

APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization if a Related Condition is NOT Approved in Claim	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
ABSORBABLE SULFONAMIDES	SULFADIAZINE	SULFADIAZINE	ORAL	NO	
	SULFAMETHOXAZOLE-TRIMETHOPRIM	BACTRIM DS	ORAL	NO	
	SULFASALAZINE	SULFASALAZINE	ORAL	NO	
ACE INHIB/THIAZIDE COMBO	BENAZEPRIL- HCTZ	BENAZEPRIL HCL-HCTZ	ORAL	YES	
	CAPTOPRIL - HCTZ	CAPTOPRIL-HCTZ	ORAL	YES	
	ENALAPRIL MALEATE - HCTZ	ENALAPRIL MALEATE-HCTZ	ORAL	YES	
	FOSINOPRIL SODIUM - HCTZ	FOSINOPRIL- HCTZ	ORAL	YES	
	LISINOPRIL - HCTZ	ZESTORETIC	ORAL	YES	
	MOEXIPRIL-HCTZ	UNIRETIC	ORAL	YES	
	QUINAPRIL-HCTZ	QUINARETIC	ORAL	YES	
ACE INHIB/CAL CHNL BLOCK COMBO	AMLODIPINE BESYLATE-BENAZEPRIL	LOTREL	ORAL	YES	
	TRANDOLAPRIL-VERAPAMIL HCL	TARKA	ORAL	YES	
ACNE AGENTS SYSTEMIC	ISOTRETINOIN	CLARAVIS	ORAL	YES	
ACNE AGENTS TOPICAL	SULFACETAMIDE SODIUM	KLARON	TOPICAL	YES	
ADHD-TX-ALPHA-2A-RECEP-AGONIST	GUANFACINE HCL	INTUNIV	ORAL	YES	
ADRENERGIC AGENTS, AROMATIC,	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	ORAL	YES	
	DEXTROAMPHETAMINE SULFATE	DEXEDRINE	ORAL	YES	
	LISDEXAMFETAMINE DIMESYLATE	VYVANSE	ORAL	YES	
ADRENERGIC INHIBITORS	CARVEDILOL	COREG	ORAL	YES	
	LABETALOL HCL	NORMODYNE	ORAL	YES	
ADRENERGIC VASOPRESSOR AGTS	MIDODRINE HCL	PROAMATINE	ORAL	YES	
ADRENOCORTICOTROPIC HORMONE	CORTICOTROPIN	ACTHAR H.P.	INJECTION	YES	
AGENTS TO TREAT MS	GLATIRAMER ACETATE	COPAXONE	SUB-Q	YES	
	INTERFERON BETA-1A	AVONEX	INTRAMUSC	YES	
	INTERFERON BETA-1A	REBIF	SUB-Q	YES	
ALKYLATING AGENTS	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	ORAL	YES	
ALPHA ADRENERGIC BLOCKING AG	DIBENZYLIN	DIBENZYLIN	ORAL	YES	
	DOXAZOSIN MESYLATE	CARDURA	ORAL	YES	
	PRAZOSIN HCL	MINIPRESS	ORAL	YES	
	TERAZOSIN HCL	TERAZOSIN HCL	ORAL	YES	
ALPHA-2 ANTAGONIST ANTIDEPRESS	MIRTAZAPINE	REMERON	ORAL	YES	
ALZHEIMERS TX-NMDA RECEP ANTAG	MEMANTINE HCL	NAMENDA	ORAL	YES	
AMINOGLYCOSIDES	NEOMYCIN SULFATE	NEOMYCIN SULFATE	ORAL	NO	
	TOBRAMYCIN SULFATE	TOBRAMYCIN NEBU SOLN	INHALATION	NO	
AMMONIA INHIBITORS	ACETOHYDROXAMIC ACID	LITHOSTAT	ORAL	NO	
	LACTULOSE (ENCEPHALOPATHY)	ENULOSE	ORAL	NO	
AMYOTROPHIC LATERAL SCLEROS	RILUZOLE	RILUTEK	ORAL	YES	
ANALGESIC/ANTIPYRETICS, (Non-salicylate)	ACETAMINOPHEN	TYLENOL	ORAL	NO	
	ACETAMINOPHEN-CAFFEINE	EXCEDRIN TENSION HEADACHE	ORAL	NO	
ANDROGENIC AGENTS	METHYLTESTOSTERONE	ANDROID	ORAL	YES	
	OXANDROLONE	OXANDROLONE	ORAL	YES	
	TESTOSTERONE BUCCAL	STRIANT	BUCCAL	YES	
	TESTOSTERONE TD	ANDRODERM	TRANSDERM	YES	
ANG REC ANTG II THIAZ COMBO	CANDESARTAN CILEXETIL-HCTZ	ATACAND HCT	ORAL	YES	
	EPROSARTAN MESYLATE-HCTZ	TEVETEN HCT	ORAL	YES	
	IRBESARTAN- HCTZ	AVALIDE	ORAL	YES	
	LOSARTAN POTASSIUM - HCTZ	HYZAAR	ORAL	YES	
	OLMESARTAN MEDOXOMIL-HCTZ	BENICAR HCT	ORAL	YES	
	TELMISARTAN-HCTZ	MICARDIS HCT	ORAL	YES	
	VALSARTAN-HCTZ	DIOVAN HCT	ORAL	YES	

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ANGIOTEN-REC ANT/CA-CHBLKR/THZ	AMLODIPINE-VALSARTAN-HCTZ	EXFORGE HCT	ORAL	YES	
	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	AZOR	ORAL	YES	
	AMLODIPINE BESYLATE-VALSARTAN	EXFORGE	ORAL	YES	
ANOREXIC AGENTS	BENZPHETAMINE HCL	BENZPHETAMINE HCL	ORAL	YES	
ANTACIDS	ALUM & MAG HYDROXIDE-SIMETHICONE	RULOX	ORAL	NO	All combinations and oral dosage forms are covered
	ALUMINUM & MAGNESIUM HYDROXIDES	ALAMAG	ORAL	NO	All combinations and oral dosage forms are covered
	ALUMINUM HYDROXIDE	ALTERNAGEL	ORAL	NO	All combinations and oral dosage forms are covered
	ALUMINUM HYDROXIDE-MAGNESIUM TRISILICATE	GAVISCON	ORAL	NO	All combinations and oral dosage forms are covered
	CALCIUM CARBONATE	TUMS	ORAL	NO	All combinations and oral dosage forms are covered
	CALCIUM CARBONATE-MAG HYDROXIDE	MYLANTA ULTRA	ORAL	NO	All combinations and oral dosage forms are covered
	CALCIUM CARBONATE-MAG HYDROXIDE	ROLAIDS	ORAL	NO	All combinations and oral dosage forms are covered
	SODIUM BICARBONATE	SODIUM BICARBONATE	ORAL	NO	All combinations and oral dosage forms are covered
ANTHELMINTICS	MEBENDAZOLE	MEBENDAZOLE CHEW TAB	ORAL	YES	
ANTIALCOHOLIC PREPARATIONS	ACAMPROSATE CALCIUM	CAMPRAL	ORAL	YES	
	DISULFIRAM	ANTABUSE	ORAL	YES	
ANTIANGINAL ANTI ISCHEMIC DRUG	RANOLAZINE	RANEXA	ORAL	YES	
ANTI-ANXIETY DRUGS	ALPRAZOLAM	XANAX	ORAL	NO	
	BUSPIRONE HCL	BUSPAR	ORAL	NO	
	CHLORDIAZEPOXIDE HCL	LIBRIUM	ORAL	NO	
	CLORAZEPATE DIPOTASSIUM	TRANXENE	ORAL	NO	
	CLORAZEPATE DIPOTASSIUM	TRANXENE T-TAB	ORAL	NO	
	DIAZEPAM	VALIUM	ORAL	NO	
	LORAZEPAM	ATIVAN	ORAL	NO	
	MEPROBAMATE	MILTOWN	ORAL	NO	
	OXAZEPAM	SERAX	ORAL	NO	
ANTIARRHYTHMICS	AMIODARONE HCL	PACERONE	ORAL	YES	
	DOFETILIDE	TIKOSYN	ORAL	YES	
	FLECAINIDE ACETATE	TAMBOCOR	ORAL	YES	
	MEXILETINE HCL	MEXILETINE HCL	ORAL	YES	
	PROPAFENONE HCL	RYTHMOL	ORAL	YES	
	PROPAFENONE HCL	RYTHMOL SR	ORAL	YES	Medical necessity coverage for all strengths of this product shall be effective 12/7/2011. Routine reimbursement for prescriptions shall become effective April 1, 2012
	QUINIDINE GLUCONATE	QUINIDINE GLUCONATE	ORAL	YES	
ANTIARRHYTHMICS	DRONEDARONE	MULTAQ	ORAL	YES	
ANTIARTHRICS FOLATE ANTAG AGT	METHOTREXATE SODIUM	RHEUMATREX	ORAL	YES	
ANTIARTHRITIC/CHELATING AGENTS	PENICILLAMINE	CUPRIMINE	ORAL	YES	
ANTIARTHRITICS AGENTS MISC.	GLUCOSAMINE SULFATE	GLUCOSAMINE SULFATE	ORAL	YES	
	GLUCOSAMINE-CHONDROITIN	ARTHX DS	ORAL	YES	
ANTICHOLINERGICS, ANTISPASMO	DICYCLOMINE HCL	BENTYL	ORAL	YES	
ANTICHOLINERGICS, QUANTERNAR	CHLORDIAZEPOXIDE-CLIDINIUM	LIBRAX	ORAL	YES	
	GLYCOPYRRROLATE	ROBINUL	ORAL	YES	
	PROPANTHELINE BROMIDE	PRO-BANTHINE	ORAL	YES	
ANTICONVULSANTS	CARBAMAZEPINE	TEGRETOL	ORAL	NO	
	CLONAZEPAM	KLONOPIN	ORAL	NO	
	DIAZEPAM	DIASAT ACUDIAL	RECTAL	NO	
	DIVALPROEX SODIUM	DEPAKOTE	ORAL	NO	
	ETHOSUXIMIDE	ZARONTIN	ORAL	NO	
	FELBAMATE	FELBATOL	ORAL	NO	
	GABAPENTIN	NEURONTIN	ORAL	NO	

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	GABAPENTIN SUSTAINED RELEASE	GRALISE, HORIZANT	ORAL	YES	Effective April 1, 2013 Horizant or Gralise will be covered in claims with documented symptoms of a seizure disorder or neuropathic pain related to an allowed condition, only after an immediate release gabapentin product has been tried for at least 30days and failed due to side effects. A prior authorization is required. Documentation of the clinical side effects that resulted in the failure must be submitted on the prior authorization form (M- 31)
	LAMOTRIGINE	LAMICTAL	ORAL	NO	
	MEPHOBARBITAL	MEBARAL	ORAL	NO	
	OXCARBAZEPINE	TRILEPTAL	ORAL	NO	
	PHENYTOIN SODIUM	DILANTIN	ORAL	NO	
	PRIMIDONE	MYSOLINE	ORAL	NO	
	TOPIRAMATE	TOPAMAX	ORAL	NO	
	VALPROIC ACID	STAVZOR	ORAL	NO	
ANTICONVULSANTS	LACOSAMIDE	VIMPAT	ORAL	NO	
	LEVETIRACETAM	KEPPRA	ORAL	NO	
	PREGABALIN	LYRICA	ORAL	NO	
	TIAGABINE HCL	GABITRIL	ORAL	NO	
	ZONISAMIDE	ZONEGRAN	ORAL	NO	
ANTIARRHEAL MICRO AGENTS	LACTOBACILLUS	BACID	ORAL	NO	
	LACTOBACILLUS	LACTINEX	ORAL	NO	
	LACTOBACILLUS RHAMNOSUS (GG)	CULTURELLE	ORAL	NO	
	PROBIOTIC PRODUCT	ALIGN	ORAL	NO	
	PROBIOTIC PRODUCT	RISAQUAD	ORAL	NO	
	SACCHAROMYCES BOULARDII	FLORASTOR	ORAL	NO	
ANTIARRHEALS	BISMUTH SUBSALICYLATE	PEPTO-BISMOL	ORAL	NO	
	DIPHENOXYLATE W/ ATROPINE	LOMOTIL	ORAL	NO	
	LOPERAMIDE	IMODIUM A-D	ORAL	NO	
	PAREGORIC	PAREGORIC	ORAL	NO	
ANTIURETIC AND VASOPRESSOR	DESMOPRESSIN ACETATE	DDAVP	INJECTION	YES	
ANTI-EMETICS	APREPITANT	EMEND	ORAL	YES	
	DIMENHYDRINATE	DRAMAMINE	ORAL	YES	
	DOLASETRON MESYLATE	ANZEMET	ORAL	YES	
	DRONABINOL	MARINOL	ORAL	YES	
	GRANISETRON HCL	KYTRIL	ORAL	YES	
	MECLIZINE HCL	ANTIVERT	ORAL	YES	
	ONDANSETRON HCL	ZOFRAN	ORAL	YES	
	PROCHLORPERAZINE MALEATE	COMPAZINE	ORAL	YES	
	PROCHLORPERAZINE MALEATE	COMPAZINE	RECTAL	YES	
	PROMETHAZINE HCL	PHENERGAN	ORAL	YES	
	PROMETHAZINE HCL	PHENERGAN	RECTAL	YES	
	SCOPOLAMINE HYDROBROMIDE	SCOPACE	ORAL	YES	
	SCOPOLAMINE TD	TRANSDERM-SCOP	TRANSDERM	YES	
	TRIMETHOBENZAMIDE HCL	TIGAN	ORAL	YES	
ANTIFIBRINOLYTIC AGENTS	AMINOCAPROIC ACID	AMINOCAPROIC ACID	ORAL	YES	
ANTIFLATULENTS	SIMETHICONE	SIMETHICONE	ORAL	YES	
ANTIFUNGAL AGENTS	CLOTRIMAZOLE	CLOTRIMAZOLE	MUCOUS MEM	NO	
	CLOTRIMAZOLE	MYCELEX	MUCOUS MEM	NO	
	KETOCONAZOLE	KETOCONAZOLE	ORAL	NO	
ANTIFUNGAL AGENTS	FLUCONAZOLE	FLUCONAZOLE	ORAL	NO	
	ITRACONAZOLE	SPORANOX	ORAL	NO	
	TERBINAFINE HCL	LAMISIL	ORAL	NO	
ANTIFUNGAL AGENTS	POSACONAZOLE	NOXAFIL	ORAL	NO	
		VFEND	ORAL	NO	
ANTIFUNGAL ANTIBIOTICS	GRISEOFULVIN	GRIFULVIN V	ORAL	NO	
	MEFLOQUINE HCL	MEFLOQUINE HCL	ORAL	NO	
	NYSTATIN	NYSTATIN	ORAL	NO	

