syringe/Needle U-100 1 ML 30 x 5/16" Insulin Syringe/Needle U-100 1 ML 30 x 7/16" Insulin Syringe/Needle U-100 1 ML 30 x 15/16" Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM) Insulin Syringe/Needle U-100 1 ML 31 x 15/64" Insulin Syringe/Needle U-100 1 ML 31 x 3/8" Insulin Syringe/Needle U-100 1 ML 31 x 5/16" Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2" Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2" Insulin Syringe/Needle U-100 1/2 ML 28 x 5/16" Insulin Syringe/Needle U-100 1/2 ML 29 G Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2" Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16" Insulin Syringe/Needle U-100 1/2 ML 29 x 7/16" Insulin Syringe/Needle U-100 1/2 ML 30 G Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2" Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8" Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16" Insulin Syringe/Needle U-100 1/2 ML 30 x 7/16" Insulin Syringe/Needle U-100 1/2 ML 30 x 15/16" Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64" Insulin Syringe/Needle U-100 1/2 ML 31 x 3/8" Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16" Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8" Insulin Syringe/Needle U-100 2 ML 29 x 1/2" Insulin Syringe/Needle U-500 0.5 ML 31G X 6MM (15/64")	
Interstitial Cystitis Agents		

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Pentosan Polysulfate Sodium Caps 100 MG	
Iodine Products	Potassium Iodide Oral Soln 1 GM/ML	
Irrigation Solutions	Water For Irrigation, Sterile Irrigation Soln	
Laxatives	See coverage restrictions	All laxatives are covered. All bowel prep products are covered for allowed conditions.
Laxative Combinations	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Packet 227.1 GM PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM Psyllium w/ Calcium Capsule Sennosides-Docusate Sodium Tab 8.6-50 MG Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/180ML	
Laxatives - Bulk	Calcium Polycarbophil Tab 625 MG Cellulose Powder Methylcellulose Powder Laxative Methylcellulose Tab 500 MG Psyllium Cap 0.52 GM Psyllium Powder 27% Psyllium Powder 28.3% Psyllium Powder 30.9% Psyllium Powder 33% Psyllium Powder 48.57% Psyllium Powder 49% Psyllium Powder 51.7% Psyllium Powder 52.3% Psyllium Powder 58.6% Psyllium Powder Packet 28% Psyllium Powder Packet 51.7% Psyllium Powder Packet 58.12% Psyllium Powder Packet 58.6% Psyllium Powder Packet 60.3% Wheat Dextrin Oral Powder** Wheat Dextrin Packet**	
Laxatives - Lubricant	Mineral Oil Mineral Oil Emul 50% Mineral Oil Enema	
Laxatives - Miscellaneous	Glycerin Enema 5.4 GM/7.5 ML Glycerin Suppos 2 GM Glycerin Suppos 2.1 GM Glycerin Suppos 80.7% Lactulose Oral Crystal Packet 10 GM Lactulose Oral Crystal Packet 20 GM Lactulose Solution 10 GM/15ML Polyethylene Glycol 3350 Oral Packet Polyethylene Glycol 3350 Oral Powder Sorbitol Oral Solution 70%	
Laxatives - Saline	Magnesium Citrate Soln Magnesium Hydroxide Susp 400 MG/5ML Sod Phos Mono-Sod Phos Di Tabs 1.102-0.398 GM(1.5GM Na Phos) Sodium Phosphates - Enema	
Laxatives - Stimulant	Bisacodyl Enema 10 MG/30ML Bisacodyl Suppos 10 MG Bisacodyl Tab Delayed Release 5 MG Sennosides Cap 8.6 MG Sennosides Syrup 8.8 MG/5ML Sennosides Tab 15 MG Sennosides Tab 17.2 MG Sennosides Tab 25 MG Sennosides Tab 8.6 MG	
Laxatives - Surfactant	Benzocaine-Docusate Sodium Rectal Enema 20-283 MG Docusate Calcium Cap 240 MG Docusate Sodium Cap 50 MG Docusate Sodium Cap 100 MG Docusate Sodium Cap 250 MG Docusate Sodium Enema 283 MG Docusate Sodium Liquid 150 MG/15ML Docusate Sodium Syrup 60 MG/15ML	
Liquid Vehicles	Sorbitol Solution (Bulk)	
	Water For Injection Water For IV Injection	May be reimbursed with history of previous approval of intrathecal pain pump.
Migraine Products – calcitonin gene-related peptide (CGRP) receptor antagonists	ALL CGRP products	These drugs may be reimbursed with prior authorization. Reimbursement is limited to claims in which migraine headaches are related to an allowed condition in the claim. Reimbursement will not be approved for duplicate therapy with a triptan or other CGRP antagonists.
	Rimegepant 75 MG ODT	Treatment - When the request is for treatment of migraine: Reimbursement will be considered for individuals who have not received an adequate response from use of at least one triptan medication, or if the injured worker has a contraindication for triptans. Prevention - When the request is for prevention of migraine: Reimbursement will be considered for individuals who have not received an adequate response from use of at least three of the following: topiramate, valproic acid, divalproex, amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, and timolol. Maximum reimbursement of 18 tablets per 30 days.
	Ubrogepant 50 MG Ubrogepant 100 MG	Reimbursement will be considered for individuals who have not received an adequate response from use of at least one triptan medication, or if the injured worker has a contraindication for triptans. Maximum reimbursement of 16 tablets per 30 days.
Migraine Products – Misc.	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML Ergotamine w/ Caffeine Tab 1-100 MG	
Migraine Products- Monoclonal Antibodies	Erenumab-aooe Injection 70 MG/ML Erenumab-aooe Injection 140 MG/ML Fremanezumab-vfrm Injection 225 MG/ 1.5 ML Galcanezumab-gnlm Injection 100 MG/ML Galcanezumab-gnlm Injection 120 MG/ML	These drugs may be reimbursed with prior authorization when migraine is an allowed condition in the claim and medical documentation shows a systemic allergic reaction, consistent with known symptoms or clinical findings of a medication allergy, or a clinical failure to at least three of the following: Topiramate, sodium valproate, divalproex sodium, amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, timolol. The initial reimbursement may be for up to 3 months. Subsequent approvals may be granted if there is a documented positive response to therapy demonstrated by a reduction in migraines AND there is documented improvement in function. A maximum of two pens for the initial fill, followed by 1 pen per month is allowed.
Migraine Products - Serotonin Agonists	ALL Triptan migraine products	Effective 04/1/2018, reimbursement for triptan migraine medications will be limited to one product per month.
	Almotriptan Malate Tab 12.5 MG Eletriptan Hydrobromide Tab 20 MG Eletriptan Hydrobromide Tab 40 MG Frovatriptan Succinate Tab 2.5 MG	Max 12 tab per 30 days Max 6 tab per 30 days Max 6 tab per 30 days Max 9 tab per 30 days
	Lasmiditan 50 MG Lasmiditan 100 MG	May be reimbursed with prior authorization. Reimbursement will be considered for individuals who have not received an adequate response from use of at least one triptan medication, or if the injured worker has a contraindication for triptans. Reimbursement is limited to claims in which migraine headaches are related to an allowed condition in the claim. Reimbursement will not be approved for duplicate therapy with a triptan or CGRP antagonist. Maximum reimbursement of 4 tablets per 30 days.