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ANTIIST/DECONG COMBINATION	ACRIVASTINE & PSEUDOEPHEDRINE	SEMPREX-D	ORAL	YES	
	CETIRIZINE-PSEUDOEPHEDRINE	CETIRIZINE-PSEUDOEPHEDRINE	ORAL	YES	
	CETIRIZINE-PSEUDOEPHEDRINE	ZYRTEC-D	ORAL	YES	
	DESLOTRADINE & PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	ORAL	YES	
	FEXOFENADINE-PSE ER	FEXOFENADINE-PSE ER	ORAL	YES	
	FEXOFENADINE-PSEUDOEPHEDRINE	ALLEGRA-D 12 HOUR	ORAL	YES	
	LORATADINE	ALAVERT	ORAL	YES	
	LORATADINE & PSEUDOEPHEDRINE	LORATA-D	ORAL	YES	
ANTIIST/DECONG COMBINATION	BROMPHENIRAMINE & PHENYLEPHRINE	RESPAHIST-II	ORAL	YES	
	BROMPHENIRAMINE & PSEUDOEPHEDRINE	BROVEX SR	ORAL	YES	
	CHLORPHENIRAMINE/ PSEUDOEPHEDRINE	WAL-FINATE-D	ORAL	YES	
	DIPHENHYDRAMINE TAN-PHENYLEPHRINE TAN	DIPHENMAX D	ORAL	YES	
	PROMETHAZINE & PHENYLEPHRINE	PROMETHAZINE VC	ORAL	YES	
	PYRILAMINE-PHENYLEPHRINE	POLY HIST FORTE	ORAL	YES	
ANTIISTAMINES - 1ST GENERATIO	BROMPHENIRAMINE & PSEUDOEPHEDRINE	LODRANE	ORAL	YES	
	BROMPHENIRAMINE MALEATE	LOHIST 12HR	ORAL	YES	
	CARBINOXAMINE MALEATE	PALGIC	ORAL	YES	
	CLEMASTINE FUMARATE	CLEMASTINE FUMARATE	ORAL	YES	
	CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	ORAL	YES	
	DIPHENHYDRAMINE HCL	BENADRYL	ORAL	YES	
	DIPHENHYDRAMINE TANNATE	DIPHENMAX	ORAL	YES	
	HYDROXYZINE HCL	HYDROXYZINE HCL	ORAL	YES	
	PROMETHAZINE HCL	PHENERGAN	ORAL	YES	
ANTIISTAMINES - 2ND GENERATIO	CETIRIZINE HCL	ZYRTEC	ORAL	YES	
	DESLOTRADINE	CLARINEX	ORAL	YES	
	DIPHENHYDRAMINE HCL	ALLERGY RELIEF	ORAL	YES	
	FEXOFENADINE HCL	ALLEGRA	ORAL	YES	
	Inactive	NON-DROWSY ALLERGY	ORAL	YES	
	LEVOCETIRIZINE DIHYDROCHLORIDE	XYZAL	ORAL	YES	
	LORATADINE	CLEAR-ATADINE	ORAL	YES	
ANTIIST-ANALGESIC,NON,SAL	DIPHENHYDRAMINE W/ APAP TAB	EXCEDRIN P.M.	ORAL	YES	
	PHENYLTOLOXAMINE W/ APAP	FLEXTRA-650	ORAL	YES	
ANTIIST-DECONG-ANTICHOLIN-CMB	CHLORPHEN-PSE-ATROPINE-HYOS-SCOPOL TAB SR	RU-TUSS	ORAL	YES	
	PE-METHSCOP TAB	ALLERX PE	ORAL	YES	
ANTIHYPERGLY,DPP4 INHIB+BIGUAN	SITAGLIPTIN-METFORMIN	JANUMET	ORAL	YES	
ANTIHYPERGLYCEMIC DPP-4 INHIB	SITAGLIPTIN PHOSPHATE	JANUVIA	ORAL	YES	
ANTI-HYPERGLYCIC,INCRETIN-MIMT	EXENATIDE	BYETTA	SUB-Q	YES	
	LIRAGLUTIDE	LIRAGLUTIDE INJ	SUB-Q	YES	
ANTI-HYPERGLYCIC-AMYLIN-ANALOG	PRAMLintide ACETATE	SYMLIN	SUB-Q	YES	
ANTILEPROTICS	DAPSONE	DAPSONE	ORAL		
ANTIMALARIAL DRUGS	CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	ORAL	YES	
	HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE SULFATE	ORAL	YES	
	QUININE SULFATE	QUALAQVIN	ORAL	YES	
ANTI-MANIA DRUGS	CARBAMAZEPINE	TEGRETOL	ORAL	NO	
	LITHIUM CARBONATE	ESKALITH	ORAL	YES	
	LITHIUM CITRATE	CIBALITH-S	ORAL	YES	
ANTIMETABOLITES	CAPECITABINE	XELODA	ORAL	YES	
	METHOTREXATE	METHOTREXATE	ORAL	YES	
ANTIMIGRAINE PREPARATIONS	ALMOTRIPTAN MALATE	AXERT	ORAL	YES	12 units per 30 days
	APAP-ISOMETHEPTENE-DICHLORAL	EPIDRIN	ORAL	YES	
	DIHYDROERGOTAMINE MESYLATE	MIGRANAL	NASAL	YES	
	ELETRIPTAN HYDROBROMIDE	RELPAK	ORAL	YES	6 units per 30 days
	ERGOTAMINE TARTRATE	ERGOMAR	SUBLINGUAL	YES	

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	ERGOTAMINE-CAFFEINE	ERGOTAMINE-CAFFEINE	ORAL	YES	
	FROVATRIPTAN SUCCINATE	FROVA	ORAL	YES	9 units per 30 days
	ISOMETH-D-CHLORALPHENAZ-APAP	MIDRIN	ORAL	YES	
	NARATRIPTAN HCL	AMERGE	ORAL	YES	9 units per 30 days
	RIZATRIPTAN BENZOATE	MAXALT	ORAL	YES	12 units per 30 days
	RIZATRIPTAN BENZOATE	MAXALT MLT	ORAL	YES	12 units per 30 days
	SUMATRIPTAN	IMITREX	ORAL	YES	9 units per 30 days
	SUMATRIPTAN	IMITREX	NASAL	YES	9 units per 30 days
	SUMATRIPTAN	IMITREX	SUB-Q	YES	9 units per 30 days
	SUMATRIPTAN-NAPROXEN	TREXIMET	ORAL	YES	9 units per 30 days
	ZOLMITRIPTAN	ZOMIG 2.5 MG	ORAL	YES	12 units per 30 days
	ZOLMITRIPTAN	ZOMIG 5.0 MG	ORAL	YES	6 units per 30 days
	ZOLMITRIPTAN	ZOMIG	NASAL	YES	12 units per 30 days
	ZOLMITRIPTAN	ZOMIG ZMT 2.5 MG	ORAL	YES	12 units per 30 days
	ZOLMITRIPTAN	ZOMIG ZMT 5 MG	ORAL	YES	6 units per 30 days
ANTI-NARCOLEPSY/ANTI-CATAPLEXY	SODIUM OXYBATE	XYREM	ORAL	YES	
ANTI-NARCOLEPSY/ANTI-HYPER	ARMODAFINIL	NUVIGIL	ORAL	YES	All oral formulations and strengths are covered for allowed conditions.
	DEXMETHYLPHENIDATE HCL	FOCALIN	ORAL	YES	All oral formulations and strengths are covered for allowed conditions.
	METHYLPHENIDATE HCL	RITALIN	ORAL	YES	All oral formulations and strengths are covered for allowed conditions.
	METHYLPHENIDATE HCL	CONCERTA	ORAL	YES	All oral formulations and strengths are covered for allowed conditions.
	MODAFINIL	PROVIGIL	ORAL	YES	All oral formulations and strengths are covered for allowed conditions.
ANTINEOPL IMMUNODULATOR AGT	LENALIDOMIDE	REVLIMID	ORAL	YES	
ANTINEOPLASTIC-AROMATASE INHIB	ANASTROZOLE	ARIMIDEX	ORAL	YES	
	EXEMESTANE	AROMASIN	ORAL	YES	
	LETROZOLE	FEMARA	ORAL	YES	
ANTIOXIDANT AGENTS	LUTEIN-ZEAXANTHIN	LUTEIN	ORAL	YES	
ANTIPARASITICS	NITAZOXANIDE	ALINIA	ORAL	NO	
ANTIPARKINSONISM DRUGS, ANTI	BENZTROPINE MESYLATE	COGENTIN	ORAL	YES	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL	ARTANE	ORAL	YES	
ANTIPARKINSONISM DRUGS, OTHE	AMANTADINE HCL	SYMMETREL	ORAL	YES	
	BROMOCRIPTINE MESYLATE	PARLODEL	ORAL	YES	
	CARBIDOPA-LEVODOPA	SINEMET	ORAL	YES	
	CARBIDOPA-LEVODOPA-ENTACAPONE	STALEVO 150	ORAL	YES	
	ENTACAPONE	COMTAN	ORAL	YES	
	PERGOLIDE MESYLATE	PERMAX	ORAL	YES	
	PRAMIPEXOLE DIHYDROCHLORIDE	MIRAPEX	ORAL	YES	
	RASAGILINE MESYLATE	AZILECT	ORAL	YES	
	ROPINIROLE HCL	ROPINIROLE HCL	ORAL	YES	
	ROPINIROLE HYDROCHLORIDE	REQUIP	ORAL	YES	
ANTIPERSPIRANTS	ALUMINUM CHLORIDE	DRYSOL	TOPICAL	YES	
ANTIPROTOZOAL-ANTIBACT - 3rd GEN	TINIDAZOLE	TINDAMAX	ORAL	NO	
ANTIPRURITICS, TOPICAL	DIPHENHYDRAMINE HCL	BENADRYL ITCH STOPPING	TOPICAL	NO	
	DOXEPIN HCL	PRUDOXIN	TOPICAL	NO	
	PRAMOXINE-BENZYL ALCOHOL	ITCH-X	TOPICAL	NO	
	PRAMOXINE-ZINC ACETATE	CALADRYL CLEAR	TOPICAL	NO	
ANTIPSORIATIC AGENT SYSTEMIC	ACITRETIN	SORIATANE	ORAL	YES	
ANTIPSORIATICS AGENTS	CALCIPOTRIENE	DOVONEX	TOPICAL	YES	
ANTIPSORIATICS AGENTS	TAZAROTENE	TAZORAC	TOPICAL	YES	
ANTIPSYCHOTIC-ATYPICAL ANTAGON	ASENAPINE MALEATE	SAPHRIS	SUBLINGUAL	YES	
	CLOZAPINE	CLOZARIL	ORAL	YES	
	OLANZAPINE	ZYPREXA	ORAL	YES	
	PALIPERIDONE	INVEGA	ORAL	YES	
	QUETIAPINE FUMARATE	SEROQUEL	ORAL	YES	
	RISPERIDONE	RISPERDAL	ORAL	YES	

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	ZIPRASIDONE HCL	GEODON	ORAL	YES	
ANTIPSYCHOTIC-BUTYRONPHENONES	HALOPERIDOL	HALDOL	ORAL	YES	
ANTIPSYCHOTIC-DIHYDROINDOLONES	MOLINDONE HCL	MOBAN	ORAL	YES	
ANTIPSYCHOTIC-DIPHENYLBUTYLPIIP	PIMOZIDE	ORAP	ORAL	YES	
ANTIPSYCHOTIC-DOPA/SERO ANTG	LOXAPINE SUCCINATE	LOXITANE	ORAL	YES	
ANTI-PSYCHOTICS,PHENOTHIAZIN	CHLORPROMAZINE HCL	THORAZINE	ORAL	YES	
	FLUPHENAZINE HCL	PROLIXIN	ORAL	YES	
	PERPHENAZINE	TRILAFON	ORAL	YES	
	THIORIDAZINE HCL	MELLARIL	ORAL	YES	
	TRIFLUOPERAZINE HCL	STELAZINE	ORAL	YES	
ANTIPSYCHOTICS-ATYPICAL,D2/5HT	ARIPIRAZOLE	ABILIFY	ORAL	YRD	
ANTIPSYCHOTIC-THIOXANTHENES	THIOTHIXENE	NAVANE	ORAL	YES	
ANTITUBERCULAR AGENTS	ETHAMBUTOL HCL	ETHAMBUTOL HCL	ORAL	YES	
	ISONIAZID	ISONIAZID	ORAL	YES	
	PYRAZINAMIDE	PYRAZINAMIDE	ORAL	YES	
	RIFABUTIN	MYCOBUTIN	ORAL	YES	
ANTITUBERCULAR ANTIBIOTICS	RIFAMPIN	RIFADIN	ORAL	YES	
ANTITUSS-ANTIIST-DECONG-EXPEC	PHENYLEPH-CHLORPHEN W/ DM-GG	QUAL-TUSSIN	ORAL	YES	
ANTITUSS-EXPECTORANT-COMBINATI	DEXTROMETHORPHAN-GUAIFENESIN SYRUP	ROBITUSSIN-DM COUGH	ORAL	YES	
ANTITUSSIVE, NON-NARCOTIC	BENZONATATE	TESSALON	ORAL	YES	
	DEXTROMETHORPHAN POLISTIREX	DELSYM	ORAL	YES	
ANTITUSSIVE-ANTIIST-DECONGEST	BROMPHENIRAMINE & DEXTROMETHORPHAN	BROMFED-DM	ORAL	YES	
	PHENYLEPH TAN-PYRILAMINE TAN-CARBETA TAN TAB	TUSSI-12D	ORAL	YES	
	PHENYLEPH-EPHED-CPM W/ CARBETAPENTANE	RYNATUSS	ORAL	YES	
	PHENYLEPHRINE-CHLORPHEN-DM	C-PHEN DM	ORAL	YES	
	PHENYLEPHRINE-PYRILAMINE-DM	CODAL-DM	ORAL	YES	
	PSEUDOEPH-BROMPHEN W/ HYDROCODONE SOLN	BROMPLEX DM	ORAL	YES	
	PSEUDOEPHED TAN-BROMPHEN TAN-DM TAN SUSP	ANAPLEX DMX	ORAL	YES	
	PSEUDOEPHED-BROMPHEN-DM SYRUP	BROMETANE DX	ORAL	YES	
	PSEUDOEPHED-BROMPHENPHENIRAMINE	PSE BROM	ORAL	YES	
ANTIULCER H PYLORI AGENTS	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ	PREVPAC	ORAL	YES	
	METRONIDAZ TAB-TETRACYC CAP-BIS SUBSAL	HELIDAC	ORAL	YES	
ANTIULCER PREPARATIONS	MISOPROSTOL	CYTOTEC	ORAL	YES	
	SUCRALFATE	CARAFATE	ORAL	YES	
ANTIVIRAL GENERAL CONT. 2	VALGANCICLOVIR HCL	VALCYTE	ORAL	YES	
ANTIVIRALS	ACYCLOVIR	ACYCLOVIR	ORAL	YES	
	FAMCICLOVIR	FAMVIR	ORAL	YES	
	OSELTAMIVIR PHOSPHATE	TAMIFLU	ORAL	YES	
	VALACYCLOVIR HCL	VALTREX	ORAL	YES	
APPETITE STIMULANTS ANOREXIA	MEGESTROL ACETATE	MEGACE	ORAL	YES	
ARTIFICIAL TEARS	ARTIFICIAL TEARS	LACRISERT	OPHTHALMIC	NO	
	ARTIFICIAL TEARS	NATURE'S TEARS	OPHTHALMIC	NO	
	CARBOXYMETHYLCELLULOSE SODIUM	REFRESH PLUS	OPHTHALMIC	NO	
	CARBOXYMETHYLCELLULOSE-GLYCERIN	OPTIVE	OPHTHALMIC	NO	
	GLYCERIN-POLYSORBATE 80	REFRESH DRY EYE THERAPY	OPHTHALMIC	NO	
	HYPROMELLOSE	GENTEAL	OPHTHALMIC	NO	

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	HYPROMELLOSE	ISOPTO TEARS	OPHTHALMIC	NO	
	Inactive	REFRESH LIQUIGEL	OPHTHALMIC	NO	
	POLYETHYLENE GLYCOL-POLYVINYL ALCOHOL	HYPOTEARS	OPHTHALMIC	NO	
	POLYETHYLENE GLYCOL-PROPYLENE GLYCOL	SYSTANE	OPHTHALMIC	NO	
	POLYVINYL ALCOHOL	TEARGEN	OPHTHALMIC	NO	
	POLYVINYL ALCOHOL-POVIDONE	REFRESH	OPHTHALMIC	NO	
	POLYVINYL ALC-POVIDONE-2,4-D DIMETHYLAMINE	FRESHKOTE	OPHTHALMIC	NO	
ASTRINGENTS	ALUMINUM ACETATE	A-MANTLE	TOPICAL	NO	
	ALUMINUM ACETATE SOLN	ALUMINUM ACETATE SOLN	TOPICAL	NO	
	WITCH HAZEL (HAMAMELIS VIRGINIANA)	TUCKS	TOPICAL	NO	
	WITCH HAZEL-GLYCERIN	MEDI PADS	TOPICAL	NO	
BARBITURATES	BUTISOL SODIUM	BUTISOL SODIUM	ORAL	YES	
	PHENOBARBITAL	PHENOBARBITAL	ORAL	YES	
	SECOBARBITAL SODIUM	SECONAL SODIUM	ORAL	YES	
BELLADONNA ALKALOIDS	ATROPINE SULFATE	SAL-TROPINE	ORAL	YES	
	BELLADONNA ALKALOIDS-PHENOBARBITAL	DONNATAL	ORAL	YES	
	HYOSCYAMINE SULFATE	LEVSIN	ORAL	YES	
	METHSCOPOLAMINE BROMIDE	PAMINE	ORAL	YES	
BENIGN PROSTATIC HYPERTROPHY	ALFUZOSIN HCL	UROXATRAL	ORAL	YES	
	DUTASTERIDE	AVODART	ORAL	YES	
	FINASTERIDE	FINASTERIDE	ORAL	YES	
	SILODOSIN	RAPAFLO	ORAL	YES	
	TAMSULOSIN HCL	FLOMAX	ORAL	YES	
BETA ADRENERGIC BLOCKING AGE S	ACEBUTOLOL HCL	ACEBUTOLOL HCL	ORAL	YES	
	ATENOLOL	TENORMIN	ORAL	YES	
	BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	ORAL	YES	
	METOPROLOL SUCCINATE	TOPROL XL	ORAL	YES	
	METOPROLOL TARTRATE	LOPRESSOR	ORAL	YES	
	NADOLOL	CORGARD	ORAL	YES	
	PINDOLOL	PINDOLOL	ORAL	YES	
	PROPRANOLOL HCL	INDERAL	ORAL	YES	
	SOTALOL	SOTALOL	ORAL	YES	
	TIMOLOL MALEATE	TIMOLOL MALEATE	ORAL	YES	
BETA ADRENERGIC BLOCKING CON	NEBIVOLOL HCL	BYSTOLIC	ORAL	YES	
	ALBUTEROL SULFATE	ALBUTEROL	INHALATION	YES	
	ALBUTEROL SULFATE	PROVENTIL	ORAL	YES	
	ARFORMOTEROL TARTRATE	BROVANA	INHALATION	YES	
	FORMOTEROL FUMARATE	FORADIL	INHALATION	YES	
	LEVALBUTEROL HCL	XOPENEX	INHALATION	YES	
	METAPROTERENOL SULFATE	METAPREL	ORAL	YES	
	METAPROTERENOL SULFATE	METAPREL	INHALATION	YES	
	PIRBUTEROL ACETATE	MAXAIR AUTOHALER	INHALATION	YES	
	SALMETEROL XINAFOATE	SEREVENT DISKUS	INHALATION	YES	
	TERBUTALINE SULFATE	BRETHINE	ORAL	YES	
BETA-ADRENERGIC/ANTICHOLIN CMB	IPRATROPIUM-ALBUTEROL	COMBIVENT	INHALATION	YES	
BETA-ADRENERGICS GLUCOCORTIC	BUDESONIDE-FORMOTEROL FUMARATE DIHYD	SYMBICORT	INHALATION	YES	
	FLUTICASONE-SALMETEROL	ADVAIR	INHALATION	YES	
	MOMETASONE FUROATE-FORMOTEROL FUMARATE	DULERA	INHALATION	YES	
BETA-BLOCKER/THIAZIDE COMBO	ATENOLOL-CHLORTHALIDONE	ATENOLOL-CHLORTHALIDONE	ORAL	YES	
	BISOPROLOL & HYDROCHLOROTHIAZIDE	ZIAC	ORAL	YES	
	BISOPROLOL FUMARATE-HCTZ	BISOPROLOL FUMARATE-HCTZ	ORAL	YES	
	METOPROLOL-HYDROCHLOROTHIAZIDE	METOPROLOL-HYDROCHLOROTHIAZIDE	ORAL	YES	
BILE SALT INHIBITORS	CHOLESTYRAMINE	PREVALITE	ORAL	YES	
	COLESEVELAM HCL	WELCHOL	ORAL	YES	
	COLESTIPOL HCL	COLESTID	ORAL	YES	

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BILE SALTS	URSODIOL	URSO FORTE	ORAL	YES	
BONE FORM STIM AGTS-PT HORMO	TERIPARATIDE (RECOMBINANT)	FORTEO	SUB-Q	YES	
BONE OSSIFICATION SUPPRESSIO	ALENDRONATE SODIUM	FOSAMAX	ORAL	YES	
	CALCITONIN (SALMON)	MIACALCIN	NASAL	YES	
	ETIDRONATE DISODIUM	ETIDRONATE DISODIUM	ORAL	YES	
	IBANDRONATE SODIUM	BONIVA	ORAL	YES	
	RALOXIFENE HCL	EVISTA	ORAL	YES	
	RISEDRONATE SODIUM	ACTONEL	ORAL	YES	
BONE RESORP INHIB-CALCIUM COM	RISEDRONATE SOD WITH CALCIUM CARBONATE	ACTONEL WITH CALCIUM	ORAL	YES	
BONE RESORPTION INHIB & VIT D	ALENDRONATE SODIUM-CHOLECALCIFEROL	FOSAMAX PLUS D	ORAL	YES	
BONE RI, SENSITIVITY ENHANCER	CINACALCET HCL	SENSIPAR	ORAL	YES	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB	DUTASTERIDE-TAMSULOSIN HC	DUTASTERIDE-TAMSULOSIN HC	ORAL	YES	
C6S VITAMIN B & C COMBINATION	MULTIPLE VITAMINS W/ MINERALS	THERAPEUTIC-M	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6V PRNTL VITAMIN PREPS(CONT1)	PRENATAL VIT W/ DSS-IRON CARBONYL-FA	ULTRA NATALCARE	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
CALCIUM CHANNEL BLOCKING AGT	AMLODIPINE BESYLATE	NORVASC	ORAL	YES	
	DILTIAZEM HCL	CARDIZEM	ORAL	YES	
	FELODIPINE	FELODIPINE ER	ORAL	YES	
	ISRADIPINE	DYNACIRC CR	ORAL	YES	
	NICARDIPINE HCL	CARDENE	ORAL	YES	
	NIFEDIPINE	PROCARDIA	ORAL	YES	
	NISOLDIPINE	SULAR	ORAL	YES	
	VERAPAMIL HCL	VERELAN	ORAL	YES	
CALCIUM REPLACEMENT	CALCIUM CARBONATE-VITAMIN D	CALCIUM 500 + VIT D	ORAL	YES	All calcium salts and oral dosage forms are covered for allowed conditions
	CALCIUM CITRATE-VITAMIN D	CALCITRATE	ORAL	YES	All calcium salts and oral dosage forms are covered for allowed conditions
	CALCIUM GLUCONATE	CALCIUM GLUCONATE	ORAL	YES	All calcium salts and oral dosage forms are covered for allowed conditions
	CALCIUM W/ MAGNESIUM	CALCIUM-MAGNESIUM	ORAL	YES	
CARBONIC ANHYDRASE INHIBITOR	ACETAZOLAMIDE	ACETAZOLAMIDE	ORAL	YES	
	METHAZOLAMIDE	METHAZOLAMIDE	ORAL	YES	
CEPHALOSPRORIN, 1ST GENERAT	CEFADROXIL	CEFADROXIL	ORAL	NO	
	CEPHALEXIN	KEFLEX	ORAL	NO	
CEPHALOSPRORIN, 2ND GENERAT	CEFACLOR	CEFACLOR	ORAL	NO	
	CEFPROZIL	CEFPROZIL	ORAL	NO	
	CEFUROXIME AXETIL	CEFTIN	ORAL	NO	
CEPHALOSPRORIN, 3RD GENERAT	CEFDINIR	OMNICEF	ORAL	NO	
	CEFDITOREN PIVOXIL	SPECTRACEF	ORAL	NO	
	CEFIXIME	SUPRAX	ORAL	NO	
	CEFTIBUTEN	CEDAX	ORAL	NO	
CHOLINESTERASE INHIBITORS	DONEPEZIL HYDROCHLORIDE	ARICEPT	ORAL	YES	
	GALANTAMINE HYDROBROMIDE	RAZADYNE	ORAL	YES	
	PYRIDOSTIGMINE BROMIDE	MESTINON	ORAL	YES	
	RIVASTIGMINE TARTRATE	EXELON	ORAL	YES	
CHROMOLYN AND DERIVATIVES	CROMOLYN SODIUM	CROMOLYN SODIUM	INHALATION	YES	
CHRONIC COLON INFLAM DRUG TX	BALSALAZIDE DISODIUM	BALSALAZIDE DISODIUM	ORAL	YES	
	MESALAMINE	ASACOL	ORAL	YES	
	OLSALAZINE SODIUM	DIPENTUM	ORAL	YES	
COLCHICINE	COLCHICINE	COLCHICINE	ORAL	YES	



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COLON INFLAM DRUG, RECTAL	MESALAMINE	CANASA	RECTAL	YES	
CORONARY VASODILATORS	ISOSORBIDE DINITRATE	ISOSORBIDE DINITRATE	ORAL	YES	
	ISOSORBIDE MONONITRATE	ISMO	ORAL	YES	
	NITROGLYCERIN	NITROGLYCERIN	ORAL	YES	
	NITROGLYCERIN OINT 2%	NITRO-BID OINT	TRANSDERM	YES	
	NITROGLYCERIN PATCH	NITROGLYCERIN PATCH	TRANSDERM	YES	
	NITROGLYCERIN SL	NITROSTAT	SUBLINGUAL	YES	
	NITROGLYCERIN TL SOLN	NITROLINGUAL	TRANSLING	YES	
DECONGEST-ANALGESIC,NON-SALICYLATE COMB.	PHENYLEPHRINE W/ ACETAMINOPHEN	PHENYLEPHRINE W/ ACETAMINOPHEN	ORAL	YES	
DECONGESTANT-EXPECTORANT COMB	PHENYLEPHRINE-GUAIFENESIN CAP SR	GENEXA LA	ORAL	YES	
	PSEUDOEPHEDRINE-GUAIFENESIN TAB SR	MUCINEX D	ORAL	YES	
DECONGEST-ANTICHOLINERGIC CMB	PSEUDOEPHEDRINE-METHSCOPOLAMINE TAB	PSEUDOEPHEDRINE-METHSCOPOLAMINE TAB	ORAL	YES	
DENTAL AIDS AND PREPARATIONS	CHLORHEXIDINE GLUCONATE	PERIOGARD	MUCOUS MEM	YES	
	TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	DENTAL	YES	
DEODORANTS	OSTOMY SUPPLIES	M9	MISCELL	YES	
DIABETIC ULCER PREP TOPICAL	BECAPLERMIN	REGRANEX	TOPICAL	YES	
DIGITALIS GLYCOSIDES	DIGOXIN	LANOXIN	ORAL	YES	
DRUGS TO TREAT IMPOTENCY	ALPROSTADIL	CAVERJECT	INTRACAVAR	YES	6 UNITS PER 30 DAYS
	ALPROSTADIL	EDEX	INTRACAVAR	YES	6 UNITS PER 30 DAYS
	ALPROSTADIL URETHRAL PELLET	MUSE	URETHRAL	YES	6 UNITS PER 30 DAYS
	AVANAFIL	STENDRA	ORAL	YES	6 UNITS PER 30 DAYS
	SILDENAFIL CITRATE	VIAGRA	ORAL	YES	6 UNITS PER 30 DAYS
	TADALAFIL	CIALIS	ORAL	YES	10mg or 20mg = 6 Units per 30 days, 2.5mg or 5mg = 30units per 30 days
	VARDENAFIL HCL	LEVITRA	ORAL	YES	6 UNITS PER 30 DAYS
	YOHIMBINE HCL	YOHIMBINE HCL	ORAL	YES	PA required but no monthly quantity restrictions
EAR PREPS ANTIBIOTICS	NEOMYCIN-COLISTIN-HC-THONZONIUM	CORTISPORIN-TC	OTIC	NO	
	NEOMYCIN-POLYMYXIN-HC	CORTOMYCIN	OTIC	NO	
	OFLOXACIN	OFLOXACIN	OTIC	NO	
EAR PREPS ANTIINFLAMMATORY	FLUOCINOLONE ACETONIDE	DERMOTIC	OTIC	NO	
EAR PREPS LOCAL ANESTHETIC	ACETIC ACID-ANTIPYRINE-BENZOCAINE- POLY COSANOL	ACETIC ACID-ANTIPYRINE-BENZOCAINE- POLY COSANOL OTIC SOLN	OTIC	NO	
	ANTIPYRINE-BENZOCAINE-POLYCOSANOL	AURALGAN	OTIC	NO	
	BENZOCAINE-ANTIPYRINE	AURODEX EAR DROPS	OTIC	NO	
EAR PREPS MISC ANTIINFECTIVE	ACETIC ACID	ACETIC ACID	OTIC	NO	
	ACETIC ACID-ALUMINUM	ACETIC ACID-ALUMINUM	OTIC	NO	
	ACETIC ACID-HYDROCORTISONE	ACETIC ACID-HYDROCORTISONE	OTIC	NO	
	CRESYL ACETATE	CRESYLATE	OTIC	NO	
	HYDROCORTISONE W/ ACETIC ACID	ACETASOL HC	OTIC	NO	
	PRAMOXINE-HC-CHLOROXYLENOL	PRAMOXINE-HC-CHLOROXYLENOL OTIC SOLN 10-10-1 MG/ML	OTIC	NO	
ELECTROLYTE DEPLETERS	CALCIUM ACETATE (PHOSPHATE BINDER)	PHOSLO	ORAL	YES	
	LANTHANUM CARBONATE	FOSRENOL	ORAL	YES	
	SEVELAMER CARBONATE	REVELA	ORAL	YES	
	SEVELAMER HCL	RENAGEL	ORAL	YES	
	SODIUM POLYSTYRENE SULFONATE	KAYEXALATE	ORAL	YES	
ELECTROLYTE REPLACEMENT	SALIVA SUBSTITUTE	SALIVA SUBSTITUTE	MUCOUS MEM	NO	
EMOLLIENTS	ALOE VERA	ALOE VERA	TOPICAL	NO	
	AMMONIUM LACTATE	AMMONIUM LACTATE	TOPICAL	NO	
	BABY OIL	BABY OIL	TOPICAL	NO	
	DERMATOLOGICAL PRODUCTS MISC	XCLAIR	TOPICAL	NO	
	EMOLLIENT	NIVEA	TOPICAL	NO	