	Naratriptan HCl Tab 2.5 MG	Max 9 tab per 30 days
	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	Max 12 tab per 30 days Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	Max 12 tab per 30 days Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Rizatriptan Benzoate Tab 5 MG	Max 12 tab per 30 days
	Rizatriptan Benzoate Tab 10 MG	Max 12 tab per 30 days
	Sumatriptan Nasal Spray 5 MG/ACT	Max 12 units per 30 days
	Sumatriptan Nasal Spray 20 MG/ACT	Max 6 units per 30 days
	Sumatriptan Succinate Inj 6 MG/0.5ML	Max 10 units per 30 days
	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	Max 8 units per 30 days
	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	Max 10 units per 30 days
	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	Max 8 units per 30 days
	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	Max 10 units per 30 days
	Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML	Max 10 units per 30 days
	Sumatriptan Succinate Tab 25 MG	Max 18 tab per 30 days
	Sumatriptan Succinate Tab 50 MG	Max 9 tab per 30 days
	Sumatriptan Succinate Tab 100 MG	Max 9 tab per 30 days
	Zolmitriptan Nasal Spray 2.5 MG/Spray Unit	Max 12 units per 30 days
	Zolmitriptan Nasal Spray 5 MG/Spray Unit	Max 12 units per 30 days
	Zolmitriptan Orally Disintegrating Tab 2.5 MG	Max 12 tab per 30 days. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Zolmitriptan Orally Disintegrating Tab 5 MG	Max 6 tab per 30 days. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Zolmitriptan Tab 2.5 MG	Max 12 tab per 30 days
	Zolmitriptan Tab 5 MG	Max 6 tab per 30 days
Mineralocorticoids	Fludrocortisone Acetate Tab 0.1 MG	
Minerals - Calcium	Calcium & Phosphorus w/ Vit D Chew Tab 200 MG-96.6 MG-200 Unt Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-100 MG-500 Unt Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-115 MG-250 Unt Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-107 MG-500 Unt Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-135 MG-200 Unt Calcium Acetate Tab 668 MG (169 MG Elemental Ca) Calcium Cap 250 MG Calcium Carb-Magnesium Oxide-Vit C Tab 400-116.7-166.7 MG Calcium Carbonate Chewable Wafer 500 MG (200 MG Calcium) Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca) Calcium Carbonate Tab 600 MG Calcium Carbonate-Cholecalciferol Cap 600 MG-100 Unit Calcium Carbonate-Cholecalciferol Cap 600 MG-400 Unit Calcium Carbonate-Cholecalciferol Cap 600 MG-2500 Unit Calcium Carbonate-Cholecalciferol Chew Tab 500 MG-100 Unit Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-400 Unit Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-800 Unit Calcium Carbonate-Cholecalciferol Liquid 500-400 MG-UNIT/5ML Calcium Carbonate-Cholecalciferol Tab 250 MG-125 Unit Calcium Carbonate-Cholecalciferol Tab 500 MG-200 Unit Calcium Carbonate-Cholecalciferol Tab 500 MG-400 Unit Calcium Carbonate-Cholecalciferol Tab 500 MG-600 Unit Calcium Carbonate-Cholecalciferol Tab 600 MG-200 Unit Calcium Carbonate-Cholecalciferol Tab 600 MG-400 Unit Calcium Carbonate-Cholecalciferol Tab 600 MG-800 Unit Calcium Carbonate-Ergocalciferol Tab 500MG-200 Unit Calcium Carbonate-Vitamin D Tab 250 MG-125 Unit Calcium Carbonate-Vitamin D Tab 500 MG-200 Unit Calcium Carbonate-Vitamin D Tab 600 MG-125 Unit Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit Calcium Carb-Vit D w/ Minerals Chew Tab 600 MG-800 Unit Calcium Carb-Vit D w/ Minerals Tabs 600 MG-800 Unit Calcium Citrate Cap 150 MG Calcium Citrate Malate-Cholecalciferol Tab 250 MG-100 Unit Calcium Citrate Tab 333 MG (Elemental Ca) Calcium Citrate Tab 950 MG (200 MG Elemental Ca) Calcium Citrate-Vit D Liqd 1000 MG/30ML-400 Unit/30ML Calcium Citrate-Vit D-Vit K w/ Minerals Tabs 200 MG Calcium Citrate-Vitamin D Chew Tab 500 MG-333 Unit Calcium Citrate-Vitamin D Chew Tab 500 MG-500 Unit Calcium Citrate-Vitamin D Tab 200 MG-250 Unit (Elemental Ca) Calcium Citrate-Vitamin D Tab 250 MG-200 Unit (Elemental Ca) Calcium Gluconate Cap 500 MG Calcium Phosphate-Cholecalciferol Chew Tab 200 MG-200 Unit Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-100 Unit Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-350 Unit Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-400 Unit Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-500 Unit Calcium w/ Magnesium Cap 70-83 MG Calcium w/ Magnesium Tab 166.67-83.33 MG Calcium w/ Magnesium Tab 200-50 MG Calcium w/ Vitamin D & K Chew Tab 500 MG-1000 Unit-40 MCG Calcium w/ Vitamin D & K Tab 500 MG-200 Unit-90 MCG Calcium w/ Vitamin D & K Tab 600 MG-1000 Unit-90 MCG Calcium w/ Vitamin D Tab 500 MG-125 Unit Calcium w/ Vitamin D Tab 600 MG-200 Unit Calcium-Cholecalciferol Tab 200 MG-250 Unit Calcium-Cholecalciferol Tab 500 MG-200 Unit Calcium-Ergocalciferol Tab 250 MG-100 Unit Calcium-Ergocalciferol Tab 500 MG-200 Unit Calcium-Magnesium w/ Vit D Tab ER 24HR 600 MG-40 MG-500 Unit Calcium-Magnesium w/ Vitamin D Chew Tab 300MG-20MG-200 Unit Calcium-Magnesium w/ Vitamin D Tab 300 MG-150 MG-400 Unit Calcium-Magnesium W/ Vitamin D Wafer 250 MG-125 MG-200 UNIT Calcium-Phosphorus-D-Mag Tab 333.3MG-80MG-133.3Unt-133.3MG Calc-Phosphorus-Vit D-Mag Tab 600 MG-280 MG-500 Unit-50 MG Oyster Shell Calcium Tab 500 MG	
Minerals - Magnesium	MG Plus Tab Protein *Specialty Vitamin Product Tab** Magnesium Bisglycinate Tab 100 MG (Eemental Mg) Magnesium Cap 125 MG Magnesium Cap 400 MG Magnesium Carbonate Oral Powder 250 MG/GM (Elemental Mg) Magnesium Chewable Tab 200 MG Magnesium Chloride Tab DR 64 MG (Elemental Mg) Magnesium Chloride-Calcium Tab DR 64-106 MG Magnesium Citrate Cap 125 MG (Elemental Mg) Magnesium Citrate Tab 100 MG Magnesium Citrate Tab 200 MG (Elemental Mg) Magnesium Cl-Ca Carbonate Tab DR 71.5-119 MG (Elemental) Magnesium Gluconate Tab 27.5 MG (Elemental Mg) Magnesium Gluconate Tab 500 MG Magnesium Gluconate Tab 500 MG (27 MG Elemental Mg) Magnesium Lactate Tab ER 84 MG (Elemental Mg) (7 MEQ) Magnesium Malate Tab 1250 MG (141.7 MG Magnesium Equivalent) Magnesium Oral Powder Magnesium Oxide Cap 400 MG (Elemental Mg) (Mg Supplement) Magnesium Oxide Powder (Mg Supplement) Magnesium Oxide Tab 250 MG (Mg Supplement) Magnesium Oxide Tab 400 MG (240 MG Elemental Mg) Magnesium Tab 250 MG Magnesium Tab 400 MG	
Minerals - Mineral Combinations	Multiple Minerals w/ Vitamins Liquid	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Minerals - Sodium	Sodium Chloride Tab 1 GM Sodium Chloride Inj 0.9%	
Minerals - Zinc	Zinc Gluconate Tab 50 MG (Elemental Zn) Zinc Sulfate Cap 50 MG (Elemental Zn) Zinc Sulfate Cap 220 MG (50 MG Elemental Zn) Zinc Sulfate Tab 220 MG (50 MG Zinc Equivalent) Zinc Tab 22.5 MG Zinc Tab 50 MG	
Mouth/Throat - Anesthetics Topical Oral	Benzocaine Dental Gel 20% Benzocaine Dental Paste 20% Benzocaine Dental Soln 20% Benzocaine-Menthol Lozenge 15-3.6 MG Benzocaine-Menthol Lozenge 15-4 MG Benzocaine Mouth/Throat Aerosol 20% Lidocaine HCl Viscous Soln 2%	
Mouth/Throat - Anti-infectives	Clotrimazole Troche 10 MG Hydrogen Peroxide Soln 1.5% Nystatin Susp 100000 Unit/ML	
Mouth/Throat - Antiseptics	Chlorhexidine Gluconate Soln 0.12% Phenol Liquid 1.4%	
Mouth/Throat - Dental Products	Sodium Fluoride Cream 1.1% Sodium Fluoride Gel 1.1% (0.5% F) Stannous Fluoride Paste 0.454%	
Mouth/Throat - Lozenge	Menthol Lozenge 5.4 MG	
Mouth/Throat - Steroids	Triamcinolone Acetonide Dental Paste 0.1%	
Mouth/Throat - Throat Products – Misc.	Artificial Salivia - Solution Cevimeline HCl Cap 30 MG Misc Throat Products - Liquid Pilocarpine HCl Tab 5 MG Pilocarpine HCl Tab 7.5 MG Povidone-Sodium Hyaluronate-Glycyrrhetinic Acid Gel	
Movement Disorder Drug Therapy	Tetrabenazine Tab 12.5 MG Tetrabenazine Tab 25 MG	
Mucolytics	Acetylcysteine Inhal Soln 10% Acetylcysteine Inhal Soln 20%	
Multiple Sclerosis Agents	Fingolimod HCl Cap 0.5 MG Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML) Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML) Teriflunomide Tab 7 MG Teriflunomide Tab 14 MG	
Muscle Relaxants	ALL muscle relaxant products	Reimbursement is limited to 90 days lifetime supply for all Muscle Relaxants absent prior authorization. Muscle Relaxants may be reimbursed with prior authorization for one additional 30 days per rolling 365 days, or one additional year of coverage for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation, or for adjunctive treatment of pain. These limitations do not apply to baclofen, dantrolene, or tizanidine if they are prescribed for spasticity.
	Baclofen Tab 10 MG Baclofen Tab 20 MG Chlorzoxazone Tab 500 MG Cyclobenzaprine HCl Tab 5 MG Cyclobenzaprine HCl Tab 7.5 MG Cyclobenzaprine HCl Tab 10 MG Dantrolene Sodium Cap 25 MG Dantrolene Sodium Cap 50 MG Dantrolene Sodium Cap 100 MG	
	Metaxalone Tab 800 MG	Covered ONLY after a 14-day trial of another covered muscle relaxant (excluding baclofen and dantrolene) which resulted in a therapeutic failure or clinically documented drug specific side effects.
	Methocarbamol Tab 500 MG Methocarbamol Tab 750 MG Orphenadrine Citrate Tab ER 12HR 100 MG	
	Tizanidine HCl Cap 2 MG Tizanidine HCl Cap 4 MG Tizanidine HCl Cap 6 MG Tizanidine HCl Tab 2 MG Tizanidine HCl Tab 4 MG	Tizanidine is subject to the Drug Class - Muscle Relaxant class restrictions above, unless a PA is submitted for documented conditions of spasticity in the claim.