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	EMOLLIENT	SHEPARD'S SKIN CREAM	TOPICAL	NO	
	LACTIC ACID (AMMONIUM LACTATE)	LAC-HYDRIN	TOPICAL	NO	
	LANOLIN	LANOLIN	TOPICAL	NO	
	NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	NO	
	SALINE NASAL	AYR SALINE	TOPICAL	NO	
	SCAR TREATMENT PRODUCTS	MEDERMA	TOPICAL	NO	
	SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	NO	
	TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	NO	
	VITAMINS A & D	VITAMIN A & D	TOPICAL	NO	
EMOLLIENTS (CONT 1)	EMOLLIENT	ELETONE	TOPICAL	NO	
	WOUND DRESSINGS	BIAFINE	TOPICAL	NO	
EMOLLIENTS (CONTINUED 2)	DERMATOLOGICAL PRODUCTS MISC	EPICERAM	TOPICAL	NO	
	EMOLLIENT	MIMYX	TOPICAL	NO	
	SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	NO	
ESTROGENIC AGENTS	ESTRADIOL	ESTRADIOL	ORAL	YES	
EXANTHEMATOUS AND TUMOR CAU	ZOSTER VACCINE LIVE	ZOSTAVAX	SUB-Q	YES	
EXPECTORANTS	GUAIFENESIN	ROBITUSSIN	ORAL	YES	
EYE ANTIBIOTIC-CORTICOID	GENTAMICIN-PREDNISOLONE	PRED-G	OPHTHALMIC	NO	
	LOTEPREDNOL ETABONATE-TOBRAMYCIN	ZYLET	OPHTHALMIC	NO	
	NEOMYCIN-BACITRACIN-POLY-HC	NEOMYCIN	OPHTHALMIC	NO	
	NEOMYCIN-POLYMYXIN-DEXAMETH	NEO-DECADRON	OPHTHALMIC	NO	
	NEOMYCIN-POLYMYXIN-HC	POLYMYCIN	OPHTHALMIC	NO	
	TOBRAMYCIN-DEXAMETHASONE	TOBRADEX	OPHTHALMIC	NO	
EYE ANTIBIOTICS	AZITHROMYCIN	AZASITE	OPHTHALMIC	NO	
	BACITRACIN	BACITRACIN	OPHTHALMIC	NO	
	BACITRACIN-POLYMYXIN	BACITRACIN-POLYMYXIN	OPHTHALMIC	NO	
	BACITRACIN-POLYMYXIN B	AK-POLY-BAC	OPHTHALMIC	NO	
	BESIFLOXACIN HCL	BESIVANCE	OPHTHALMIC	NO	
	CIPROFLOXACIN HCL	CIOXAN	OPHTHALMIC	NO	
	ERYTHROMYCIN	ERYTHROMYCIN	OPHTHALMIC	NO	
	GATIFLOXACIN	ZYMAR	OPHTHALMIC	NO	
	GENTAMICIN SULFATE	GENTAK	OPHTHALMIC	NO	
	LEVOFLOXACIN	IQUIX	OPHTHALMIC	NO	
	MOXIFLOXACIN HCL	VIGAMOX	OPHTHALMIC	NO	
	NATAMYCIN	NATAMYCIN OPHTH SUSP	OPHTHALMIC	NO	
	NEOMYCIN-BACITRACIN-POLYMYXIN	NEOMYCIN-BACITRACIN-POLYMYXIN	OPHTHALMIC	NO	
	NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN	OPHTHALMIC	NO	
	OFLOXACIN	OCUFLOX	OPHTHALMIC	NO	
	POLYMYXIN B SUL-TRIMETHOPRIM	POLYMYXIN B SUL-TRIMETHOPRIM	OPHTHALMIC	NO	
	TOBRAMYCIN SULFATE	TOBREX	OPHTHALMIC	NO	
EYE ANTIHISTAMINES	AZELASTINE HCL	AZELASTINE HCL	OPHTHALMIC	NO	
	AZELASTINE HCL	OPTIVAR	OPHTHALMIC	NO	
	EPINASTINE HCL	ELESTAT	OPHTHALMIC	NO	
	KETOTIFEN FUMARATE	ALAWAY	OPHTHALMIC	NO	
	KETOTIFEN FUMARATE	EYE ITCH RELIEF	OPHTHALMIC	NO	
	KETOTIFEN FUMARATE	ZADITOR	OPHTHALMIC	NO	
	OLOPATADINE HCL	PATANOL	OPHTHALMIC	NO	
EYE ANTIINFLAMMATORY AGENTS	BROMFENAC SODIUM	XIBROM	OPHTHALMIC	NO	
	DEXAMETHASONE	MAXIDEX	OPHTHALMIC	NO	
	DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	NO	
	DICLOFENAC SODIUM	VOLTAREN	OPHTHALMIC	NO	
	DIFLUPREDNATE	DUREZOL	OPHTHALMIC	NO	
	FLUOROMETHOLONE	FLUOROMETHOLONE	OPHTHALMIC	NO	
	FLUOROMETHOLONE	FML FORTE	OPHTHALMIC	NO	
	FLUOROMETHOLONE ACETATE	FLAREX	OPHTHALMIC	NO	
	FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM	OPHTHALMIC	NO	
	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	OPHTHALMIC	NO	
	KETOROLAC TROMETHAMINE	ACULAR	OPHTHALMIC	NO	
	LOTEPREDNOL ETABONATE	LOTEMAX	OPHTHALMIC	NO	

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	LOTEPREDNOL ETABONATE	ALREX	OPHTHALMIC	NO	
	NEPAFENAC	NEVANAC	OPHTHALMIC	NO	
	PREDNISOLONE ACETATE	OMNIPRED	OPHTHALMIC	NO	
	PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	NO	
	RIMEXOLONE	VEXOL	OPHTHALMIC	NO	
EYE ANTIVIRALS	TRIFLURIDINE	VIROPTIC	OPHTHALMIC	NO	
EYE IRRIGATIONS	OPHTHALMIC IRRIGATION SOLUTION	BSS	INTRAOCULR	NO	
EYE PREPARATIONS, MISC OTC	ARTIFICIAL TEARS	LACRI-LUBE S.O.P.	OPHTHALMIC	NO	
	POLYVINYL ALCOHOL	AKWA TEARS	OPHTHALMIC	NO	
	PROPYLENE GLYCOL-GLYCERIN	SOOTHE	OPHTHALMIC	NO	
	TYLOXAPOL	ENUCLENE	OPHTHALMIC	NO	
	WHITE PETROLATUM-MINERAL OIL	PURALUBE	OPHTHALMIC	NO	
EYE PREPS, MISC (RX ONLY)	SODIUM CHLORIDE	SODIUM CHLORIDE	OPHTHALMIC	NO	
EYE SULFONAMIDS	SULFACETAMIDE SODIUM	BLEPH-10	OPHTHALMIC	NO	
	SULFACETAMIDE SODIUM-PREDNISOLONE	BLEPHAMIDE	OPHTHALMIC	NO	
	SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE	OPHTHALMIC	NO	
EYE VASOCONSTRICTRS(RX ONLY)	NAPHAZOLINE HCL	AK-CON	OPHTHALMIC	NO	
EYE VASOCONSTRICTRS (OTC ONLY)	NAPHAZOLINE W/ PHENIRAMINE	NAPHCON-A	OPHTHALMIC	NO	
FIBROMYALGIA AGENTS, SNRI	MILNACIPRAN HCL	SAVELLA	ORAL	NO	
FLUORIDE PREPARATIONS	SODIUM FLUORIDE	DENTA 5000 PLUS	DENTAL	YES	
	FOLIC ACID	FOLIC ACID	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	L-METHYLFOLATE	DEPLIN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
FST GEN ANTIHISTAMINE ANALGES	APAP-MG SALICYLATE-PHENYLTOLX-CAFFEINE-APAP-MAG	DURABAC FORTE	ORAL	NO	
GASTRIC ENZYMES	LACTASE	DAIRY RELIEF	ORAL	NO	
GENERAL BRONCHODIALATORS	IPRATROPIUM BROMIDE HFA	ATROVENT HFA	INHALATION	YES	
	TIOTROPIUM BROMIDE INH	SPIRIVA	INHALATION	YES	
GENERAL INHALATION AGENTS	SODIUM CHLORIDE AERO SOLN	BRONCHO SALINE	INHALATION	YES	
GENITAL WART-HPV TX AGENTS	SINECATECHINS	VEREGEN	TOPICAL	YES	
GERIATRIC VITAMIN PREPARE	MULTIPLE VITAMINS W/ MINERALS	CENTRUM SILVER	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
GLUCORTICOIDS, SYSTEMIC	CORTISONE ACETATE	CORTISONE	ORAL	NO	
	HYDROCORTISONE	CORTEF	ORAL	NO	
	METHYLPREDNISOLONE	MEDROL	ORAL	NO	
	PREDNISOLONE	MILLIPRED	ORAL	NO	
	PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	ORAL	NO	
	PREDNISONE	PREDNISONE	ORAL	NO	
GLUCORTICOIDS, SYSTEMIC	BECLOMETHASONE DIPROPIONATE	QVAR	INHALATION	YES	
	BUDESONIDE	PULMICORT	INHALATION	YES	
	DEXAMETHASONE	DECADRON	ORAL	NO	
GLUCORTICOIDS, TOPICAL	FLUNISOLIDE	AEROBID	INHALATION	YES	
	FLUTICASONE PROPIONATE	FLOVENT DISKUS	INHALATION	YES	
	MOMETASONE FUROATE	ASMANEX	INHALATION	YES	
	TRIAMCINOLONE ACETONIDE	AZMACORT	INHALATION	YES	
GOLD SALTS	AURANOFIN	RIDAURA	ORAL	YES	
GROWTH HORMONES	SOMATROPIN	HUMATROPE	INJECTION	YES	

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HEMATINICS, OTHER	DARBEPOETIN ALFA-POLYSORBATE 80	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN	INJECTION	YES	
	EPOETIN ALFA	PROCRIT	INJECTION	YES	
HEMORRHOEOLOGIC AGENT	PENTOXIFYLLINE	TRENTAL	ORAL	YES	
HEMORRHOIDAL PREPARATIONS	HYDROCORTISONE - PRAMOXINE	ANALPRAM HC	RECTAL	YES	
	PHENYLEPH-SHARK LIVER OIL-COCOA BUTTER	HEMORRHOIDAL SUPPOSITORIES	RECTAL	YES	
	PRAMOXINE HCL	PROCTOFOAM	TOPICAL	YES	
	PRAMOX-PE-GLYCERIN-PETROLATUM RECTAL	PREPARATION H	RECTAL	YES	
HEMORRHOIDAL PREP (CONT)	DIBUCAINE	NUPERCAINAL	RECTAL	YES	
	LIDOCAINE	LMX 5	TOPICAL	YES	
HEMORRHOIDAL STEROID/ANESTH	LIDOCAINE-HYDROCORTISONE	LIDAZONE HC	RECTAL	YES	
HEPARIN PREPARATIONS	DALTEPARIN SODIUM	FRAGMIN	SUB-Q	YES	
	ENOXAPARIN	LOVENOX	SUB-Q	YES	
	FONDAPARINUX SODIUM	ARIXTRA	SUB-Q	YES	
HEPATITIS B TREATMENT	LAMIVUDINE	EPIVIR HBV	ORAL	YES	
HEPATITIS C TREATMENT	PEGINTERFERON ALFA-2A	PEGASYS	SUB-Q	YES	
	RIBAVIRIN	RIBASPHERE	ORAL	YES	
HISTAMINE H2 INHIBITORS					<b>HISTAMINE H2 INHIBITORS CLASS SPECIFIC RESTRICTIONS</b> Effective July 1, 2012, reimbursement is restricted to only the following drugs in this class: famotidine and ranitidine. This coverage restriction shall apply effective September 1, 2012 for claims in which non-covered drugs in this class were reimbursed by BWC prior to July 1, 2012, and July 1, 2012 for all other claims. Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during 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) or hyperacidity secondary to a chemical burn.
	CIMETIDINE	TAGAMET	ORAL	N/A	Restricted as described in Histamine H2 Inhibitors Class specific restrictions.
	FAMOTIDINE	PEPCID AC	ORAL	YES	Covered as described in Histamine H2 Inhibitor class specific restrictions.
	NIZATIDINE	AXID	ORAL	N/A	Restricted as described in Histamine H2 Inhibitor Class specific restrictions.
	RANITIDINE HCL	ZANTAC	ORAL	YES	Covered as described in Histamine H2 Inhibitor class specific restrictions.
HIV-ANTIRETROVIAL COMBINATION	EFAVIRENZ-EMTRICITABINE-TENOFOVIR	ATRIPLA	ORAL	NO	
HIV-SPEC AV-NUCLEOSIDE/TIDE	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	TRUVADA	ORAL	NO	
HIV-SPEC NECLEOSIDE ANLG, RTI	LAMIVUDINE	EPIVIR	ORAL	NO	
	ZIDOVUDINE	ZIDOVUDINE	ORAL	NO	
HIV-SPEC NON-NECLEOSIDE, RTI	EFAVIRENZ	SUSTIVA	ORAL	NO	
HIV-SPEC NUCLEOSIDE, RTI COMBO	LAMIVUDINE-ZIDOVUDINE	COMBIVIR	ORAL	NO	
HIV-SPEC PROTEASE INHIB COMBO	LOPINAVIR-RITONAVIR	KALETRA	ORAL	NO	
HMG COA INHIB CHOLST AB INHIB	EZETIMIBE-SIMVASTATIN	VYTORIN	ORAL	YES	
HMG COA REDUCTASE INHIBITORS	ATORVASTATIN CALCIUM	LIPITOR	ORAL	YES	
	FLUVASTATIN SODIUM	LESCOL XL	ORAL	YES	
	LOVASTATIN	ALTOPREV	ORAL	YES	
	PITAVASTATIN CALCIUM	LIVALO	ORAL	YES	
	PRAVASTATIN SODIUM	PRAVACHOL	ORAL	YES	
	ROSUVASTATIN CALCIUM	CRESTOR	ORAL	YES	
	SIMVASTATIN	ZOCOR	ORAL	YES	
HMG COA REDUCTSE INHIB NIACIN	NIACIN-LOVASTATIN	ADVICOR	ORAL	YES	

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	NIACIN-SIMVASTATIN	SIMCOR	ORAL	YES	
HYPERGLYCEMICS	GLUCAGON (RDNA)	GLUCAGON EMERGENCY KIT	INJECTION	YES	
	GLUCOSE	INSTA-GLUCOSE	ORAL	YES	
HYPERPARATHYROID TX AGENTS	DOXERCALCIFEROL	HECTOROL	ORAL	YES	
	PARICALCITOL	ZEMPLAR	ORAL	YES	
HYPNOTICS-MELATONIN AGONISTS	RAMELTEON	ROZEREM	ORAL	NO	
HYPNOTICS-MELATONIN COMBOS	MELATONIN	MELATONIN	ORAL	NO	
HYPOGLY INSUL REL BIGUAN CMB	GLYBURIDE-METFORMIN	GLUCOVANCE	ORAL	YES	
HYPOGLY INSUL RESP BIGUAN CMB	ROSIGLITAZONE MALEATE-METFORMIN HCL	AVANDAMET	ORAL	YES	
HYPOGLYCEMIC NON-SULFONYLU	METFORMIN HCL	METFORMIN HCL	ORAL	YES	
HYPOGLYCEMIC SULFONYLUREAS	GLIMEPIRIDE	AMARYL	ORAL	YES	
	GLIPIZIDE	GLIPIZIDE	ORAL	YES	
	GLYBURIDE	GLYBURIDE	ORAL	YES	
	NATEGLINIDE	STARLIX	ORAL	YES	
HYPOGLYCEMICS ALPHA INHIB	ACARBOSE	PRECOSE	ORAL	YES	
HYPOGLYCEMICS INSULIN ENH	PIOGLITAZONE HCL	ACTOS	ORAL	YES	
	PIOGLITAZONE HCL-METFORMIN	ACTOPLUS MET	ORAL	YES	
	ROSIGLITAZONE MALEATE	AVANDIA	ORAL	YES	
HYPOTENSIVES ANGIO RECPT ANT	CANDESARTAN CILEXETIL	ATACAND	ORAL	YES	
	EPROSARTAN MESYLATE	TEVETEN	ORAL	YES	
	IRBESARTAN	AVAPRO	ORAL	YES	
	LOSARTAN POTASSIUM	COZAAR	ORAL	YES	
	OLMESARTAN MEDOXOMIL	BENICAR	ORAL	YES	
	TELMISARTAN	MICARDIS	ORAL	YES	
	VALSARTAN	DIOVAN	ORAL	YES	
HYPOTENSIVES ANGIOTENSIN BLK	BENAZEPRIL HCL	BENAZEPRIL HCL	ORAL	YES	
	CAPTOPRIL	CAPTOPRIL	ORAL	YES	
	ENALAPRIL MALEATE	ENALAPRIL MALEATE	ORAL	YES	
	FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	ORAL	YES	
	LISINOPRIL	PRINIVIL	ORAL	YES	
	MOEXIPRIL HCL	UNIVASC	ORAL	YES	
	PERINDOPRIL ERBUMINE	ACEON	ORAL	YES	
	QUINAPRIL HCL	QUINAPRIL HCL	ORAL	YES	
	RAMIPRIL	ALTACE	ORAL	YES	
	TRANDOLAPRIL	MAVIK	ORAL	YES	
HYPOTENSIVES SYMPATHOLYTIC	CLONIDINE HCL	CATAPRES	ORAL	YES	
	CLONIDINE HCL TD PATCH	CLONIDINE	TRANSDERM	YES	
	GUANFACINE HCL	TENEX	ORAL	YES	
HYPOTENSIVES VASODILATORS	HYDRALAZINE HCL	APRESOLINE	ORAL	YES	
	MINOXIDIL	MINOXIDIL	ORAL	YES	
IMMUNOGLOBULIN E(IGE) BLOCKERS	OMALIZUMAB	XOLAIR	SUB-Q	YES	
IMMUNOMODULATORS	IMIQUIMOD	ALDARA	TOPICAL	YES	
	INTERFERON GAMMA-1B	ACTIMMUNE	SUB-Q	YES	
IMMUNOSUPPRESIVES	AZATHIOPRINE	AZATHIOPRINE	ORAL	YES	
	CYCLOSPORINE	GENGRAF	ORAL	YES	
	MYCOPHENOLATE MOFETIL	CELLCEPT	ORAL	YES	
	MYCOPHENOLATE SODIUM	MYFORTIC	ORAL	YES	
	SIROLIMUS	RAPAMUNE	ORAL	YES	
	TACROLIMUS	PROGRAF	ORAL	YES	
	TACROLIMUS	TACROLIMUS ANHYDROUS	ORAL	YES	