Nasal Agents - Misc	Saline Nasal Spray 0.65%	
Nasal Antiallergy	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY) Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY) Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%) Olopatadine HCl Nasal Soln 0.6%	
Nasal Anticholinergics	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY) Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	
Nasal Steroids	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY Budesonide Nasal Susp 32 MCG/ACT Ciclesonide Nasal Susp 50 MCG/ACT Flunisolide Nasal Soln 25 MCG/ACT (0.025%) Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY Fluticasone Propionate Nasal Susp 50 MCG/ACT Mometasone Furoate Nasal Susp 50 MCG/ACT Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT	
Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb	Sacubitril-Valsartan Tab 24-26 MG Sacubitril-Valsartan Tab 49-51 MG Sacubitril-Valsartan Tab 97-103 MG	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	Celecoxib Cap 50 MG Celecoxib Cap 100 MG Celecoxib Cap 200 MG Celecoxib Cap 400 MG	Max 400 mg per day
	Diclofenac Potassium Tab 50 MG Diclofenac Sodium Tab Delayed Release 25 MG Diclofenac Sodium Tab Delayed Release 50 MG Diclofenac Sodium Tab Delayed Release 75 MG Diclofenac Sodium Tab ER 24HR 100 MG Etodolac Cap 200 MG Etodolac Cap 300 MG Etodolac Tab 400 MG Etodolac Tab 500 MG Etodolac Tab ER 24HR 400 MG Etodolac Tab ER 24HR 500 MG Etodolac Tab ER 24HR 600 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Flurbiprofen Tab 50 MG Flurbiprofen Tab 100 MG Ibuprofen Cap 200 MG Ibuprofen Susp 100 MG/5ML Ibuprofen Tab 200 MG Ibuprofen Tab 400 MG Ibuprofen Tab 600 MG Ibuprofen Tab 800 MG Indomethacin Cap 25 MG Indomethacin Cap 50 MG Indomethacin Cap ER 75 MG	
	Ketorolac Tromethamine Tab 10 MG	Quantity shall not exceed 20 units or a 5-day supply, whichever is less, during a rolling 12-month period.
	Ketorolac Tromethamine IM Inj 60 MG/2ML Ketorolac Tromethamine Inj 15 MG/ML Ketorolac Tromethamine Inj 30 MG/ML Meloxicam Tab 7.5 MG Meloxicam Tab 15 MG Nabumetone Tab 500 MG Nabumetone Tab 750 MG Naproxen Sodium Tab 220 MG Naproxen Sodium Tab 275 MG Naproxen Sodium Tab 550 MG Naproxen Susp 125 MG/5ML Naproxen Tab 250 MG Naproxen Tab 375 MG Naproxen Tab 500 MG Naproxen Tab EC 375 MG Naproxen Tab EC 500 MG Oxaprozin Tab 600 MG Piroxicam Cap 10 MG Piroxicam Cap 20 MG Sulindac Tab 150 MG Sulindac Tab 200 MG	
Ophthalmic Adrenergic Agents	Apraclonidine HCl Ophth Soln 0.5% Brimonidine Tartrate Ophth Soln 0.025%	
	Brimonidine Tartrate Ophth Soln 0.1% Brimonidine Tartrate Ophth Soln 0.15%	May be reimbursed with prior authorization. Covered ONLY after a minimum of a 14-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) of another agent in this class within the past 30 days.
	Brimonidine Tartrate Ophth Soln 0.2%	
Ophthalmic - Antiallergic	Azelastine HCl Ophth Soln 0.05% Cromolyn Sodium Ophth Soln 4% Epinastine HCl Ophth Soln 0.05% Ketotifen Fumarate Ophth Soln 0.025% Olopatadine HCl Ophth Soln 0.1% Olopatadine HCl Ophth Soln 0.2%	
Ophthalmic Antibiotics	Azithromycin Ophth Soln 1% Bacitracin Ophth Oint 500 Unit/GM Besifloxacin HCl Ophth Susp 0.6% Ciprofloxacin HCl Ophth Oint 0.3% Ciprofloxacin HCl Ophth Soln 0.3% Erythromycin Ophth Oint 5 MG/GM Gatifloxacin Ophth Soln 0.5% Gentamicin Sulfate Ophth Oint 0.3% Gentamicin Sulfate Ophth Soln 0.3% Levofloxacin Ophth Soln 0.5% Moxifloxacin HCl Ophth Soln 0.5% (2 Times Daily) Moxifloxacin HCl Ophth Soln 0.5% Ofloxacin Ophth Soln 0.3% Tobramycin Ophth Oint 0.3% Tobramycin Ophth Soln 0.3%	
Ophthalmic Antifungals	Natamycin Ophth Susp 5%	
Ophthalmic Anti-infective Combinations	Bacitracin-Polymyxin B Ophth Oint Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	
Ophthalmic Antivirals	Ganciclovir Ophth Gel 0.15% Trifluridine Ophth Soln 1%	
Ophthalmic Artificial Tears and Lubricants	Artificial Tear Ophth Insert Artificial Tear Ophth Solution Carboxymethylcell-Glycerin-Polysorb 80 Ophth Soln 0.5-1-0.5% Carboxymethylcell-Glyc-Polysorb 80 (PF) Ophth Sol 0.5-1-0.5% Carboxymethylcellulose Sodium Ophth Gel 1% Carboxymethylcellulose Sodium (PF) Ophth Gel 1% Carboxymethylcellulose Sodium Ophth Liquid 0.7% Carboxymethylcellulose Sodium Ophth Soln 0.25% Carboxymethylcellulose Sodium (PF) Ophth Soln 0.25% Carboxymethylcellulose Sodium Ophth Soln 0.5% Carboxymethylcellulose Sodium (PF) Ophth Soln 0.5% Carboxymethylcellulose Sodium Ophth Soln 1% Carboxymethylcellulose-Glycerin Ophth Gel 1-0.9% Carboxymethylcellulose-Glycerin Ophth Soln 0.5-0.9% Carboxymethylcellulose-Glycerin (PF) Ophth Soln 0.5-0.9% Carboxymethylcellulose-Hypromellose Gel 0.25-0.3% Dextran 70-Hypromellose (PF) Ophth Soln 0.1-0.3% Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.2-1% Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.36-1% Hypromellose Ophth Gel 0.3% Hypromellose Ophth Soln 0.3% Hypromellose Ophth Soln 0.5% Light Mineral Oil-Mineral Oil Ophth Emulsion 0.5-0.5% Polyethylene Glycol-Propylene Glycol Ophth Gel 0.4-0.3% Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3% Polyethylene Glycol-Propylene Glycol PF Op Soln 0.4-0.3% Polysorbate 80 Ophth Soln 1% Polyvinyl Alcohol Ophth Soln 1.4% Polyvinyl Alcohol-Povidone (PF) Ophth Soln 1.4-0.6% Polyvinyl Alcohol-Povidone Ophth Soln 2.7-2% Polyvinyl Alcohol-Povidone Ophth Soln 5-6 MG/ML (0.5-0.6%) Propylene Glycol Ophth Soln 0.6% Propylene Glycol-Glycerin Ophth Soln 0.6-0.6% Propylene Glycol-Glycerin Ophth Soln 1-0.3% White Petrolatum-Mineral Oil Ophth Ointment	
Ophthalmic Beta-blockers	Betaxolol HCl Ophth Susp 0.25%	May be reimbursed with prior authorization. Covered ONLY after a minimum of a 14-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) of another agent in this class within the past 30 days.
	Betaxolol HCl Ophth Soln 0.5%	
	Carteolol HCl Ophth Soln 1% Levobunolol HCl Ophth Soln 0.5% Timolol Maleate Ophth Gel Forming Soln 0.25% Timolol Maleate Ophth Gel Forming Soln 0.5% Timolol Maleate Ophth Soln 0.25% Timolol Maleate Ophth Soln 0.5%	
	Timolol Maleate Ophth Soln 0.5% (Once-Daily)	May be reimbursed with prior authorization. Reimbursement is limited to claims in which the injured worker is unable to use non-once daily formulation.
	Timolol Maleate Preservative Free Ophth Soln 0.25%	May be reimbursed with prior authorization. Reimbursement is limited to claims in which the injured

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Timolol Maleate Preservative Free Ophth Soln 0.5%	worker is unable to use non-preservative free.
	Timolol Ophth Soln 0.25% Timolol Ophth Soln 0.5%	May be reimbursed with prior authorization. Covered only after a minimum of a 14-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) of another agent in this class within the past 30 days.
Ophthalmic Beta-blocker Combinations	Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5% Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	
Ophthalmic Carbonic Anhydrase Inhibitors	Brinzolamide Ophth Susp 1% Dorzolamide HCl Ophth Soln 2%	
Ophthalmic Cycloplegic Mydriatics	Atropine Sulfate Ophth Oint 1% Atropine Sulfate Ophth Soln 1% Cyclopentolate HCl Ophth Soln 1% Cyclopentolate HCl Ophth Soln 2% Homatropine HBr Ophth Soln 5%	
Ophthalmic Decongestants	Naphazoline w/ Pheniramine Ophth Soln 0.025-0.3%	
Ophthalmic Hyperosmolar Products	Sodium Chloride Hypertonic Ophth Oint 5% Sodium Chloride Hypertonic Ophth Soln 2% Sodium Chloride Hypertonic Ophth Soln 5%	
Ophthalmic Immunomodulators	Cyclosporine (Ophth) Emulsion 0.05%	
Ophthalmic Integrin Antagonists	Lifitegrast Ophth Soln 5%	
Ophthalmic Miotics	Pilocarpine HCl Ophth Soln 1% Pilocarpine HCl Ophth Soln 2% Pilocarpine HCl Ophth Soln 4%	
Ophthalmic Nonsteroidal Anti-inflammatory	Bromfenac Sodium Ophth Soln 0.07% Bromfenac Sodium Ophth Soln 0.09% (Once Daily) Diclofenac Sodium Ophth Soln 0.1% Flurbiprofen Sodium Ophth Soln 0.03% Ketorolac Tromethamine Ophth Soln 0.4% Ketorolac Tromethamine (PF) Ophth Soln 0.45% Ketorolac Tromethamine Ophth Soln 0.5% Nepafenac Ophth Susp 0.1%	
Ophthalmic Prostaglandins	Bimatoprost Ophth Soln 0.01%	May be reimbursed with prior authorization. Covered only after a minimum of a 14-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) of another agent in this class within the past 30 days.