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INHIBITORS HIV PROTEASE	ATAZANAVIR SULFATE	REYATAZ	ORAL	NO	
	INDINAVIR SULFATE	CRIVIVAN	ORAL	NO	
	NELFINAVIR MESYLATE	VIRACEPT	ORAL	NO	
	RITONAVIR	NORVIR	ORAL	NO	
INSULIN RESPON RELEASE COMB	PIOGLITAZONE HCL-GLIMEPIRIDE	DUETACT	ORAL	YES	
	ROSIGLITAZONE MALEATE-GLIMEPIRIDE	AVANDARYL	ORAL	YES	
INSULINS	INSULIN	INSULIN	SC	YES	All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim
INTESTINAL MOTILITY STIMULAN	METOCLOPRAMIDE HCL	REGLAN	ORAL	YES	
IODINE REPLACEMENT	POTASSIUM IODIDE	SSKI	ORAL	YES	
IRON REPLACEMENT	FE FUMARATE W/ B12-VIT C-FA-IFC	FEROCON	ORAL	YES	All iron salts and oral dosage forms are covered for allowed conditions
	FERROUS GLUCONATE	FERGON	ORAL	YES	All iron salts and oral dosage forms are covered for allowed conditions
	FERROUS SULFATE	FEOSOL	ORAL	YES	All iron salts and oral dosage forms are covered for allowed conditions
	POLYSACCHARIDE IRON COMPLEX	FERREX 150	ORAL	YES	All iron salts and oral dosage forms are covered for allowed conditions
IRRIGANTS	ACETIC ACID	ACETIC ACID IRRIGATION SOLN 0.25%	MISCELL		
IRRITANTS	ALOE VERA	ALOE VERA	TOPICAL	NO	
	CAMPBOR & MENTHOL	SARNA	TOPICAL	NO	
	CAMPBOR & MENTHOL	FREEZE IT	TOPICAL	NO	
	CAMPBOR-EUCALYPTUS-MENTHOL	VICKS VAPORUB	TOPICAL	NO	
	CAPSAICIN	ARTHRITIS PAIN RELIEF	TOPICAL	NO	
	CAPSAICIN IN LIDOCAINE VEHICLE	ZOSTRIX	TOPICAL	NO	
	CAPSAICIN-MENTHOL-METHYL SALICYLATE	ZIKS	TOPICAL	NO	
	CAPSIUM OLEORESIN	CAPSIUM OLEORESIN	TOPICAL	NO	
	CAPSIUM OLEORESIN	TRIXAICIN	TOPICAL	NO	
	LINIMENTS & RUBS	BIOFLEXOR	TOPICAL	NO	
	LINIMENTS & RUBS	BANALG	TOPICAL	NO	
	LINIMENTS & RUBS	SALONPAS	TOPICAL	NO	
	MENTHOL	BENGAY	TOPICAL	NO	
	MENTHOL	PAIN RELIEVING PATCH	TOPICAL	NO	
	MENTHOL-METHYL SALICYLATE	THERA-GESIC	TOPICAL	NO	
	METHYL SALICYLATE	METHYL SALICYLATE	TOPICAL	NO	
	TROLAMINE SALICYLATE	MOBISYL	TOPICAL	NO	
	TROLAMINE SALICYLATE	ANALGESIC CREME	TOPICAL	NO	
	TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	NO	
KEKYTOLIDES	TELITHROMYCIN	KETEK	ORAL	NO	
KERATOLYTICS	SILVER NITRATE	SILVER NITRATE APPLICATOR	TOPICAL	NO	
	UREA	UREA	TOPICAL	NO	
	UREA-HYALURONATE SODIUM	UREA-HYALURONATE SODIUM SUSP	TOPICAL	NO	
LAXATIVE LOCAL/RECTAL	BISACODYL	DULCOLAX	RECTAL	NO	
	DOCUSATE SODIUM	COLACE	RECTAL	NO	
	GLYCERIN	SANI-SUPP	RECTAL	NO	
	MINERAL OIL	MINERAL OIL ENEMA	RECTAL	NO	
	SODIUM PHOSPHATES	PHOSPHATE ENEMA	RECTAL	NO	
LAXATIVES AND CATHARTICS	BISACODYL	DULCOLAX	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
LAXATIVES AND CATHARTICS	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL	HALFLYELY	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	BISMUTH SUBSALICYLATE	KAOPECTATE	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	CALCIUM POLYCARBOPHIL	FIBER TABS	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	CASANTHRANOL-DSS	DOCUSATE SODIUM CASANTHRANOL	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	CELLULOSE	UNIFIBER	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	DOCUSATE CALCIUM	SUR-Q-LAX	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	DOCUSATE SODIUM	COLACE	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	LACTULOSE	CONSTULOSE	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	LUBIPROSTONE	AMITIZA	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	MAGNESIUM CITRATE	MAGNESIUM CITRATE	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	MAGNESIUM CITRATE	CITROMA	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	MAGNESIUM SULFATE	EPSOM SALT	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions

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	METHYLCELLULOSE	CITRUCEL	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	MILK OF MAGNESIA	MILK OF MAGNESIA	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	MINERAL OIL	KONDREMUL	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	MINERAL OIL	MINERAL OIL	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE	GOLYTELY	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	PEG 3350-KCL-SOD BICARB-NACL	NULYTELY	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	POLYETHYLENE GLYCOL 3350	GLYCOLAX	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	POLYETHYLENE GLYCOL 3350	MIRALAX	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
	PSYLLIUM	KONSYL	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	SENNOSIDES	SENOKOT	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	SENNOSIDES-DOCUSATE SODIUM	SENNA S	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	SENNOSIDES-DOCUSATE SODIUM	PERI-COLACE	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	SOD PHOS MONO-SOD PHOS DI	VISICOL	ORAL	NO	All laxatives and bowel prep products are covered for allowed conditions
	SODIUM PHOSPHATES	PHOSPHO-SODA	ORAL	YES	All laxatives and bowel prep products are covered for allowed conditions
LAXATIVES AND CATHARTICS	WHEAT DEXTRIN	BENEFIBER	ORAL	NO	
LEUKOCYTE (WBC) STIMULANTS	FILGRASTIM	NEUPOGEN	INJECTION	YES	
LEUKOTRIENE RECEPTOR ANTAG	MONTELUKAST SODIUM	SINGULAIR	ORAL	YES	
	ZAFIRLUKAST	ACCOLATE	ORAL	YES	
LINCOSAMIDES	CLINDAMYCIN HCL	CLINDAMYCIN HCL	ORAL	NO	
	CLINDAMYCIN PALMITATE	CLEOCIN PALMITATE	ORAL	NO	
LIPOTROPIC/CA CHAN BLOCK COMBO	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	CADUET	ORAL	YES	
LIPOTROPICS	FENOFIBRATE	TRICOR	ORAL	YES	
	FENOFIBRATE	ANTARA	ORAL	YES	
	FISH OIL	FISH OIL	ORAL	YES	
	GEMFIBROZIL	GEMFIBROZIL	ORAL	YES	
	LECITHIN	LECITHIN	ORAL	YES	
	NIACIN	NIASPAN	ORAL	YES	
	OMEGA-3 FATTY ACIDS	OMEGA-3	ORAL	YES	
	OMEGA-3-ACID ETHYL ESTERS	LOVAZA	ORAL	YES	
	VITAMINS W/ LIPOTROPICS	LIPOTRIAD	ORAL	YES	
LIPOTROPICS (CONT 2)	CHOLINE FENOFIBRATE	TRILIPIX	ORAL	YES	
LIPOTROPICS (CONT)	EZETIMIBE	ZETIA	ORAL	YES	
LIPOXYGENASE INHIBITORS	ZILEUTON	ZYFLO	ORAL	YES	
LOCAL ANESTHETICS	BENZOCAINE DENTAL PASTE	ORABASE-B	MUCOUS MEM	NO	
		LIDOCAINE HCL LOCA	MUCOUS MEM	NO	
		CHLORASEPTIC	MUCOUS MEM	NO	
LOCAL ANESTHETICS (CONT)	BENZOCAINE DENTAL GEL	ANBESOL	MUCOUS MEM	NO	
	BENZOCAINE DENTAL GEL	HURRICAIN	MUCOUS MEM	NO	
	BENZOCAINE-MENTHOL	CEPACOL SORE THROAT	MUCOUS MEM	NO	
	CETYLPYRIDINIUM CHLORIDE	CEPACOL	MUCOUS MEM	NO	
	LIDOCAINE HCL	XYLOCAINE	MUCOUS MEM	NO	
	LIDOCAINE HCL VISCOUS	LIDOCAINE HCL VISCOUS	MUCOUS MEM	NO	
LOOP DIURETICS	BUMETANIDE	BUMETANIDE	ORAL	YES	
	FUROSEMIDE	LASIX	ORAL	YES	
	TORSEMIDE	DEMADEX	ORAL	YES	
MACROLIDES	AZITHROMYCIN	AZITHROMYCIN	ORAL	NO	
	AZITHROMYCIN	ZITHROMAX	ORAL	NO	
	CLARITHROMYCIN	BIAXIN	ORAL	NO	
	ERYTHROCIN STEARATE	ERYTHROCIN STEARATE	ORAL	NO	
	ERYTHROMYCIN	ERY-TAB	ORAL	NO	
	ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE	ORAL	NO	
MAGNESIUM REPLACEMENT	MAGNESIUM CHLORIDE	MAG64	ORAL	YES	All magnesium salts and oral dosage forms ae coved for allowed conditions

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	MAGNESIUM GLUCONATE	MAG-G	ORAL	YES	All magnesium salts and oral dosage forms are covered for allowed conditions
	MAGNESIUM LACTATE	MAG-TAB SR	ORAL	YES	All magnesium salts and oral dosage forms are covered for allowed conditions
	MAGNESIUM OXIDE	MAGOX	ORAL	YES	All magnesium salts and oral dosage forms are covered for allowed conditions
MAOIS-NON-SELECT & IRREVERSIBL	PHENELZINE SULFATE	NARDIL	ORAL	YES	
	TRANLYCYPROMINE SULFATE	TRANLYCYPROMINE SULFATE	ORAL	YES	
MED SUPPLIES NEEDLES	INSULIN SYRINGES & NEEDLES	ULTICARE	MISCELL	YES	
METALLIC POISON ANTIDOTES	SUCCIMER	CHEMET	ORAL	NO	
MINERALOCORTICIDS	FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE	ORAL	YES	
MIOTICS AND OTHER INTRAOCULA	APRACLOINIDINE HCL	IOPIDINE	OPHTHALMIC	NO	
	BETAXOLOL HCL	BETOPTIC S	OPHTHALMIC	NO	
	BIMATOPROST	LUMIGAN	OPHTHALMIC	NO	
	BRIMONIDINE TARTRATE	ALPHAGAN P	OPHTHALMIC	NO	
	BRIMONIDINE TARTRATE-TIMOLOL MALEATE	COMBIGAN	OPHTHALMIC	NO	
	BRINZOLAMIDE	AZOPT	OPHTHALMIC	NO	
	CARBACHOL	ISOPTO CARBACHOL	OPHTHALMIC	NO	
	CARTEOLOL HCL	CARTEOLOL HCL	OPHTHALMIC	NO	
	DORZOLAMIDE	TRUSOPT	OPHTHALMIC	NO	
	DORZOLAMIDE HCL-TIMOLOL MALEATE	COSOPT	OPHTHALMIC	NO	
	IMOLOL MALEATE	ISTALOL	OPHTHALMIC	NO	
	LATANOPROST	XALATAN	OPHTHALMIC	NO	
	LEVOBUNOLOL HCL	BETAGAN	OPHTHALMIC	NO	
	PILOCARPINE HCL	ISOPTO CARPINE	OPHTHALMIC	NO	
	TIMOLOL MALEATE	TIMOPTIC	OPHTHALMIC	NO	
	TRAVOPROST	TRAVATAN	OPHTHALMIC	NO	
MISC ANTIBACTERIAL CHEMOTHER	FOSFOMYCIN TROMETHAMINE	MONUROL	ORAL	NO	
	METHENAMINE HIPPURATE	HIPREX	ORAL	NO	
	METHENAMINE MANDELATE	MANDELAMINE	ORAL	NO	
	METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL	PROSED-DS	ORAL	NO	
	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL	DARCALMA	ORAL	NO	
	TRIMETHOPRIM	PRIMSOL	ORAL	NO	
MISCELLANEOUS MINERAL REPL	MULTIPLE MINERALS W/ FE-FA-B12-VIT C-DSS	GLUTOFAC-MX	ORAL	YES	
MISCELLANEOUS TOPICAL AGENTS	EMOLLIENT	CERAVE	TOPICAL	NO	
	SOAP & CLEANSERS	PERI-WASH	TOPICAL	NO	
	UREA CREAM	AQUA CARE	TOPICAL	NO	
MISCELLANEOUS MOVEMENT DISORDERS	TETRABENAZINE	XENAZINE	ORAL	YES	Restricted to treatment of symptoms of Tardive Dyskinesia related to an allowed condition in the claim.
	SELEGILINE TD	EMSAM	TRANSDERM	YES	
MONOAMINEOXIDASE (MAO) INHIB					
	ACETYLCYSTEINE	ACETYLCYSTEINE	MISCELL	YES	
MUCOLYTICS	DORNASE ALFA INHAL SOLN	PULMOZYME	INHALATION	YES	
	B-COMPLEX W/ C & E + ZN	STRESS WITH ZINC	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
MULTIVITAMIN PREPARATIONS	MULTIPLE VITAMIN TAB	MULTI-DAY	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	MULTIPLE VITAMINS W/ MINERALS	CENTRUM	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	ATROPINE SULFATE	ATROPINE SULFATE	OPHTHALMIC	NO	
MYDRIATICS	CYCLOPENTOLATE HCL	CYCLOGYL	OPHTHALMIC	NO	
	CYCLOPENTOLATE HCL	AK-PENTOLATE	OPHTHALMIC	NO	
	HOMATROPINE HBR	HOMATROPAIRE	OPHTHALMIC	NO	
	SCOPOLAMINE HBR	ISOPTO HYOSCINE	OPHTHALMIC	NO	
	HYDROCODONE BT-HOMATROPINE MBR	HYDROCODONE BT-HOMATROPINE MBR	ORAL	YES	
NARC ANTITUSS-ANTICHOLIN CMB	BROMPHENIRAMINE-HYDROCOD-PSE	BROMPHENIRAMINE-HYDROCOD-PSE	ORAL	YES	