	Latanoprost Ophth Soln 0.005% Travoprost Ophth Soln 0.004%	
	Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)	May be reimbursed with prior authorization. Reimbursement is limited to claims in which the injured worker is unable to use non-BAK Free.
Ophthalmic Steroids	Dexamethasone Ophth Susp 0.1% Dexamethasone Sodium Phosphate Ophth Soln 0.1% Difluprednate Ophth Emulsion 0.05% Fluorometholone Acetate Ophth Susp 0.1% Fluorometholone Ophth Oint 0.1% Fluorometholone Ophth Susp 0.1% Fluorometholone Ophth Susp 0.25% Loteprednol Etabonate Ophth Gel 0.5% Loteprednol Etabonate Ophth Oint 0.5% Loteprednol Etabonate Ophth Susp 0.2% Loteprednol Etabonate Ophth Susp 0.5% Prednisolone Acetate Ophth Susp 0.12% Prednisolone Acetate Ophth Susp 1% Prednisolone Sodium Phosphate Ophth Soln 1%	
Ophthalmic Steroid Combinations	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1% Gentamicin-Prednisolone Ace Ophth Susp 0.3-1% Loteprednol Etabonate-Tobramycin Ophth Susp 0.5-0.3% Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1% Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1% Neomycin-Polymyxin-HC Ophth Susp Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2% Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)% Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2% Tobramycin-Dexamethasone Ophth Oint 0.3-0.1% Tobramycin-Dexamethasone Ophth Susp 0.3-0.05% Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	
Ophthalmic Sulfonamides	Sulfacetamide Sodium Ophth Soln 10%	
Opioid Agonists - Immediate Release	ALL Opioid Immediate Release products	Immediate Release Opioid Dose Formulations Restrictions: • Initial coverage of any immediate release opioid in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less • Reimbursement limited to six (6) doses per day for any immediate release opioid unless otherwise noted in this appendix. • Prior authorization (PA) may be submitted to request to exceed the initial coverage limitations for: post-operative situations, or, if the IW is not opioid naïve, as verified by a prescription drug monitoring program (PDMP). • PA may be submitted to request duplicate use of more than one immediate release opioid agent for post-operative situations only. • Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date.
	Butorphanol Tartrate Nasal Soln 10 MG/ML	PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), nonopioid analgesics and opioid combination products.
	Codeine Sulfate Tab 15 MG Codeine Sulfate Tab 30 MG Codeine Sulfate Tab 60 MG	
	Fentanyl Citrate Buccal Tab 100 MCG Fentanyl Citrate Buccal Tab 200 MCG Fentanyl Citrate Buccal Tab 400 MCG Fentanyl Citrate Buccal Tab 600 MCG Fentanyl Citrate Buccal Tab 800 MCG Fentanyl Citrate Lozenge on a Handle 200 MCG Fentanyl Citrate Lozenge on a Handle 400 MCG Fentanyl Citrate Lozenge on a Handle 600 MCG Fentanyl Citrate Lozenge on a Handle 800 MCG Fentanyl Citrate Lozenge on a Handle 1200 MCG Fentanyl Citrate Lozenge on a Handle 1600 MCG	Claim must be allowed for neoplasm or malignancy for reimbursement.
	Hydromorphone HCl Liqd 1 MG/ML Hydromorphone HCl Suppos 3 MG Hydromorphone HCl Tab 2 MG Hydromorphone HCl Tab 4 MG Hydromorphone HCl Tab 8 MG Meperidine HCl Oral Soln 50 MG/5ML Meperidine HCl Tab 50 MG Meperidine HCl Tab 100 MG	
	Morphine Sulfate Oral Soln Products Morphine Sulfate Oral Soln 10 MG/5ML Morphine Sulfate Oral Soln 20 MG/5ML Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	Reimbursement limited to 400 mg per day
	Morphine Sulfate Tab 15 MG Morphine Sulfate Tab 30 MG	
	Oxycodone HCl Cap 5 MG	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML) Oxycodone HCl Soln 5 MG/5ML Oxycodone HCl Tab 5 MG Oxycodone HCl Tab 10 MG Oxycodone HCl Tab 15 MG Oxycodone HCl Tab 20 MG Oxycodone HCl Tab 30 MG Oxymorphone HCl Tab 5 MG Oxymorphone HCl Tab 10 MG	
	Pentazocine w/ Naloxone Tab 50-0.5 MG	PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), nonopioid analgesics and opioid combination products.
	Tapentadol HCl Tab 50 MG Tapentadol HCl Tab 75 MG Tapentadol HCl Tab 100 MG	Reimbursement limited to 600 mg per day. Coverage will not be permitted for this product concurrently with sustained release tapentadol products
	Tramadol HCl Tab 50 MG	Reimbursement limited to 400 mg per day
Opioid Agonists - Sustained Release	ALL Opioid Sustained Release products	Sustained Release Opioid Dosage Form Class Restrictions: • Duplicate treatment with multiple sustained release opioids (including methadone) will not be covered. • Duplicate use of any sustained release opioid with any parenteral pain management medication(s) (e.g., IM, SC, IV, IT analgesic medications) will not be covered. • Treatment with sustained release opioids for post-operative conditions will not be covered unless the injured worker was being treated with the drug prior to surgery.
	Buprenorphine HCl Buccal Film 75 MCG Buprenorphine HCl Buccal Film 150 MCG Buprenorphine HCl Buccal Film 300 MCG Buprenorphine HCl Buccal Film 450 MCG Buprenorphine HCl Buccal Film 600 MCG Buprenorphine HCl Buccal Film 750 MCG Buprenorphine HCl Buccal Film 900 MCG	Tier 2 sustained release opioid. • Reimbursement for this product shall not exceed two (2) films per day. • Coverage will not be permitted for this product concurrently with any other sustained release opioid or opioid partial agonist. • PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), at least two (2) Tier 1 sustained opioids. • This product will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Buprenorphine TD Patch Weekly 5 MCG/HR Buprenorphine TD Patch Weekly 7.5 MCG/HR Buprenorphine TD Patch Weekly 10 MCG/HR Buprenorphine TD Patch Weekly 15 MCG/HR Buprenorphine TD Patch Weekly 20 MCG/HR	Tier 2 sustained release opioid. • Coverage is limited to a maximum quantity of 4 patches per 28 days. • Coverage will not be permitted for this product concurrently with any other sustained release opioid or opioid partial agonist. • PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), at least two (2) Tier 1 sustained opioids or a documented inability to swallow or absorb oral medications. •
	Fentanyl TD Patch 72HR 12 MCG/HR Fentanyl TD Patch 72HR 25 MCG/HR Fentanyl TD Patch 72HR 50 MCG/HR Fentanyl TD Patch 72HR 75 MCG/HR Fentanyl TD Patch 72HR 100 MCG/HR	Tier 2 sustained release opioid. • Reimbursement restricted to 10 patches every 30 days (every 72-hour dosing). • PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), at least two (2) Tier 1 sustained release opioids or a documented inability to swallow or absorb oral medications. • PA may be submitted for 15 patches every 30 days (every 48-hour dosing) if documentation supports clinical failure of 10 patches every 30 days (72- hour dosing interval) and evidence of an escalation of the dose before a reduction in frequency.
	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG	Tier 1 sustained release opioid. • Reimbursement limited to one (1) tablet per day.
	Hydromorphone HCl Tab ER 24HR Deter 8 MG Hydromorphone HCl Tab ER 24HR Deter 12 MG Hydromorphone HCl Tab ER 24HR Deter 16 MG Hydromorphone HCl Tab ER 24HR Deter 32 MG	Tier 3 sustained release opioid. • Reimbursement limited to one (1) tablet per day. • Prior authorization may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), at least two (2) Tier 2 sustained release opioids. • Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date.
	Methadone HCl Tab 5 MG Methadone HCl Tab 10 MG Methadone HCl Soln 5 MG/5ML Methadone HCl Soln 10 MG/5ML	Tier 2 sustained release opioid. • All forms of methadone shall be considered to be sustained release opioids. • Reimbursement for this product may not exceed a maximum dose of 90 mg per day. • PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), at least two (2) Tier 1 sustained release opioids. •
	Morphine Sulfate Tab ER 15 MG Morphine Sulfate Tab ER 30 MG Morphine Sulfate Tab ER 60 MG Morphine Sulfate Tab ER 100 MG Morphine Sulfate Tab ER 200 MG	Tier 1 sustained release opioid • Reimbursement limited to three (3) tablets per day all strengths except 200 mg , which is limited to two (2) tablets per day. PA is required for reimbursement for any doses above this level.
	Oxycodone Cap ER 12hr Abuse-Deterrent 27 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 13.5 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 9 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 36 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 18 Mg	Tier 4 sustained release opioid. • Reimbursement limited to two (2) tablets per day. • PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), at least two (2) Tier 3 sustained release opioids.
	Oxymorphone HCl Tab ER 12HR 5 MG Oxymorphone HCl Tab ER 12HR 7.5 MG Oxymorphone HCl Tab ER 12HR 10 MG Oxymorphone HCl Tab ER 12HR 15 MG Oxymorphone HCl Tab ER 12HR 20 MG Oxymorphone HCl Tab ER 12HR 30 MG Oxymorphone HCl Tab ER 12HR 40 MG	Tier 3 sustained release opioid • Reimbursement limited to two (2) tablets per day. • Prior authorization may be submitted to show documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), at least two (2) Tier 2. • Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date.
	Tapentadol HCl Tab ER 12HR 50 MG Tapentadol HCl Tab ER 12HR 100 MG Tapentadol HCl Tab ER 12HR 150 MG Tapentadol HCl Tab ER 12HR 200 MG Tapentadol HCl Tab ER 12HR 250 MG	Tier 2 sustained release opioid • Reimbursement limited to 500 mg per day. Coverage will not be permitted for this product concurrently with immediate release tapentadol products. • PA may be submitted to show documented allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), at least two (2) Tier 1 sustained release opioids.
	Tramadol HCl Tab ER 24HR 100 MG Tramadol HCl Tab ER 24HR 200 MG Tramadol HCl Tab ER 24HR 300 MG Tramadol HCl Tab ER 24HR Biphasic Release 100 MG Tramadol HCl Tab ER 24HR Biphasic Release 200 MG Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	Tier 1 sustained release opioid • Reimbursement limited to 300 mg per day.

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Opioid Combinations	ALL Opioid combination products	Immediate Release Opioid Dose Formulations Restrictions: • Initial coverage of any immediate release opioid in an opioid naïve IW will be limited to seven (7) days of coverage or 30 doses, whichever is less. • Reimbursement limited to six (6) doses per day for any immediate release opioid unless otherwise noted in this appendix. • Prior Authorization (PA) may be submitted to request to exceed the initial coverage limitations for: post-operative situations, or if the IW is not opioid naïve, as verified by a prescription drug monitoring program (PDMP). • PA may be submitted to request duplicate use of more than one immediate release combination opioid agent for post-operative situations only • Acetaminophen content may not exceed 4 grams per day. • Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date.
	Acetaminophen w/ Codeine Soln 120-12 MG/5ML Acetaminophen w/ Codeine Tab 300-15 MG Acetaminophen w/ Codeine Tab 300-30 MG Acetaminophen w/ Codeine Tab 300-60 MG	
	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	Reimbursement is limited to 4 grams of acetaminophen per day or 24 doses per 30 days and is restricted to only those claims in which headache is related to an allowed condition in the claim.
	Hydrocodone-Acetaminophen Tab 5-325 MG Hydrocodone-Acetaminophen Tab 7.5-325 MG Hydrocodone-Acetaminophen Tab 10-325 MG	
	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML Hydrocodone-Acetaminophen Soln 10-325 MG/15ML	Reimbursement limited to 180 ML/ day (4 grams/day of acetaminophen).
	Hydrocodone-Ibuprofen Tab 5-200 MG Hydrocodone-Ibuprofen Tab 7.5-200 MG Hydrocodone-Ibuprofen Tab 10-200 MG	Reimbursement limited to five (5) tablets per day.
	Oxycodone w/ Acetaminophen Tab 2.5-325 MG Oxycodone w/ Acetaminophen Tab 5-325 MG Oxycodone w/ Acetaminophen Tab 7.5-325 MG Oxycodone w/ Acetaminophen Tab 10-325 MG	
	Oxycodone-Aspirin Tab 4.8355-325 MG	
	Tramadol-Acetaminophen Tab 37.5-325 MG	
Opioid Antagonists	Naloxone HCl Nasal Spray 4 MG/0.1ML	Reimbursement is restricted to only those claims in which a prior authorization or prescription history look- back has documented that BWC is currently or has recently been reimbursing for opioid drugs.
	Naltrexone HCl Tab 50 MG	Restricted to use in claims with an allowed condition of opioid use disorder or as part of approved treatment under OAC 4123-6-21.8.
	Naltrexone IM Extended Release Susp 380 MG	Restricted to use in claims with an allowed condition of opioid use disorder or as part of approved treatment under OAC 4123-6-21.8.
Otic Agents - Misc	Acetic Acid Otic Soln 2%	
Otic Anti-infective/Steroid	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1% Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1% Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML Neomycin-Polymyxin-HC Otic Soln 1% Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	
Otic Anti-infectives	Ofloxacin Otic Soln 0.3%	
Otic Steroids	Fluocinolone Acetonide (Otic) Oil 0.01% Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	
Oxytocics	Methylergonovine Maleate Tab 0.2 MG	
Phosphate Binder Agents	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca) Lanthanum Carbonate Chew Tab 500 MG (Elemental) Lanthanum Carbonate Chew Tab 750 MG (Elemental) Lanthanum Carbonate Chew Tab 1000 MG (Elemental) Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental) Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental) Sevelamer Carbonate Packet 2.4 GM Sevelamer Carbonate Tab 800 MG Sevelamer HCl Tab 800 MG	
Platelet Aggregation Inhibitors	Aspirin-Dipyridamole Cap ER 12HR 25-200 MG Cilostazol Tab 50 MG Cilostazol Tab 100 MG Clopidogrel Bisulfate Tab 75 MG Dipyridamole Tab 25 MG Dipyridamole Tab 50 MG Dipyridamole Tab 75 MG Prasugrel HCl Tab 10 MG Ticagrelor Tab 90 MG	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents	Gabapentin (Once-Daily) Tab 300 MG Gabapentin (Once-Daily) Tab 600 MG	Gabapentin Extended-Release product class restriction: Gabapentin Extended-Release products may be considered for reimbursement upon submission of a Prior Authorization request that reflects a minimum of a 90-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)(2))) of the immediate release form of gabapentin within the past 120 days. Coverage of all gabapentin products is restricted to a single form at any one time. Claims in which an extended-release gabapentin product was approved prior to February 1, 2023 are not subject to the 90-day trial and failure of immediate release gabapentin. Reimbursement is limited to 1,800 MG/day.
Potassium Removing Agents	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML Sodium Polystyrene Sulfonate Powder	
Progestins	Medroxyprogesterone Acetate Tab 10 MG Megestrol Acetate Susp 625 MG/5ML	
Prostatic Hypertrophy Agents	Alfuzosin HCl Tab ER 24HR 10 MG Dutasteride Cap 0.5 MG Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG Finasteride Tab 5 MG Silodosin Cap 4 MG Silodosin Cap 8 MG Tamsulosin HCl Cap 0.4 MG	
Pseudobulbar Affect (PBA) Agents	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	
Pulmonary Hypertension – Endothelin Receptor Antagonists	Ambrisentan Tab 10 MG	
Pulmonary Hypertension – Phosphodiesterase Inhibitors	Sildenafil Citrate Tab 20 MG	
Pyrimidine Synthesis Inhibitors	Leflunomide Tab 10 MG Leflunomide Tab 20 MG	
Rectal - Intrarectal Steroids	Hydrocortisone Enema 100 MG/60ML	
Rectal - Local Anesthetics	Dibucaine Rectal Ointment 1% Hydrocortisone Acetate w/ Pramoxine Perianal Cream 1-1% Hydrocortisone Acetate w/ Pramoxine Perianal Cream 2.5-1% Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1% Lidocaine Anorectal Cream 5% Lidocaine Anorectal Gel 5% Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Phenylephrine-Shark Liver Oil-MO-Pet Oint 0.25-3-14-71.9% Phenyleph-Shark Liver Oil-Cocoa Butter Suppos 0.25-3-85.5% Pramoxine HCl Rectal Foam 1% Pramox-PE-Glycerin-Petrolatum Rectal Cream 1-0.25-14.4-15%	
Rectal - Steroids	Hydrocortisone Rectal Cream 1% Hydrocortisone Rectal Cream 2.5%	
Respiratory - Antiasthmatic - Monoclonal Antibodies	Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	Prior authorization is required. Reimbursement is limited to claims in which the following are documented: asthma is an allowed condition, inadequate control of asthma after at least three months of use of an inhaled corticosteroid plus a long-acting beta-agonist, or, an inhaled corticosteroid plus a long acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL in the past 12 months. Initial approval will be no greater than six months, and subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications.
	Omalizumab For Inj 150 MG	
Respiratory - Anticholinergics	Aclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT Glycopyrrolate Inhal Cap 15.6 MCG Glycopyrrolate Inhal Solution 25 MCG/ML Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT Ipratropium Bromide Inhal Soln 0.02% Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT Tiotropium Bromide Monohydrate Inhal Cap 18 MCG Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH	
Respiratory - Anti-Inflammatory Agents	Cromolyn Sodium Soln Nebu 20 MG/2ML	
Respiratory - Leukotriene Modulators	Montelukast Sodium Chew Tab 5 MG Montelukast Sodium Tab 10 MG Zafirlukast Tab 20 MG Zileuton Tab ER 12HR 600 MG	
Respiratory – Selective Phosphodiesterase 4 (PDE4) Inhibitors	Roflumilast Tab 250 MCG Roflumilast Tab 500 MCG	
Respiratory - Steroid Inhalants	Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated) Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated) Budesonide Inhalation Susp 0.25 MG/2ML Budesonide Inhalation Susp 0.5 MG/2ML Budesonide Inhalation Susp 1 MG/2ML Ciclesonide Inhal Aerosol 80 MCG/ACT Ciclesonide Inhal Aerosol 160 MCG/ACT Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve) Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve) Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve) Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated) Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	
Respiratory - Sympathomimetics	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv) Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv) Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML) Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML) Albuterol Sulfate Soln Nebu 0.63 MG/3ML Albuterol Sulfate Soln Nebu 1.25 MG/3ML Albuterol Sulfate Syrup 2 MG/5ML Albuterol Sulfate Tab 2 MG Albuterol Sulfate Tab 4 MG Albuterol Sulfate Tab ER 12HR 4 MG Albuterol Sulfate Tab ER 12HR 8 MG Arformoterol Tartrate Soln Nebu 15 MCG/2ML Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH Fluticasone-Umeclidinium-Vilanterol AEPB 200-62.5-25 MCG/INH Formoterol Fumarate Soln Nebu 20 MCG/2ML Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT Indacaterol-Glycopyrrolate Inhal Cap 27.5-15.6 MCG Indacaterol Maleate Inhal Powder Cap 75 MCG Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML Levalbuterol HCl Soln Nebu 0.31 MG/3ML Levalbuterol HCl Soln Nebu 0.63 MG/3ML Levalbuterol HCl Soln Nebu 1.25 MG/3ML Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT Racepinephrine HCl Soln Nebu 2.25% Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE Terbutaline Sulfate Tab 2.5 MG Terbutaline Sulfate Tab 5 MG Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	
Respiratory - Xanthines	Theophylline Cap ER 24HR 100 MG Theophylline Cap ER 24HR 200 MG Theophylline Cap ER 24HR 300 MG Theophylline Cap ER 24HR 400 MG Theophylline Tab ER 12HR 300 MG Theophylline Tab ER 24HR 400 MG Theophylline Tab ER 24HR 600 MG	
Respiratory Inhalants - Misc	Camphor-Eucalyptus-Menthol - Oint Sodium Chloride Aero Soln 0.9% Sodium Chloride Soln Nebu 0.9% Sodium Chloride Soln Nebu 3%	
Restless Leg Syndrome (RLS) Agents	Gabapentin Enacarbil Tab ER 300 MG	Gabapentin Extended-Release product class restriction: Gabapentin Extended Release products may be considered for reimbursement upon submission of a Prior Authorization request that reflects a

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Gabapentin Enacarbil Tab ER 600 MG	minimum of a 90-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)(2))) of the immediate release form of gabapentin within the past 120 days. Coverage of all gabapentin products is restricted to a single form at any one time. Claims in which an extended-release gabapentin product was approved prior to February 1, 2023 are not subject to the 90-day trial and failure of immediate release gabapentin. Reimbursement is limited to 1,200 MG/day.