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NARC ANTITUSS-ANTIHIST-DECONG	PHENYLEPH-CHLORPHEN W/ HYDROCODONE SYRUP	H-C TUSSIVE	ORAL	YES	
	PHENYLEPHRINE-BROMPHEN	POLY-TUSSIN	ORAL	YES	
	PHENYLEPHRINE-CHLORPHEN-DIHYDROCODEINE	COLD COUGH PD	ORAL	YES	
	PHENYLEPHRINE-DEXBROMPHEN-HYDROCODONE	CYTUSS-HC	ORAL	YES	
	PHENYLEPHRINE-PYRILAMINE W/ CODEINE	PRO-RED AC	ORAL	YES	
	PHENYLEPHRINE-PYRILAMINE-DM	CODAL-DH	ORAL	YES	
	PROMETHAZINE VC-CODEINE	PROMETHAZINE VC-CODEINE	ORAL	YES	
	PSEUDOEPH-BROMPHEN W/ HYDROCODONE	VISVEX HC	ORAL	YES	
	PSEUDOEPHED-BROMPHEN	BROMCOMP HC	ORAL	YES	
	PSEUDOEPHEDRINE W/ COD-GG SOLN	CHERATUSSIN DAC	ORAL	YES	
	GUAIFENESIN W/CODEINE	GUAIFENESIN W/CODEINE	ORAL	YES	
NARC ANTITUSS-EXPECTORANT CMB					
	CHLORPHENIRAMINE W/ HYDROCODONE CR SUSP	TUSSIONEX	ORAL	YES	
NARC ANTITUSSIVE-ANTIHISTCMB	HYDROCOD POLST-CHLORPHEN POLST CAP SR	TUSSICAPS	ORAL	YES	
NARC ANTITUSSIVE-ANTIHISTCMB	PROMETHAZINE-CODEINE	PROMETHAZINE-CODEINE	ORAL	YES	
NARC ANTITUSSIVE-ANTIHISTCMB					
	BUTALBITAL-APAP-CAFF W/ COD	FIORICET W/CODEINE	ORAL	NO	Reimbursement is restricted to combinations of Butalbital/codeine/caffeine/APAP that contain either 325mg or 500mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
NARC-NON-SAL ANLG-BARBIT-XANTH					
	ASPIRIN WITH CODEINE	ASPIRIN WITH CODEINE	ORAL	NO	
NARCOTIC ANALG/SALICYLATE COMB					
	HYDROCODONE-IBUPROFEN	VICOPROFEN	ORAL	NO	Reimbursement for these products shall not exceed more than five doses per day. This coverage restriction shall apply effective February 1, 2012
NARCOTIC ANALGESIC/NSAID COMBO	OXYCODONE-IBUPROFEN	COMBUNOX	ORAL	NO	Reimbursement for these products shall not exceed more than four doses per day or continue for longer than seven days. This coverage restriction shall apply effective February 1, 2012.
NARCOTIC ANALGESICS	ASA-CAFFEINE-DIHYDROCODEINE	SYNALGOS-DC	ORAL	NO	
	APAP-CAFFEINE-DIHYDROCODEINE	DHC PLUS CAPSULES	ORAL	NO	Reimbursement is restricted to combinations of dihydrocodeine/caffeine/APAP that contain either 325mg or 500mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	CODEINE SULFATE	CODEINE SULFATE	ORAL	NO	

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	FENTANYL CITRATE	ACTIQ	BUCCAL	YES	Claim must be allowed for neoplasm or malignancy (buccal formulations only) .
	FENTANYL CITRATE	FENTORA	BUCCAL	YES	Claim must be allowed for neoplasm or malignancy (buccal formulations only)
	FENTANYL TD	DURAGESIC	TRANSDERM	YES	Fentanyl transdermal products are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine AND oxycodone OR an inability of the injured worker to swallow or absorb oral products. Prior Authorization is required. Reimbursement for all strengths of these products shall be restricted to not more than every 72 hours. Dosing at every 48 hours may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a 72 hours dosing interval. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012.
	HYDROCODONE-ACETAMINOPHEN	VICODIN	ORAL	NO	Reimbursement is restricted to combinations of Hydrocodone/Acetaminophen (APAP) that contain either 325mg or 500mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	HYDROMORPHONE HCL (Immediate Release)	DILAUDID	ORAL	NO	
	HYDROMORPHONE HCL (Sustained Release)	EXALGO	ORAL	YES	Sustained release forms of hydromorphone are eligible for reimbursement only
	LEVORPHANOL TARTRATE	LEVO-DROMORAN	ORAL	NO	
	MEPERIDINE HCL	DEMEROL	ORAL	NO	
	MEPERIDINE-PROMETHAZINE	MEPERGAN	ORAL	NO	
	METHADONE HCL	DOLOPHINE	ORAL	NO	
	MORPHINE SULFATE (Immediate Release)	MORPHINE SULFATE	ORAL	NO	
	MORPHINE SULFATE (Sustained Release)	MS CONTIN TABLETS	ORAL	NO	Reimbursement for these products shall be restricted to not more than every 8 hours for all doses below 200mg per unit and not more than every twelve hours for 200mg dosage units. Reimbursement for sustained release dosage forms of morphine is restricted to sustained release morphine sulfate tablets only.
	MORPHINE SULFATE (Sustained Release)	AVINZA	ORAL	N/A	Avinza shall no longer be reimbursed by BWC effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.

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	MORPHINE SULFATE (Sustained Release)	KADIAN	ORAL	N/A	Kadian shall no longer be reimbursed by BWC effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	MORPHINE-NALTREXONE	EMBEDA	ORAL	NO	
	OPIUM TINCTURE	PAREGORIC	ORAL	NO	
	OXYCODONE HCL (Immediate Release)	OXY IR,	ORAL	NO	
	OXYCODONE HCL (Sustained Release)	OXYCONTIN	ORAL	YES	Sustained release forms of Oxycodone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123- 6-21(J)(1) and (J)(2), sustained release forms of morphine. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every eight hours. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012.
	OXYCODONE W/ ACETAMINOPHEN	PERCOCET	ORAL	NO	Reimbursement is restricted to combinations of Oxycodone/Acetaminophen (APAP) that contain either 325mg or 500mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective <u>May 1, 2012</u> for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	OXYCODONE W/ ASPIRIN	PERCODAN	ORAL	NO	
	OXYMORPHONE HCL (Immediate Release)	OPANA	ORAL	NO	
	OXYMORPHONE HCL (Sustained Release)	OPANA ER	ORAL	YES	Sustained release forms of Oxymorphone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine or oxycodone. Prior Authorization is required. Reimbursement for all strengths of this product may not exceed every twelve hours This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012.

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	BUPRENORPHINE HCL	SUBUTEX	SUBLINGUAL	NO	Restricted to use for addiction treatment only. Claim must be allowed for addiction. This coverage restriction shall apply effective January 1, 2012 for claims in which this drug was reimbursed by BWC prior to September 1, 2011, and September 1, 2011 for all other claims.
NARCOTIC ANALGESICS (CONT)	BUPRENORPHINE	BUTRANS	TRANSDERM	YES	Buprenorphine transdermal products are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123- 6-21(J)(1) and (J)(2), sustained release forms of morphine AND oxycodone OR tapentadol ER AND the inability of the injured worker to swallow or absorb oral products. Prior Authorization is required. Reimbursement for all strengths of this product shall be restricted to not more than one patch per every 7 days. A maximum dose of 20mg/day of all strengths will be reimbursed. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to April 1, 2013.
	BUPRENORPHINE HCL-NALOXONE HCL	SUBOXONE	SUBLINGUAL	NO	Restricted to use for addiction treatment only. Claim must be allowed for addiction. This coverage restriction shall apply effective January 1, 2012 for claims in which this drug was reimbursed by BWC prior to September 1, 2011, and September 1, 2011 for all other claims.
	BUTORPHANOL TARTRATE	STADOL NASAL	NASAL	NO	
	PENTAZOCINE - ACETAMINOPHEN	TALACEN	ORAL	NO	Reimbursement is restricted to combinations of Pentazocine/Acetaminophen (APAP) that contain either 325mg or 500mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective <u>May 1, 2012</u> for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	PENTAZOCINE AND NALOXONE HCL	TALWIN NX	ORAL	NO	
	TAPENTADOL HCL (Immediate Release)	NUCYNTA	ORAL	NO	Reimbursement for this product shall not exceed 600mg per day.

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	TAPENTADOL HCL (Extended Release)	NUCYNTA ER	ORAL	YES	Reimbursement for this product shall become effective April 1, 2012. and shall not exceed 500mg per day. Sustained release forms of Tapentadol are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6- 21(J)(1) and (J)(2), sustained release forms of morphine. Prior Authorization is required.
	TRAMADOL HCL	ULTRAM	ORAL	NO	All dosage forms of tramadol are covered. Reimbursement for this product shall not exceed 400mg per day for immediate release products and 300mg per day for extended release products.
	TRAMADOL-ACETAMINOPHEN	ULTRACET	ORAL	NO	Reimbursement is restricted to only those combinations of Tramadol/Acetaminophen (APAP) that contain either 325mg or 500mg of APAP. Prescribed dosing of these products may not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	METHYLNALTREXONE BROMIDE	RELISTOR	SUB-Q	NO	
NARCOTIC ANTAG. PERIPH-ACTING					
	NALTREXONE HCL	REVIA	ORAL	NO	
NARCOTIC ANTAGONISTS					
	ACETAMINOPHEN-CODEINE	TYLENOL W/CODEINE NO.3	ORAL	NO	Reimbursement for oral solid dosage forms of Codeine/Acetaminophen (APAP)is restricted to products that contain 300mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
NARCOTIC+NON-SALIC ANALG COMBO					
	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE	FIORINAL WITH CODEINE #3	ORAL	NO	
NARC-SALIC ANLG-BARB-XANTHINE					
	AZELASTINE HCL	ASTELIN	NASAL	YES	
NASAL ANTIHISTAMINE	OLOPATADINE HCL	PATANASE	NASAL	YES	
NASAL ANTIHISTAMINE					
	CROMOLYN SODIUM	NASALCROM	NASAL	YES	
NASAL MAST CELL STABILIZERS	NIACIN	NIACIN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
NIACIN PREPARATIONS					
	NITROFURANTOIN	MACRODANTIN	ORAL	NO	
NITROFURAN DERIVATIVES					
	CHLORAL HYDRATE	CHLORAL HYDRATE	ORAL	NO	
NON-BARBITURATE, SEDATIVE	CHLORAL HYDRATE	NOCTEC	ORAL	NO	
	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	ORAL	NO	
	DOXEPIN HCL	DOXEPIN HCL (SLEEP) TAB	ORAL	NO	
	ESTAZOLAM	PROSOM	ORAL	NO	
	ESZOPICLONE	LUNESTA	ORAL	NO	
	FLURAZEPAM HCL	DALMANE	ORAL	NO	
	TEMAZEPAM	RESTORIL	ORAL	NO	
	TRIAZOLAM	HALCION	ORAL	NO	
	ZALEPLON	SONATA	ORAL	NO	
	ZOLPIDEM TARTRATE	AMBIEN	ORAL	NO	
	ZOLPIDEM TARTRATE SL	EDLUAR	SUBLINGUAL	NO	

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	CAR-B-PEN TA/CHLOR-TAN	CAR-B-PEN TA/CHLOR-TAN	ORAL	YES	
NON-NARC ANTITUSS-ANTIHCMB	CHLORPHENIRAMINE-DM	CHLORPHENIRAMINE-DM	ORAL	YES	
	PROMETHAZINE-DM	PROMETHAZINE-DM	ORAL	YES	
	PHENYLEPHRINE W/ DM-GG	ROBITUSSIN COUGH & COLD CF	ORAL	YES	
NON-NARC ANTITUSS-DECONG-EXPCT	PSEUDOEPHEDRINE W/ DM-GG TAB	CAPMIST DM	ORAL	YES	
	BUTALBITAL-ACETAMINOPHEN	PHRENILIN	ORAL	NO	Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain either 325mg or 500mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
NON-SAL ANALG-BARBITURATE CMB					
	BUTALBITAL-APAP-CAFFEINE	FIORICET	ORAL	NO	Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain either 325mg or 500mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective May 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
NON-SAL ANALG-BARBIT-XANTHINE					
	BUPROPION HBR	APLENZIN	ORAL	YES	
NOREPINEPH/DOPAMINE REUP INHIB	BUPROPION HCL	WELLBUTRIN	ORAL	YES	
	MUPIROCIIN CALCIUM	BACTROBAN NASAL	NASAL	YES	
NOSE PREPS ANTIBIOTICS					
	BECLOMETHASONE DIPROPIONATE	BECONASE AQ	NASAL	YES	
NOSE PREPS ANTIINFLAMMATORY	BUDESONIDE	RHINOCORT AQUA	NASAL	YES	
	CICLESONIDE	OMNARIS	NASAL	YES	
	FLUNISOLIDE	FLUNISOLIDE	NASAL	YES	
	FLUTICASONE FUROATE	VERAMYST	NASAL	YES	
	FLUTICASONE PROPIONATE	FLONASE	NASAL	YES	
	MOMETASONE FUROATE	NASONEX	NASAL	YES	
	TRIAMCINOLONE ACETONIDE	NASACORT AQ	NASAL	YES	
	SALINE	SEA SOFT	NASAL	YES	
NOSE PREPS MISC OTC ONLY					
	IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	NASAL	YES	
NOSE PREPS MISC RX ONLY					
	OXYMETAZOLINE HCL	12 HOUR NASAL SPRAY	NASAL	YES	
NOSE PREPS VASOCONSTRICTORS	PHENYLEPHRINE HCL	NEO-SYNEPHRINE	NASAL	YES	
	DICLOFENAC W/ MISOPROSTOL	ARTHROTEC 50	ORAL	N/A	Effective July 1, 2012, reimbursement will not longer be provided for combination non- steroidal anti-inflammatory agents and gastrointestinal protectants. This coverage restriction shall apply effective September 1, 2012 for claims in which such combination drugs were reimbursed by BWC prior to July 1, 2012, and July 1, 2012 for all other claims.
NSAID & PROSTAGLANDIN COMBO					
	IBUPROFEN-DIPHENHYDRAMINE	ADVIL PM	ORAL	NO	

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NSAID-1STGEN ANTIHIST-SEDATIVE					
	CELECOXIB	CELEBREX	ORAL	NO	Effective July 1, 2012, reimbursement will no longer be provided for doses of celecoxib greater than 400mg/day. This coverage restriction shall apply effective September 1, 2012 for claims in which such doses were reimbursed by BWC prior to July 1, 2012, and July 1, 2012 for all other claims.
NSAIDS	DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	ORAL	NO	
	DICLOFENAC SODIUM	VOLTAREN	ORAL	NO	
	ETODOLAC	ETODOLAC	ORAL	NO	
	FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	ORAL	NO	
	FENOPROFEN CALCIUM	NALFON	ORAL	NO	
	FLURBIPROFEN	FLURBIPROFEN	ORAL	NO	
	IBUPROFEN	MOTRIN	ORAL	NO	
	INDOMETHACIN	INDOMETHACIN	ORAL	NO	
	KETOPROFEN	KETOPROFEN	ORAL	NO	
	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	ORAL	NO	Quantity shall not exceed 20 units or a 5 day supply, whichever is less, during a rolling 12 month period.
	MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	ORAL	NO	
	NABUMETONE	NABUMETONE	ORAL	NO	
	NAPROXEN SODIUM	NAPROXEN	ORAL	NO	
	NAPROXEN-ESOMEPRAZOLE MAGNESIUM	VIMOVO	ORAL	N/A	Effective July 1, 2012, reimbursement will not longer be provided for combination non-steroidal anti-inflammatory agents and gastrointestinal protectants. This coverage restriction shall apply effective September 1, 2012 for claims in which such combination drugs were reimbursed by BWC prior to July 1, 2012, and July 1, 2012 for all other claims.
	PIROXICAM	PIROXICAM	ORAL	NO	
	SULINDAC	SULINDAC	ORAL	NO	
	TOLMETIN SODIUM	TOLMETIN SODIUM	ORAL	NO	
	MEFENAMIC ACID	MEFENAMIC ACID	ORAL	NO	
NSAIDS (CONT-A)	MEFENAMIC ACID	PONSTEL	ORAL	NO	
	OXAPROZIN	OXAPROZIN	ORAL	NO	
	MELOXICAM	MOBIC	ORAL	NO	
NSAIDS (CONT-B)					
	EMOLLIENT	DIABETIDERM	TOPICAL	NO	
OINTMENT/CREAM BASES	VASELINE PETROLEUM	VASELINE PETROLEUM	TOPICAL	NO	
	CYCLOSPORINE (OPHTH)	RESTASIS	OPHTHALMIC	YES	
OPHTH ANTI-INFLAM IMMUNOMODULA	CROMOLYN SODIUM	CROMOLYN SODIUM	OPHTHALMIC	YES	
OPHTHALMIC MAST CELL STAB	WARFARIN SODIUM	COUMADIN	ORAL	YES	
ORAL ANTICOAGULANTS, COUMARINS					
	DABIGATRAN EXTILATE	PRADAXA	ORAL	YES	Medical necessity coverage for this product shall be effective 12/7/2011. Routine reimbursement for prescriptions shall become effective April 1, 2012
ORAL ANTICOAGULANTS, DIRECT THROMBIN INHIBITORS					
	RIVAROXABAN	XARELTO	ORAL	YES	Medical necessity coverage for this product shall be effective 12/7/2011. Routine reimbursement for prescriptions shall become effective April 1, 2012
ORAL ANTICOAGULANTS, DIRECT FACTOR Xa INHIBITORS					
	POVIDONE-SODIUM HYALURONATE-GLYCYRRHETINIC ACID	GELCLAIR	MUCOUS MEM	YES	
ORAL MUCOSITIS/STOMATITIS AG					