Rosacea Agents - Oral	Doxycycline (Rosacea) Cap Delayed Release 40 MG	
Salicylates	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 500 MG Aspirin Chew Tab 81 MG Aspirin Tab 325 MG Aspirin Tab 500 MG Aspirin Tab Delayed Release 81 MG Aspirin Tab Delayed Release 325 MG Aspirin Tab Delayed Release 500 MG Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 325 MG Diflunisal Tab 500 MG Salsalate Tab 500 MG Salsalate Tab 750 MG	
Sympathomimetic Decongestants	Oxymetazoline HCl Nasal Gel 0.05% Oxymetazoline HCl Nasal Soln 0.05% Phenylephrine HCl Tab 10 MG Pseudoephedrine HCl Liq 30 MG/5ML Pseudoephedrine HCl Tab 30 MG Pseudoephedrine HCl Tab 60 MG Pseudoephedrine HCl Tab ER 12HR 120 MG Pseudoephedrine HCl Tab ER 24HR 240 MG	
Thyroid Hormones	Levothyroxine Sodium Tab 25 MCG Levothyroxine Sodium Tab 50 MCG Levothyroxine Sodium Tab 75 MCG Levothyroxine Sodium Tab 88 MCG Levothyroxine Sodium Tab 100 MCG Levothyroxine Sodium Tab 112 MCG Levothyroxine Sodium Tab 125 MCG Levothyroxine Sodium Tab 137 MCG Levothyroxine Sodium Tab 150 MCG Levothyroxine Sodium Tab 175 MCG Levothyroxine Sodium Tab 200 MCG Levothyroxine Sodium Tab 300 MCG Liothyronine Sodium Tab 5 MCG Liothyronine Sodium Tab 25 MCG Liothyronine Sodium Tab 50 MCG Thyroid Tab 30 MG (1/2 Grain) Thyroid Tab 60 MG (1 Grain) Thyroid Tab 81.25 MG Thyroid Tab 90 MG (1 1/2 Grain) Thyroid Tab 113.75 MG Thyroid Tab 162.5 MG (2 1/2 Grain) Thyroid Tab 146.25 MG	
TNF - Anti-TNF-alpha - Monoclonal Antibodies	Adalimumab Pen-Injector Kit 40 MG/0.4ML Adalimumab Pen-injector Kit 40 MG/0.8ML Adalimumab Prefilled Syringe Kit 40 MG/0.4ML Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	
	Certolizumab Pefo For Inj Kit 2x200 MG Certolizumab Pefo Inj Kit 2x200 MG/ML Certolizumab Pefo Inj Kit 6x200 MG/ML Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML Golimumab Subcutaneous Soln Auto-injector 100 MG/0.5ML Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/0.5ML	Prior authorization required. Authorization will only be granted if rheumatoid arthritis is an allowed condition in the claim.
TNF - Soluble Tumor Necrosis Factor Receptor Agents	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML Etanercept Subcutaneous Solution Auto-injector 50 MG/ML Etanercept Subcutaneous Solution Cartridge 50 MG/ML	
Topical - Acne Products	Benzoyl Peroxide Liquid 5% Benzoyl Peroxide Liquid 10% Benzoyl Peroxide Gel 5% Benzoyl Peroxide Gel 10% Benzoyl Peroxide-Erythromycin Gel 5-3% Clindamycin Phosphate Foam 1% Clindamycin Phosphate Gel 1% Clindamycin Phosphate Lotion 1% Clindamycin Phosphate Soln 1% Clindamycin Phosphate Swab 1% Erythromycin Gel 2% Erythromycin Soln 2% Sulfacetamide Sodium w/ Sulfur Cream 10-5% Sulfacetamide Sodium w/ Sulfur Emulsion 10-1% Sulfacetamide Sodium w/ Sulfur Foam 10-5% Sulfacetamide Sodium w/ Sulfur Lotion 10-5% Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%	
Topical - Agents for External Genital and Perianal Warts	Sinecatechins Oint 15%	
Topical - Analgesics	Menthol Areosol 10.5% Menthol Aerosol Powder 1% Menthol Cream 7.5% Menthol Cream 16% Menthol Gel 2% Menthol Gel 2.5% Menthol Gel 3.1% Menthol Gel 3.5% Menthol Gel 3.7% Menthol Gel 4% Menthol Gel 4.5% Menthol Gel 5% Menthol Gel 6% Menthol Gel 7% Menthol Gel 10% Menthol Gel 16% Menthol Liquid 2.5% Menthol Liquid 3.5% Menthol Liquid 3.7% Menthol Liquid 8% Menthol Liquid 10% Menthol Liquid 16% Menthol Lotion 0.1% Menthol Lotion 7.5% Menthol Lotion 8.5% Menthol Patch 5% Menthol Patch 7.5% Menthol Roll 7.5% Menthol Sleeve 16%	
Topical - Antibiotics	Bacitracin Oint 500 Unit/GM Bacitracin Zinc Oint 500 Unit/GM Bacitracin-Polymyxin B Oint	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Bacitracin-Polymyxin-Neomycin HC Oint 1% Gentamicin Sulfate Cream 0.1% Gentamicin Sulfate Oint 0.1% Mupirocin Calcium Cream 2% Mupirocin Oint 2% Neomycin-Bacitracin-Polymyxin Oint Neomycin-Bacitracin-Polymyxin-Pramoxine Oint 1% Neomycin-Polymyxin w/ Pramoxine Cream 1% Neomycin-Polymyxin-HC Crm 3.5 MG/GM-10000 UNT/GM-0.5% Retapamulin Oint 1%	
Topical - Antifungals	Butenafine HCl Cream 1% Ciclopirox Gel 0.77% Ciclopirox Olamine Cream 0.77% Ciclopirox Olamine Susp 0.77% Ciclopirox Shampoo 1% Ciclopirox Solution 8% Clotrimazole Cream 1% Clotrimazole Ointment 1% Clotrimazole Soln 1% Clotrimazole w/ Betamethasone Cream 1-0.05% Clotrimazole w/ Betamethasone Lotion 1-0.05% Econazole Nitrate Cream 1% Gentian Violet Soln 1% Ketoconazole Cream 2% Ketoconazole Foam 2% Ketoconazole Shampoo 2% Miconazole Nitrate Cream 2% Miconazole Nitrate Ointment 2% Miconazole Nitrate Powder 2% Miconazole Nitrate Soln 2% Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35% Naftifine HCl Cream 1% Naftifine HCl Gel 1% Nystatin Cream 100000 Unit/GM Nystatin Oint 100000 Unit/GM Nystatin Topical Powder 100000 Unit/GM Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-% Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-% Oxiconazole Nitrate Cream 1% Oxiconazole Nitrate Lotion 1% Sertaconazole Nitrate Cream 2% Sulconazole Nitrate Cream 1% Terbinafine HCl Cream 1% Tolnaftate Aerosol Pow 1% Tolnaftate Cream 1% Tolnaftate Powder 1% Tolnaftate Soln 1%	
Topical - Antihistamines	Diphenhydramine HCl Cream 2%	
Topical - Anti-inflammatory Agents	Diclofenac Sodium Gel 1%	
	Diclofenac Sodium Soln 1.5%	Reimbursement will be provided only in claims with osteoarthritis of the knee as an allowed condition.
	Diclofenac Epolamine Patch 1.3%	This drug may be reimbursed with prior authorization when medical documentation shows contraindication, intolerance, or clinical failure to at least 2 other non-steroidal anti-inflammatory drugs on the formulary. Reimbursement is limited to the first 12 weeks following the date of injury and may not exceed two (2) patches per day. BWC will not reimburse for concurrent use with other non-steroidal anti-inflammatory drugs.
Topical - Antineoplastic or Premalignant Lesion Agents		
	Diclofenac Sodium (Actinic Keratosis) Gel 3%	ONLY reimbursed in claims with Actinic Keratosis allowed.
	Fluorouracil Cream 0.5% Fluorouracil Cream 4% Fluorouracil Cream 5%	
Topical - Antipruritics	Camphor & Menthol Gel 0.2-3.5% Camphor & Menthol Lotion 0.5-0.5% Doxepin HCl Cream 5%	
Topical - Antipsoriatics	Calcipotriene Cream 0.005% Calcipotriene Soln 0.005% (50 MCG/ML) Tazarotene Cream 0.1%	
Topical - Antivirals	Acyclovir Cream 5% Acyclovir Oint 5% Penciclovir Cream 1%	
Topical - Burn Products	Mafenide Acetate Cream 85 MG/GM Mafenide Acetate Packet For Topical Soln 5% (50 GM) Silver Sulfadiazine Cream 1%	
Topical - Cauterizing Agents	Silver Nitrate-Potassium Nitrate Applicator 75-25%	
Topical - Corticosteroids	Alclometasone Dipropionate Cream 0.05% Alclometasone Dipropionate Oint 0.05% Amcinonide Cream 0.1% Amcinonide Oint 0.1% Betamethasone Dipropionate Augmented Cream 0.05% Betamethasone Dipropionate Augmented Gel 0.05% Betamethasone Dipropionate Augmented Lotion 0.05% Betamethasone Dipropionate Augmented Oint 0.05% Betamethasone Dipropionate Cream 0.05% Betamethasone Dipropionate Lotion 0.05% Betamethasone Dipropionate Oint 0.05% Betamethasone Valerate Aerosol Foam 0.12% Betamethasone Valerate Cream 0.1% Betamethasone Valerate Lotion 0.1% Betamethasone Valerate Oint 0.1% (Salt Equivalent) Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064% Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064% Clobetasol Propionate Cream 0.05% Clobetasol Propionate Emollient Base Cream 0.05% Clobetasol Propionate Emulsion Foam 0.05% Clobetasol Propionate Foam 0.05% Clobetasol Propionate Gel 0.05% Clobetasol Propionate Lotion 0.05% Clobetasol Propionate Oint 0.05% Clobetasol Propionate Shampoo 0.05% Clobetasol Propionate Soln 0.05% Clobetasol Propionate Spray 0.05% Clocortolone Pivalate Cream 0.1% Desonide Cream 0.05% Desonide Foam 0.05% Desonide Gel 0.05% Desonide Lotion 0.05% Desonide Oint 0.05% Desoximetasone Cream 0.05%	- Reimbursement for covered drugs in this class is only permitted when they are prescribed for an allowed dermatological condition. Topical corticosteroids will not be approved for the treatment of pain.

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Desoximetasone Cream 0.25% Desoximetasone Gel 0.05% Desoximetasone Oint 0.25% Diflorasone Diacetate Cream 0.05% Diflorasone Diacetate Emollient Base Cream 0.05% Diflorasone Diacetate Oint 0.05% Fluocinolone Acetonide Cream 0.01% Fluocinolone Acetonide Cream 0.025% Fluocinolone Acetonide Oil 0.01% (Body Oil) Fluocinolone Acetonide Oil 0.01% (Scalp Oil) Fluocinolone Acetonide Oint 0.025% Fluocinolone Acetonide Shampoo 0.01% Fluocinolone Acetonide Soln 0.01% Fluocinonide Cream 0.05% Fluocinonide Cream 0.1% Fluocinonide Emulsified Base Cream 0.05% Fluocinonide Gel 0.05% Fluocinonide Oint 0.05% Fluocinonide Soln 0.05% Flurandrenolide Cream 0.05% Flurandrenolide Tape 4 MCG/SQCM Fluticasone Propionate Cream 0.05% Fluticasone Propionate Lotion 0.05% Fluticasone Propionate Oint 0.005% Halcinonide Cream 0.1% Halcinonide Oint 0.1% Halobetasol Propionate Cream 0.05% Halobetasol Propionate Oint 0.05% Hydrocortisone Butyrate Cream 0.1% Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1% Hydrocortisone Butyrate Lotion 0.1% Hydrocortisone Butyrate Oint 0.1% Hydrocortisone Butyrate Soln 0.1% Hydrocortisone Cream 0.5% Hydrocortisone Cream 1% Hydrocortisone Cream 2.5% Hydrocortisone Gel 1% Hydrocortisone Lotion 1% Hydrocortisone Lotion 2.5% Hydrocortisone Oint 0.5% Hydrocortisone Oint 1% Hydrocortisone Oint 2.5% Hydrocortisone Probutate Cream 0.1% Hydrocortisone Valerate Cream 0.2% Hydrocortisone Valerate Oint 0.2% Hydrocortisone-Aloe Vera Cream 1% Mometasone Furoate Cream 0.1% Mometasone Furoate Oint 0.1% Mometasone Furoate Solution 0.1% (Lotion) Prednicarbate Oint 0.1% Triamcinolone Acetonide Cream 0.1% Triamcinolone Acetonide Cream 0.5% Triamcinolone Acetonide Lotion 0.025% Triamcinolone Acetonide Lotion 0.1% Triamcinolone Acetonide Oint 0.025% Triamcinolone Acetonide Oint 0.05% Triamcinolone Acetonide Oint 0.1%	
Topical - Emollient/Keratolytic Agents	Urea Lotion 10%	
Topical - Emollients	Emollient - Cream** Emollient - Lotion** Emollient - Ointment** Hyaluronate Sodium (Emollient) Gel 0.2% Lactic Acid (Ammonium Lactate) Cream 12% Lactic Acid (Ammonium Lactate) Lotion 12% Lactic Acid (Ammonium Lactate) Lotion 5% Vitamins A & D Cream** Vitamins A & D Oint**	
Topical - Enzymes	Collagenase Oint 250 Unit/GM	
Topical - Hair Growth Agents (Eye Lash)	Bimatoprost Soln 0.03%	
Topical - Immunomodulating Agents	Imiquimod Cream 3.75% Imiquimod Cream 5% Pimecrolimus Cream 1% Tacrolimus Oint 0.1%	
Topical - Liniments	Camphor-Menthol-Capsicum Topical Patch 80-24-16 MG Camphor-Menthol-Methyl Salicylate Cream 3-5-15% Camphor-Menthol-Methyl Salicylate Cream 4-10-30% Camphor-Menthol-Methyl Salicylate Gel 0.2-4-8% Camphor-Menthol-Methyl Salicylate Gel 3.1-16-10% Camphor-Menthol-Methyl Salicylate Liquid 4-10-30% Camphor-Menthol-Methyl Salicylate Ointment 4-10-30% Camphor-Menthol-Methyl Salicylate Topical Patch 1.2-5.7-6.3% Capsaicin-Menthol-Methyl Salicylate Cream 0.025-1-12% Capsaicin-Menthol-Methyl Salicylate Cream 0.035-10-25% Liniments & Rubs - Cream Liniments & Rubs - Gel Liniments & Rubs - Lotion Menthol-Camphor Cream 10-11% Menthol-Camphor Cream 11-11% Menthol-Camphor Cream 16-11% Menthol-Camphor Gel 3-3% Menthol-Camphor Gel 3.5-0.8% Menthol-Camphor Lotion 16-4% Menthol-Camphor Ointment 5.1-5.1% Menthol-Camphor Patch 70-230 MG Menthol-Methyl Salicylate Cream Menthol-Methyl Salicylate Gel Menthol-Methyl Salicylate Liquid Menthol-Methyl Salicylate Lotion Menthol-Methyl Salicylate Ointment Menthol-Methyl Salicylate Patch Menthol-Methyl Salicylate Stick Methyl Salicylate Lotion 10% Trolamine Salicylate Cream 10% Trolamine Salicylate Lotion 10%	
Topical - Local Anesthetics	Capsaicin Cream 0.025% Capsaicin Cream 0.033% Capsaicin Cream 0.035% Capsaicin Cream 0.075% Capsaicin Cream 0.1% Capsaicin in Lidocaine Vehicle Cream 0.25%	

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Capsaicin Liquid 0.15% Capsaicin Lotion 0.035% Capsaicin Pad 0.025% Capsaicin-Menthol Gel 0.025-10% Capsaicin-Menthol Topical Patch 0.05-5% Dibucaine Oint 1% Ethyl Chloride Aerosol Spray Lidocaine Cream 4% Lidocaine Gel 4% Lidocaine Solution 4% Lidocaine HCl Cream 3% Lidocaine HCl Gel 2% Lidocaine HCl Gel 2.5%	
	Lidocaine Oint 5%	May be reimbursed with prior authorization. Covered ONLY after a minimum of a 14-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) of a lidocaine 4% topical product within the past 30 days. Claims in which lidocaine 5% ointment was covered in the 60 days prior to 10/1/2017 are not subject to the 14-day trial and failure of a lidocaine 4% topical product.
	Lidocaine Patch 4%	
	Lidocaine Patch 5%	May be reimbursed with prior authorization. Covered ONLY after a minimum of a 14-day trial and documented therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) of lidocaine patch 4% within the past 30 days. Authorization will be limited to one (1) patch per day.