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	CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	OTIC	NO	
OTIC PREPARATIONS ANTI INFLA					
	LINEZOLID	ZYVOX	ORAL	NO	
OXAZOLIDINONES					
	DAKIN'S SOLUTION	DAKIN'S	MISCELL	NO	
OXIDIZING AGENTS	HYDROGEN PEROXIDE	HYDROGEN PEROXIDE	MISCELL	NO	
	METHYLERGONOVINE MALEATE	METHERGINE	ORAL	NO	
OXYTOCICS					
	AMY-LIP-PROT	PANCREASE MT 10	ORAL	YES	All oral formulations of these drugs are covered for allowed conditions
PANCREATIC ENZYMES	AMY-LIP-PROT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP	ORAL	YES	All oral formulations of these drugs are covered for allowed conditions
	PANCRELIPASE (LIP-PROT-AMYL)	CREON	ORAL	YES	All oral formulations of these drugs are covered for allowed conditions
	BETHANECHOL CHLORIDE	URECHOLINE	ORAL	YES	
PARASYMPATHETIC AGENTS	CEVIMELINE HCL	EVOXAC	ORAL	YES	
	PILOCARPINE HCL	PILOCAR	ORAL	YES	
	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW	CEROVITE JR	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
PEDIATRIC VITAMIN PREPARE					
	AMOXICILLIN	AMOXICILLIN	ORAL	NO	
PENICILLINS					
	AMOXICILLIN & K CLAVULANATE	AUGMENTIN	ORAL	NO	
	AMOXICILLIN (TRIHYDRATE)	MOXATAG	ORAL	NO	
	AMPICILLIN TRIHYDRATE	AMPICILLIN TRIHYDRATE	ORAL	NO	
	DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM	ORAL	NO	
	PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	ORAL	NO	
	DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	ORAL	NO	
TETRACYCLINES					
	ISOXSUPRINE HCL	VASODILAN	ORAL	YES	
PERIODONTAL COLL INHIBITORS					
	PAPAVERINE HCL	PAVABID	ORAL	YES	
PERIPHERAL VASODILATORS	POTASSIUM & SODIUM PHOSPHATES	NEUTRA-PHOS	ORAL	YES	
	ASPIRIN-DIPYRIDAMOLE	AGGRENOX	ORAL	YES	
	CILOSTAZOL	CILOSTAZOL	ORAL	YES	
PHOSPATE REPLACEMENT					
	CLOPIDOGREL BISULFATE	PLAVIX	ORAL	YES	
PLATELET AGGREGATION INHIBIT	DIPYRIDAMOLE	DIPYRIDAMOLE	ORAL	YES	
	PERSANTINE	PERSANTINE	ORAL	YES	
	TICLOPIDINE HCL	TICLOPIDINE HCL	ORAL	YES	
	AMBRISENTAN	LETAIRIS	ORAL	YES	
PLUM ANTIHYPERTEN ENDO REC ANT	BOSENTAN	TRACLEER	ORAL	YES	
	EPLERENONE	INSpra	ORAL	YES	
	POTASSIUM BICARBONATE EFFER	KLOR-CON-EF	ORAL	YES	All potassium salts and oral dosage forms are covered for allowed conditions
POTASSIUM REPLACEMENT	POTASSIUM CHLORIDE	KLOR-CON	ORAL	YES	All potassium salts and oral dosage forms are covered for allowed conditions
	AMILORIDE HCL	AMILORIDE HCL	ORAL	YES	
POTASSIUM SPARING DIURETICS	AMILORIDE HCL-HCTZ	AMILORIDE HCL-HCTZ	ORAL	YES	
	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	ALDACTAZIDE	ORAL	YES	
POTASSIUM SPARING DIURETICS	SPIRONOLACTONE-HCTZ	SPIRONOLACTONE-HCTZ	ORAL	YES	
	SPIRONOLACTONE	ALDACTONE	ORAL	YES	
	TRIAMTERENE & HYDROCHLOROTHIAZIDE	DYAZIDE	ORAL	YES	
	TRIAMTERENE W/HCTZ	TRIAMTERENE W/HCTZ	ORAL	YES	
	PRENATAL VIT W/ DSS-FE FUMARATE-FA	PRENATAL 19	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
PRENATAL VITAMIN PREPARATION	PRENATAL VIT W/ FE FUMARATE-FA	PRENATAL PLUS	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE	ORAL	YES	
PROGESTATIONAL AGENTS					
	ALUMINUM HYDROXIDE	DERMAGRAN	TOPICAL	NO	



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PROTECTIVES	DERMATOLOGICAL PRODUCTS MISC	TETRIX	TOPICAL	NO	
	DIMETHICONE	PROSHIELD PLUS	TOPICAL	NO	
	DIMETHICONE	PACQUIN MEDICATED	TOPICAL	NO	
	HYALURONATE SODIUM	BIONECT	TOPICAL	NO	
	HYALURONATE SODIUM (EMOLLIENT)	HYLIRA	TOPICAL	NO	
	MENTHOL-ZINC OXIDE	CALMOSEPTINE	TOPICAL	NO	
	PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	NO	
	SKIN PROTECTANTS MISC	PELEVERUS GOLD	TOPICAL	NO	
	SKIN PROTECTANTS MISC	ALOE VESTA	TOPICAL	NO	
	SODIUM HYALURONATE	SODIUM HYALURONATE	TOPICAL	NO	
	TALC TOPICAL POWDER	TALC TOPICAL POWDER	TOPICAL	NO	
	WOUND CLEANSERS	PELEVERUS	TOPICAL	NO	
	BENZOIN	BENZOIN	TOPICAL	NO	
PROTECTIVES	PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	NO	
	TINCTURE OF BENZOIN	TINCTURE OF BENZOIN	TOPICAL	NO	
	ZINC OXIDE	DESITIN	TOPICAL	NO	
	ZINC OXIDE	BOUDREAUXS	TOPICAL	NO	
					<b>PROTON PUMP INHIBITOR CLASS SPECIFIC RESTRICTIONS</b> Effective July 1, 2012, reimbursement is restricted to only the following drugs in this class: omeprazole, Prilosec OTC® ,Prevacid OTC®,Prevacid Solutab (lansoprazole) This coverage restriction shall apply effective September 1, 2012 for claims in which non-covered drugs in this class were reimbursed by BWC prior to July 1, 2012, and July 1, 2012 for all other claims. Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during 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)
PROTON PUMP INHIBITORS			ORAL	N/A	
	DEXLANSOPRAZOLE	DEXILANT			Restricted as described in Proton Pump Inhibitor Class specific restrictions.
	ESOMEPRAZOLE MAGNESIUM	NEXIUM	ORAL	N/A	Restricted as described in Proton Pump Inhibitor Class specific restrictions.
	LANSOPRAZOLE	PREVACID	ORAL	YES	Covered as described in Proton Pump Inhibitor class specific restrictions.
	OMEPRAZOLE	PRILOSEC	ORAL	YES	Covered as described in Proton Pump Inhibitor class specific restrictions.
	OMEPRAZOLE-SODIUM BICARBONATE	ZEGERID	ORAL	N/A	Restricted as described in Proton Pump Inhibitor Class specific restrictions.
	PANTOPRAZOLE SODIUM	PROTONIX	ORAL	N/A	Restricted as described in Proton Pump Inhibitor Class specific restrictions.
	RABEPRAZOLE SODIUM	ACIPHEX	ORAL	N/A	Restricted as described in Proton Pump Inhibitor Class specific restrictions.
				YES	
	SILDENAFIL CITRATE (Pulmonary)	REVATIO	ORAL	YES	
PULMONARY ANTIHYPERTENSIVES					
	ALLOPURINOL	ALLOPURINOL	ORAL	YES	

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PURINE INHIBITORS	FEBUXOSTAT	ULORIC	ORAL	YES	
	LEFLUNOMIDE	LEFLUNOMIDE	ORAL	YES	
PYRIMIDINE SYNTHESIS INHIBITR	CIPROFLOXACIN HCL	CIPRO	ORAL	NO	
QUINOLONES	GEMIFLOXACIN MESYLATE	FACTIVE	ORAL	NO	
	LEVOFLOXACIN	LEVAQUIN	ORAL	NO	
	MOXIFLOXACIN HCL	AVELOX	ORAL	NO	
	NORFLOXACIN	NOROXIN	ORAL	NO	
	OFLOXACIN	OFLOXACIN	ORAL	NO	
	HYDROCORTISONE	PROCTOCORT	RECTAL	NO	
RECTAL PREPARATIONS	HYDROCORTISONE ACETATE W/ PRAMOXINE	PROCTOFOAM-HC	RECTAL	NO	
RECTAL PREPARATIONS	STARCH	TUCKS	RECTAL	NO	
RECTAL PREPARATIONS	HYDROCORTISONE	COLOCORT	RECTAL	YES	
RECTAL LOWER BOWEL PREP	HYDROCORTISONE ACETATE	CORTIFOAM	RECTAL	YES	
RECTAL LOWER BOWEL PREP	ALISKIREN-HCTZ	TEKTURNA HCT	ORAL	YES	
RENIN INHIB/THIAZIDE DIURETIC	ALISKIREN FUMARATE	TEKTURNA	ORAL	YES	
RENIN INHIBITOR, DIRECT	ALISKIREN-VALSARTAN	VALTURNA	ORAL	YES	
RENIN-INH/ANGIOTENSIN-REC-ANT	RIFAXIMIN	XIFAXAN	ORAL	YES	
RIFAMYCINS/RELATED ANTIBIOTICS	METRONIDAZOLE	METROGEL	TOPICAL	YES	
ROSACEA AGENTS, TOPICAL	BUTALBITAL-ASPIRIN-CAFFEINE	FIORINAL	ORAL	NO	All oral formulations and strengths are covered
SALICYL ANLG-BARBITUR-XANTHINE	ASA & ASA COMBINATION PRODUCTS	BE-FLEX PLUS	ORAL	NO	All oral formulations and strengths are covered
SALICYLATES ANALGESICS		DURABAC	ORAL	NO	
		ASPIRIN	ORAL	NO	
		BUFFERIN	ORAL	NO	
		ASPIRIN W/ANTACID	ORAL	NO	
		EXCEDRIN	ORAL	NO	
		ASCRIPTIN	ORAL	NO	
		LEVACET	ORAL	NO	
		ANACIN	ORAL	NO	
		TRILISATE	ORAL	NO	
		DOLOBID	ORAL	NO	
		EQUAGESIC	ORAL	NO	
		DISALCID	ORAL	NO	
	ARTIFICIAL SALIVA	AQUORAL	MUCOUS MEM	NO	
SALIVA SUBSTITUTE AGENTS	MISC THROAT PRODUCTS	OASIS	MUCOUS MEM	NO	
	TAMOXIFEN CITRATE	TAMOXIFEN CITRATE	ORAL	YES	
SEL ESTROGEN RECEPT MODULATORS	NEFAZODONE HCL	NEFAZODONE HCL	ORAL	YES	
SEROTONIN-2 ANTAG/REUP INHIB	TRAZADONE HCL	TRAZODONE HCL	ORAL	YES	
	DESVENLAFAXINE SUCCINATE	PRISTIQ	ORAL	YES	
SEROTONIN-NOREPINEPH REUP INHI	DULOXETINE HCL	CYMBALTA	ORAL	NO	
	VENLAFAXINE HCL	EFFEXOR	ORAL	YES	
	CITALOPRAM HYDROBROMIDE	CELEXA	ORAL	YES	
SERTONIN SPEC REUP INHIB-SSRI	ESCITALOPRAM OXALATE	LEXAPRO	ORAL	YES	
	FLUOXETINE HCL	PROZAC	ORAL	YES	
	FLUVOXAMINE MALEATE	LUVOX CR	ORAL	YES	
	PAROXETINE HCL	PAXIL	ORAL	YES	
	PAROXETINE MESYLATE	PEXEVA	ORAL	YES	
	SERTRALINE HCL	ZOLOFT	ORAL	YES	
	INFANT CARE PRODUCTS	BABY SHAMPOO	TOPICAL	NO	
SHAMPOOS					

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					<b>SKELETAL MUSCLE RELAXANT CLASS SPECIFIC RESTRICTIONS</b> Excluding the use of Baclofen , Dantrolene, and Tizanidine to treat allowed conditions involving spasticity, all covered agents in this class are restricted to coverage for 90 days from first prescription plus one additional 30 day prescription per rolling 12 months. Prior authorizaton request is required for the additional 30 days of coverage. All covered agents in this class are eligible for reimbursement for up to one year of additional coverage for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain, with prior authorization upon submission of supporting clinical documentation.
SKELETAL MUSCLE RELAXANTS	BACLOFEN	BACLOFEN	ORAL	NO	No restrictions to coverage
	CHLORZOXAZONE	PARAFON FORTE DSC	ORAL	NO	Restricted as described in Skeletal Muscle Relaxant Class Restriction.
	CYCLOBENZAPRINE HCL	FLEXERIL	ORAL	NO	Restricted as described in Skeletal Muscle Relaxant Class Restriction
	DANTROLENE SODIUM	DANTRIMUM	ORAL	NO	No restrictions to coverage
	METAXALONE	SKELAXIN	ORAL	NO	Restricted as described in Skeletal Muscle Relaxant Class Restriction
	METHOCARBAMOL	ROBAXIN	ORAL	NO	Restricted as described in Skeletal Muscle Relaxant Class Restriction
	ORPHENADRINE CITRATE	NORFLEX	ORAL	NO	Restricted as described in Skeletal Muscle Relaxant Class Restriction
	TIZANIDINE HCL	ZANAFLEX	ORAL	NO	Restricted as described in Skeletal Muscle Relaxant Class Restriction except in claims with documented conditions of spasticity.
	MINERAL OIL	MINERAL OIL	MISCELL	NO	
SOLVENTS	RUBBING ALCOHOL	RUBBING ALCOHOL	MISCELL	NO	
	OLANZAPINE-FLUOXETINE HCL	SYMBYAX	ORAL	YES	
SSRI/ANTIPSYCHOTIC, COMBINATIO					
	MEGESTROL ACETATE	MEGESTROL ACETATE	ORAL	YES	
STEROID ANTINEOPLASTICS					
	SUNSCREEN LOTION	TOTAL BLOCK	TOPICAL	YES	
SUNSCREENS					
	PHENYLEPHRINE HCL	NEO-SYNEPHRINE	ORAL	YES	
SYMPATHOMIMETIC AGENTS	PSEUDOEPHEDRINE HCL	SUDAFED	ORAL	YES	
	AMITRIPTYLINE-CHLORDIAZEPOXIDE	AMITRIPTYLINE-CHLORDIAZEPOXIDE	ORAL	YES	
TCA/BENZODIAZEPINE COMBIN					
	PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE	ORAL	YES	
TCA/PHENOTHIAZINE COMBINATION					
	DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	ORAL	NO	
TETRACYCLINES	DOXYCYCLINE	DOXYCYCLINE	ORAL	NO	
	DOXYCYCLINE (ROSACEA)	ORACEA	ORAL	NO	
	DOXYCYCLINE HYCLATE	DORYX	ORAL	NO	
	DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	ORAL	NO	
	MINOCYCLINE HCL	SOLODYN	ORAL	NO	
	TETRACYCLINE HCL	TETRACYCLINE HCL	ORAL	NO	
	CHLOROTHIAZIDE	CHLOROTHIAZIDE	ORAL	YES	
THIAZIDE DIURETICS	HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE	ORAL	YES	
	INDAPAMIDE	INDAPAMIDE	ORAL	YES	
	METOLAZONE	METOLAZONE	ORAL	YES	