	Lidocaine-Prilocaine Cream 2.5-2.5% Pentafluoropropane-Tetrafluoroethane Aero Spray Pramoxine HCl Lotion 1% Pramoxine-Benzyl Alcohol Gel 1-10% Pramoxine-Zinc Acetate Lotion 1-0.1%	
Topical – Misc.	Aloe Vera Liquid Aloe Vera Lotion Aluminum Acetate Soln Aluminum Chloride Soln 20% Aluminum Hydroxide Oint Benzoin Tincture Dimethicone Cream 1% Dimethicone-Petrolatum Cream 3-30% Menthol-Zinc Oxide Oint 0.44-20.6% Menthol-Zinc Oxide Oint 0.44-20.625% Petrolatum-Zinc Oxide Oint 49-15% Skin Protectants Misc - Cream Skin Protectants Misc - Ointment Skin Protectants Misc - Paste Sodium Chloride External Soln 0.9% Talc Topical Powder Witch Hazel-Glycerin Cleansing Pads Zinc Oxide Cream 13% Zinc Oxide Oint 12.8% Zinc Oxide Oint 20% Zinc Oxide Oint 40%	
Topical – Misc. Dermatological Products	Dermatological Products Misc. - Cream Dermatological Products Misc. - Emulsion	
Topical - Rosacea Agents	Metronidazole Cream 0.75% Metronidazole Gel 0.75% Metronidazole Gel 1%	
Topical - Scabicides & Pediculicides	Crotamiton Lotion 10% Lindane Shampoo 1% Malathion Lotion 0.5% Permethrin Cream 5% Permethrin Lotion 1% Pyrethrins-Piperonyl Butoxide Liq 0.33-4% Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%	
Topical - Scar Treatment	Scar Treatment Products - Cream Scar Treatment Products - Gel	
Topical - Wound Care	Becaplermin Gel 0.01% Hyaluronate Sodium Gel 0.2% Lidocaine HCl-Collagen-Aloe Vera Gel 2% Wound Cleansers - Liquid Wound Dressings - Emulsion Wound Dressings - Gel	
Ulcer Drugs - Antispasmodics	Belladonna Alkaloids & Opium Suppos 16.2-30 MG Belladonna Alkaloids & Opium Suppos 16.2-60 MG Dicyclomine HCl Cap 10 MG Dicyclomine HCl Oral Soln 10 MG/5ML Dicyclomine HCl Tab 20 MG Glycopyrrolate Oral Soln 1 MG/5ML Glycopyrrolate Tab 1 MG Glycopyrrolate Tab 2 MG Hyoscyamine Sulfate Tab ER 0.375 MG (0.125 MG IR/0.25 MG ER) Hyoscyamine Sulfate Tab ER 12HR 0.375 MG Methscopolamine Bromide Tab 2.5 MG Methscopolamine Bromide Tab 5 MG Propantheline Bromide Tab 15 MG	
Ulcer Drugs - H-2 Antagonists	Famotidine Tab 10 MG Famotidine Tab 20 MG Famotidine Tab 40 MG	Reimbursement is only permitted when they are prescribed as gastrointestinal protectants during recurrent oral steroid or non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)
Ulcer Drugs – Misc.	Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack Metronidaz Tab-Tetracyc Cap-Bis Subsal Chew Tab Therapy Pack Sucralfate Susp 1 GM/10ML Sucralfate Tab 1 GM	
Ulcer Drugs - Prostaglandins	Misoprostol Tab 100 MCG Misoprostol Tab 200 MCG	
Ulcer Drugs - Proton Pump Inhibitors	Lansoprazole Cap Delayed Release 15 MG Lansoprazole Cap Delayed Release 30 MG Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG Esomeprazole Magnesium Tab Delayed Release 20 MG Omeprazole Cap Delayed Release 10 MG Omeprazole Cap Delayed Release 20 MG Omeprazole Cap Delayed Release 40 MG Omeprazole Magnesium Delayed Release Tab 20 MG Pantoprazole Sodium EC Tab 20 MG Pantoprazole Sodium EC Tab 40 MG	Reimbursement is only permitted when they are prescribed for the following: Gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy, treatment of an allowed condition that involves a gastrointestinal disorder such as ulcer or gastrointestinal esophageal reflux disease, or to prevent gastrointestinal bleeding during antiplatelet drug therapy. Maximum quantity of two per day. Orally disintegrating formulations require prior authorization documenting inability to use standard tablet and capsule formulations.
Urinary Analgesics	Phenazopyridine HCl Tab 100 MG Phenazopyridine HCl Tab 200 MG	
Urinary Anti-infectives	Fosfomycin Tromethamine Powd Pack 3 GM Methenamine Hippurate Tab 1 GM Methenamine Mandelate Tab 1 GM Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG Nitrofurantoin Macrocrystalline Cap 100 MG	

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	Nitrofurantoin Macrocrystalline Cap 50 MG Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	
Urinary Antispasmodic	Bethanechol Chloride Tab 5 MG Bethanechol Chloride Tab 10 MG Bethanechol Chloride Tab 25 MG Bethanechol Chloride Tab 50 MG Darifenacin Hydrobromide Tab ER 24HR 7.5 MG Darifenacin Hydrobromide Tab ER 24HR 15 MG Fesoterodine Fumarate Tab ER 24HR 4 MG Fesoterodine Fumarate Tab ER 24HR 8 MG Flavoxate HCl Tab 100 MG Mirabegron Tab ER 24 HR 25 MG Mirabegron Tab ER 24 HR 50 MG Oxybutynin Chloride Syrup 5 MG/5ML Oxybutynin Chloride Tab 5 MG Oxybutynin Chloride Tab ER 24HR 5 MG Oxybutynin Chloride Tab ER 24HR 10 MG Oxybutynin Chloride Tab ER 24HR 15 MG Oxybutynin Chloride TD Gel 10% Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR Solifenacin Succinate Tab 5 MG Solifenacin Succinate Tab 10 MG Tolterodine Tartrate Cap ER 24HR 2 MG Tolterodine Tartrate Cap ER 24HR 4 MG Tolterodine Tartrate Tab 1 MG Tolterodine Tartrate Tab 2 MG Trospium Chloride Cap ER 24HR 60 MG Trospium Chloride Tab 20 MG	
Urinary Stone Agents	Acetohydroxamic Acid Tab 250 MG	
Vaccines	Zoster Vaccine Live for Subcutaneous Susp 19400 Unit/0.65ML Zoster Vaccine Recombinant Adjuvanted For IM Inj 50 MCG	
Vaginal Anti-infectives	Metronidazole Vaginal Gel 0.75% Miconazole Nitrate Vaginal Cream 2% Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM) Terconazole Vaginal Cream 0.8%	
Vaginal Estrogens	Estradiol Vaginal Cream 0.1 MG/GM Estradiol Vaginal Tab 10 MCG	
Vasopressors	Midodrine HCl Tab 2.5 MG Midodrine HCl Tab 5 MG Midodrine HCl Tab 10 MG	
Vitamins - B-Complex w/ C	B-Complex w/ C & E + Zn Tab B-Complex w/ C Tab	
Vitamins - B-Complex w/ Folic Acid	B-Complex w/ C & Folic Acid Cap 1 MG B-Complex w/ C & Folic Acid Tab 0.8 MG B-Complex w/ C & Folic Acid Tab B-Complex w/ C-Biotin-Vit E & Folic Acid Tab 0.4 MG B-Complex w/Biotin & Folic Acid Tab ER	
Vitamins - Multiple Vitamins w/ Iron	Multiple Vitamins w/ Iron Tab	
Vitamins - Multiple Vitamins w/ Minerals	Multiple Vitamins w/ Calcium Cap Multiple Vitamins w/ Calcium Tab Multiple Vitamins w/ Minerals Cap Multiple Vitamins w/ Minerals EC Tab Multiple Vitamins w/ Minerals Effer Tab Multiple Vitamins w/ Minerals Liquid Multiple Vitamins w/ Minerals Tab	
Vitamins - Multivitamins	Multiple Vitamin Liquid Multiple Vitamin Tab	
Vitamins - Oil Soluble Vitamins	Cholecalciferol Cap 400 Unit Cholecalciferol Cap 1,000 Unit Cholecalciferol Cap 2,000 Unit Cholecalciferol Cap 5,000 Unit Cholecalciferol Cap 10,000 Unit Cholecalciferol Cap 50,000 Unit Cholecalciferol Chewable Wafer 50,000 Unit Cholecalciferol Tab 400 Unit Cholecalciferol Tab 1,000 Unit Cholecalciferol Tab 2,000 Unit Cholecalciferol Tab 10,000 Unit Cholecalciferol Tab 5,000 Unit Cholecalciferol Tab 50,000 Unit Ergocalciferol Cap 50,000 Unit Ergocalciferol Soln 8,000 Unit/ML Ergocalciferol Tab 2000 Unit Phytonadione Tab 5 MG Vitamin A Tab 8,000 Unit Vitamin E Cap 1,000 Unit	
Vitamins - Vitamin Mixtures	Cholecalciferol-Vitamin C Cap 1000 Unit-500 MG Niacinamide w/ Zn-Cu-Methylfol-Se-Cr Tab 750-27-2-0.5 MG Vit C-Cholecalciferol-Rose Hips Cap 500 MG-1000 Unit-20 MG Vitamin A-Vitamin D-Minerals Cap Vitamin C-Vitamin D-Zinc Tab Vitamin D & K Cap Vitamins A & C Chew Tab Vitamins A & D Cap	
Vitamins - Water Soluble Vitamins	Ascorbic Acid Cap ER 500 MG Ascorbic Acid Chew Tab 250 MG Ascorbic Acid Chew Tab 500 MG Ascorbic Acid Liquid 500 MG/5ML Ascorbic Acid Tab 250 MG Ascorbic Acid Tab 500 MG Ascorbic Acid Tab 1000 MG Ascorbic Acid Tab ER 500 MG Ascorbic Acid Tab Disint 60 MG Niacin Tab ER 250 MG Niacin Tab ER 750 MG Pyridoxine HCl Tab 50 MG Pyridoxine HCl Tab 100 MG Riboflavin Tab 100 MG Thiamine HCl Tab 50 MG Thiamine HCl Tab 100 MG Thiamine Mononitrate Tab 100 MG	