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	LEVOTHYROXINE SODIUM	SYNTHROID	ORAL	YES	
THYROID HORMONES	LIOTHYRONINE SODIUM	CYTOMEL	ORAL	YES	
	THYROID	ARMOUR THYROID	ORAL	YES	
	CADEXOMER IODINE	IODOSORB	TOPICAL	NO	
TOPICAL ANTIBACTERIALS	CHLORHEXIDINE GLUCONATE	BETASEPT	TOPICAL	NO	
	CLIOQUINOL-HYDROCORTISONE	CLIOQUINOL-HYDROCORTISONE	TOPICAL	NO	
	HEXACHLOROPHENE	PHISOHEX	TOPICAL	NO	
	HYDROCORTISONE-IDOQUINOL	HYDROCORTISONE-IDOQUINOL	TOPICAL	NO	
	IDOQUINOL-HYDROCORTISONE-ALOE POLYSACCHARIDE	ALCORTIN A	TOPICAL	NO	
	POVIDONE-IODINE	BETADINE	TOPICAL	NO	
	ZEPHIRAN CHLORIDE	ZEPHIRAN CHLORIDE	TOPICAL	NO	
	BACITRACIN ZINC	BACITRACIN	TOPICAL	NO	
TOPICAL ANTIBIOTICS	BACITRACIN-POLYMYXIN B	POLYSPORIN	TOPICAL	NO	
	CLINDAMYCIN PHOSPHATE	CLEOCIN-T	TOPICAL	NO	
	ERYTHROMYCIN	ERY	TOPICAL	NO	
	ERYTHROMYCIN-BENZOYL PEROXIDE	ERYTHROMYCIN-BENZOYL PEROXIDE	TOPICAL	NO	
	GENTAMICIN SULFATE	GENTAMICIN SULFATE	TOPICAL	NO	
	MUPIROCIN CALCIUM	BACTROBAN	TOPICAL	NO	
	NEOMYCIN-BACITRACIN-POLYMYXIN W/ LIDOCAINE	NEOSPORIN PLUS	TOPICAL	NO	
	NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	NO	
	NEOMYCIN-POLYMYXIN-HC	CORTISPORIN	TOPICAL	NO	
TOPICAL ANTIBIOTICS STEROID	BUTENAFINE HCL	MENTAX	TOPICAL	NO	
TOPICAL ANTIFUNGALS	CICLOPIROX	LOPROX	TOPICAL	NO	
	CLOTRIMAZOLE	LOTIMIN AF	TOPICAL	NO	
	CLOTRIMAZOLE W/ BETAMETHASONE	LOTRISONE	TOPICAL	NO	
	ECONAZOLE NITRATE	ECONAZOLE NITRATE	TOPICAL	NO	
	GENTIAN VIOLET	GENTIAN VIOLET	TOPICAL	NO	
	KETOCONAZOLE	EXTINA	TOPICAL	NO	
	MICONAZOLE NITRATE	MICATIN	TOPICAL	NO	
	MICONAZOLE NITRATE	ZEASORB-AF	TOPICAL	NO	
	MICONAZOLE-ZINC OXIDE- PETROLATUM	VUSION	TOPICAL	NO	
	NAFTIFINE HCL	NAFTIN	TOPICAL	NO	
	NYSTATIN	MYCOSTATIN	TOPICAL	NO	
	NYSTATIN-TRIAMCINOLONE	MYCOLOG II	TOPICAL	NO	
	OXICONAZOLE NITRATE	OXISTAT	TOPICAL	NO	
	SALICYLIC ACID & BENZOIC ACID	BENSAL HP	TOPICAL	NO	
	SERTACONAZOLE NITRATE	ERTACZO	TOPICAL	NO	
	SULCONAZOLE NITRATE	EXELDERM	TOPICAL	NO	
	TERBINAFINE HCL	LAMISIL AT	TOPICAL	NO	
	TOLNAFTATE	TINACTIN	TOPICAL	NO	
	DICLOFENAC SODIUM	VOLTAREN	TOPICAL	NO	
TOPICAL ANTI-INFLAMMATORY	DICLOFENAC SODIUM (ACTINIC KERATOSES)	SOLARAZE	TOPICAL	YES	
TOPICAL ANTINEOPLASTICS	FLUOROURACIL	CARAC	TOPICAL	YES	
	ALCLOMETASONE DIPROPIONATE	ACLOVATE	TOPICAL	NO	
TOPICAL ANTINFLAMMATORY PREP	AMCINONIDE	AMCINONIDE	TOPICAL	NO	
	BETAMETHASONE DIPROPIONATE	DIPROLENE	TOPICAL	NO	
	BETAMETHASONE VALERATE	LUXIQ	TOPICAL	NO	
	CLOBETASOL PROPIONATE	OLUX	TOPICAL	NO	
	CLOBETASOL PROPIONATE	CLOBEX	TOPICAL	NO	
	CLOCORTOLONE PIVALATE	CLODERM	TOPICAL	NO	
	DESONIDE	VERDESQ	TOPICAL	NO	
	DESQXIMETASONE	TOPICORT	TOPICAL	NO	
	DIFLORASONE DIACETATE	APEXICON E	TOPICAL	NO	
	FLUOCINOLONE ACETONIDE	DERMA-SMOOTHIE-FS	TOPICAL	NO	
	FLUOCINONIDE	VANOS	TOPICAL	NO	
	FLURANDRENOLIDE	CORDRAN	TOPICAL	NO	
	FLUTICASONE PROPIONATE	CUTIVATE	TOPICAL	NO	
	HALCINONIDE	HALOG	TOPICAL	NO	

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	HALOBETASOL PROPIONATE	ULTRAVATE	TOPICAL	NO	
	HYDROCORTISONE	CORTIZONE 10	TOPICAL	NO	
	HYDROCORTISONE ACETATE	HYDROCORTISONE	TOPICAL	NO	
	HYDROCORTISONE BUTYRATE	CORTAID	TOPICAL	NO	
	HYDROCORTISONE BUTYRATE HYDROPHILIC	LOCOID LIPOCREAM	TOPICAL	NO	
	HYDROCORTISONE PROBUTATE	PANDEL	TOPICAL	NO	
	HYDROCORTISONE VALERATE	VALISONE	TOPICAL	NO	
	HYDROCORTISONE-ALOE VERA	HYDROCORTISONE-ALOE VERA CREAM	TOPICAL	NO	
	MOMETASONE FUROATE	ELOCON	TOPICAL	NO	
	PREDNICARBATE	DERMATOP	TOPICAL	NO	
	TRIAMCINOLONE ACETONIDE	KENALOG	TOPICAL	NO	
	CROTAMITON	EURAX	TOPICAL	NO	
TOPICAL ANTIPARASITICS	LINDANE	LINDANE	TOPICAL	NO	
	MALATHION	OVIDE	TOPICAL	NO	
	PERMETHRIN	ACTICIN	TOPICAL	NO	
	PYRETHRINS-PIPERONYL BUTOXIDE	RID	TOPICAL	NO	
	ACYCLOVIR	ZOVIRAX	TOPICAL	NO	
TOPICAL ANTIVIRALS	PENCICLOVIR	DENAVIR	TOPICAL	NO	
TOPICAL ANTIVIRALS					
	FORMALDEHYDE	FORMALAZ	TOPICAL	NO	
TOPICAL ANTISEPT DRYING AGENTS					
	METHOXSALEN	OXSORALEN	TOPICAL	YES	
TOPICAL HYPERPIGMENTATION AG					
	BIMATOPROST	LATISSE	TOPICAL	NO	
TOPICAL HYPERTRICHOTC-EYELASH					
	PIMECROLIMUS	ELIDEL	TOPICAL	YES	
TOPICAL IMMUNOSUPPRESSIVE AGT	TACROLIMUS	PROTOPIC	TOPICAL	YES	
TOPICAL IMMUNOSUPPRESSIVE AGT					
	BENZOCAINE	BENZOCAINE AEROSOL 10%	TOPICAL	NO	
TOPICAL LOCAL ANESTHETICS	BUTAMBEN-TETRACAINE-BENZOCAINE	CETACAINE	TOPICAL	NO	
	DIBUCAINE	DIBUCAINE	TOPICAL	NO	
	ETHYL CHLORIDE	ETHYL CHLORIDE	TOPICAL	NO	
	HYDROCORTISONE -PRAMOXINE-ALOE	NOVACORT	TOPICAL	NO	
	LIDOCAINE	ANECREAM	TOPICAL	NO	
	LIDOCAINE HCL	REGENECARE HA	TOPICAL	NO	
	LIDOCAINE PATCH	LIDODERM	TOPICAL	NO	Claim must be allowed for post herpetic neuralgia
	LIDOCAINE-HYDROCORTISONE ACETATE	LIDAMANTLE HC	TOPICAL	NO	
	LIDOCAINE-PRILOCAINE	EMLA	TOPICAL	NO	
	LIDOCAINE-TETRACAINE PATCH	SYNERA	TOPICAL	NO	
	PENTAFLUOROPROPANE-TETRAFLUOROETHANE AERO	PENTAFLUOROPROPANE-TETRAFLUOROETHANE AERO	TOPICAL	NO	
	PRAMOXINE HCL	SARNA SENSITIVE	TOPICAL	NO	
	PRAMOXINE HCL-HYDROCORTISONE	PRAMOSONE	TOPICAL	NO	
	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	ALTABAX	TOPICAL	YES	
TOPICAL PLEUROMUTILIN DERIV.					
	EMOLLIENT	CETAPHIL	TOPICAL	NO	
TOPICAL PREPARATIONS, MISC	SODIUM CHLORIDE	SODIUM CHLORIDE EXTERNAL SOLN 0.9%	TOPICAL	NO	
	MAFENIDE ACETATE	SULFAMYLON	TOPICAL	NO	
TOPICAL SULFONAMIDES	SILVER SULFADIAZINE	SILVADENE	TOPICAL	NO	
	SULFACETAMIDE SODIUM W/ SULFUR	ROSADERM	TOPICAL	NO	
	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	TACLONEX	TOPICAL	YES	
TOPICAL VIT D ANALOG/STEROID					
	COLLAGENASE	SANTYL	TOPICAL	NO	
TOPICAL/MUCOUS MEMBRANCE/SUB	PAPAIN-UREA	ALLANENZYME	TOPICAL	NO	
	PAPAIN-UREA	KOVIA OINTMENT	TOPICAL	NO	
	PAPAIN-UREA-CHLOROPHYLLIN	ALLANFILLZENZYME	TOPICAL	NO	
	TRYPSIN	TRYPSIN	TOPICAL	NO	
	TRYPSIN W/ CASTOR OIL & PERUVIAN BALSAM	GRANULEX	TOPICAL	NO	
	METRONIDAZOLE	FLAGYL ER	ORAL	NO	
TRICHOMONACIDES					

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	AMITRIPTYLINE HCL	ELAVIL	ORAL	YES	
TRICYCLIC ANTIDEPRESS RELATED	AMOXAPINE	ASCENDIN	ORAL	YES	
	CLOMIPRAMINE HCL	CLOMID	ORAL	YES	
	DESIPRAMINE HCL	NORPRAMINE	ORAL	YES	
	DOXEPIN HCL	SINEQUAN	ORAL	YES	
	IMIPRAMINE HCL	TOFRANIL	ORAL	YES	
	IMIPRAMINE PAMOATE	TOFRANIL-PM	ORAL	YES	
	MAPROTILINE HCL	LUDIOMIL	ORAL	YES	
	NORTRIPTYLINE HCL	PAMELOR	ORAL	YES	
	PROTRIPTYLINE HCL	VIVACTIL	ORAL	YES	
	TRIMIPRAMINE MALEATE	SURMONTIL	ORAL	YES	
	ADALIMUMAB	HUMIRA	SUB-Q	YES	
TUMOR NECROSIS FACTOR INHIBIT	ETANERCEPT	ENBREL	SUB-Q	YES	
	ATOMOXETINE HCL	STRATTERA	ORAL	YES	
TX FOR ATTN DEF-ADHD, NRI-TYPE					
	FESOTERODINE FUMARATE	TOVIAZ	ORAL	YES	
UNIARY TRACT ANTISPASMODIC	FLAVOXATE HCL	FLAVOXATE HCL	ORAL	YES	
UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE	DITROPAN XL	ORAL	YES	
UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	ORAL	YES	
UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE TD	GELNIQUE	TRANSDERM	YES	
UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN TD PATCH	OXYTROL	TRANSDERM	YES	
UNIARY TRACT ANTISPASMODIC	TOLTERODINE TARTRATE	DETROL	ORAL	YES	
UNIARY TRACT ANTISPASMODIC	TROSPIMUM CHLORIDE	SANCTURA	ORAL	YES	
UNIARY TRACT ANTISPASMODIC					
	PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	ORAL	YES	
URINARY ANESTHETICS					
	PENTOSAN POLYSULFATE SODIUM	ELMIRON	ORAL	YES	
URINARY ANALGESIC AGENTS					
	CITRIC ACID & D-GLUCONIC ACID	RENACIDIN	IRRIGATION	YES	
URINARY PH MODIFIERS	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS	K-PHOS NEUTRAL	ORAL	YES	
	POTASSIUM & SODIUM ACID PHOSPHATES	K-PHOS M.F.	ORAL	YES	
	POTASSIUM CITRATE	UROCIT-K	ORAL	YES	
	POTASSIUM CITRATE & CITRIC ACID	CYTRA-K	ORAL	YES	
	SODIUM CITRATE & CITRIC ACID	CYTRA-2	ORAL	YES	
	DARIFENACIN HYDROBROMIDE	ENABLEX	ORAL	YES	
URINARYTRACT ANTISPAS-M(3)SEL	SOLIFENACIN SUCCINATE	VESICARE	ORAL	YES	
	METRONIDAZOLE	VANDAZOLE	VAGINAL	YES	
VAGINAL ANTIBIOTICS					
	MICONAZOLE NITRATE	MONISTAT 3	VAGINAL	YES	
VAGINAL ANTIFUNGALS	TERCONAZOLE	TERZOL	VAGINAL	YES	
	OXYQUINOLONE SULFATE-PH 4	TRIMO-SAN	VAGINAL	NO	
VAGINAL ANTISEPTICS					
	ESTRADIOL	ESTRADIOL VAGINAL	VAGINAL	YES	
VAGINAL ESTROGEN PREPARATION					
	SULFANILAMIDE	AVC	VAGINAL	YES	
VAGINAL SULFONAMIDES					
	VANCOCIN HCL	VANCOCIN HCL	ORAL	NO	
VANCOMYCIN AND DERIVATIVES					
	ISOSORBIDE DINITRATE-HYDRALAZINE HCL	BIDIL	ORAL	YES	
VASODILATORS, COMBINATION					
	COCOA BUTTER	COCOA BUTTER	TOPICAL	NO	
VEHICLES					
	SORBITOL	SORBITOL	MISCELL	NO	
VEHICLES					
	VITAMIN A	VITAMIN A	ORAL	YES	
VITAMIN A PREPARATIONS					
	B-COMPLEX W/ C & FOLIC ACID	NEPHROCAPS	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN B PREPARATIONS	B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID	DIATX ZN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLBIC	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions

APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization if a Related Condition is NOT Approved in Claim	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLTX	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	FOLIC ACID-VITAMIN B6-VITAMIN B12	FOLGARD RX	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	L-METHYLFOLATE W/ VIT B12-VIT B6-VIT B2	CEREFOLIN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	L-METHYLFOLATE W/ VIT B6-VIT B12	METANX	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	CEREFOLIN NAC	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	POTASSIUM AMINO BENZOATE	AMINO BENZOATE POTASSIUM	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	POTASSIUM AMINO BENZOATE	POTABA	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	VITAMINS W/ LIPOTROPICS	BALANCED B-100	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	THIAMINE HCL	B-1	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN B1 PREPARATIONS					
	CYANOCOBALAMIN	VITAMIN B-12	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN B12 PREPARATIONS					
	RIBOFLAVIN	VITAMIN B-2	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN B2 PREPARATIONS					
	PYRIDOXINE	VITAMIN B-6	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN B6 PREPARATIONS					
	ASCORBIC ACID	VITAMIN C	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN C PREPARATIONS					
	ERGOCALCIFEROL	CALCIFEROL	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN D PREPARATIONS					
	B-COMPLEX W/ C & E + ZN	Z-GEN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN E PREPARATIONS	VITAMIN E	VITAMIN E	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
	PHYTONADIONE	MEPHYTON	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
VITAMIN K PREPARATIONS					
	AMINOPHYLLINE	AMINOPHYLLINE	ORAL	YES	
XANTHINES	THEOPHYLLINE	THEOPHYLLINE	ORAL	YES	
	THEOPHYLLINE ELIXIR	ELIXOPHYLLIN	ORAL	YES	
	ZINC SULFATE	ORAZINC	ORAL	YES	All zinc salts and oral dosage forms are covered for allowed conditions
ZINC REPLACEMENT					