

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 SR 24HR 5 MG	
	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	
	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	
	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	
	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	
	Amphetamine-Dextroamphetamine Cap SR 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 SR 24HR 10 MG	
	Dextroamphetamine Sulfate Cap SR 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 SR 24 HR 10 MG	
	Dexmethylphenidate HCl Cap SR 24 HR 15 MG	
	Dexmethylphenidate HCl Cap SR 24 HR 20 MG	
	Dexmethylphenidate HCl Cap SR 24 HR 30 MG	
	Methylphenidate HCl Cap CR 30 MG (CD)	
	Methylphenidate HCl Cap SR 24HR 10 MG (LA)	
	Methylphenidate HCl Cap SR 24HR 20 MG (LA)	
	Methylphenidate HCl Cap SR 24HR 30 MG (LA)	
	Methylphenidate HCl Cap SR 24HR 40 MG (LA)	
	Methylphenidate HCl Cap SR 24HR 60 MG (LA)	
	Methylphenidate HCl Tab 5 MG	
	Methylphenidate HCl Tab 10 MG	
	Methylphenidate HCl Tab 20 MG	
	Methylphenidate HCl Tab CR 10 MG	
	Methylphenidate HCl Tab CR 20 MG	
	Methylphenidate HCl Tab SA OSM 18 MG	
	Methylphenidate HCl Tab SA OSM 27 MG	
	Methylphenidate HCl Tab SA OSM 36 MG	
	Methylphenidate HCl Tab SA OSM 54 MG	
	Methylphenidate HCl Tab SR 24HR 18 MG	
	Methylphenidate HCl Tab SR 24HR 27 MG	
	Methylphenidate HCl Tab SR 24HR 36 MG	
	Methylphenidate HCl Tab SR 24HR 54 MG	
	Modafinil Tab 100 MG	
	Modafinil Tab 200 MG	
ADHD Agents		

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.
	Atomoxetine HCl Cap 10 MG (Base Equiv)	
	Atomoxetine HCl Cap 18 MG (Base Equiv)	
	Atomoxetine HCl Cap 25 MG (Base Equiv)	
	Atomoxetine HCl Cap 40 MG (Base Equiv)	
	Atomoxetine HCl Cap 60 MG (Base Equiv)	
	Atomoxetine HCl Cap 80 MG (Base Equiv)	
	Atomoxetine HCl Cap 100 MG (Base Equiv)	
	Guanfacine HCl Tab SR 24HR 3 MG (Base Equiv)	
	Guanfacine HCl Tab SR 24HR 4 MG (Base Equiv)	
Agents for Chemical Dependency		
	Acamprosate Calcium Tab Delayed Release 333 MG	
	Buprenorphine HCl SL Tab 2 MG (Base Equiv)	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl SL Tab 8 MG (Base Equiv)	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Disulfiram Tab 250 MG	
	Disulfiram Tab 500 MG	
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-APAP-Salicylamide-Caffeine Tab 500-250-150-32.5 MG	
	Aspirin-Caffeine Tab 400-32 MG	
	Butalbital-Acetaminophen Tab 50-325 MG	Reimbursement is restricted to combinations of Butalbital/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.

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.
	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (184 ml) or 24 doses (360 ml) per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Meprobamate-Aspirin Tab 200-325 MG	
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	
Analgesics - Peptide Channel Blockers		
	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	Requires previous approval of intrathecal pain pump.
	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	Requires previous approval of intrathecal pain pump.
	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		Coverage limited to only those claims that have allowed medical conditions involving the genitourinary or endocrine systems.
	Methyltestosterone Cap 10 MG	See Drug Class - Androgens restrictions above
	Testosterone Cypionate IM Inj in Oil 100 MG/ML	See Drug Class - Androgens restrictions above
	Testosterone Cypionate IM Inj in Oil 200 MG/ML	See Drug Class - Androgens restrictions above
	Testosterone Enanthate IM Inj in Oil 200 MG/ML	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 10MG/ACT (2%)	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 12.5 MG/ACT (1%)	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 20.25 MG/ACT (1.62%)	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 25 MG/2.5GM (1%)	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 50 MG/5GM (1%)	See Drug Class - Androgens restrictions above
	Testosterone TD Patch 24HR 2 MG/24HR	See Drug Class - Androgens restrictions above
	Testosterone TD Patch 24HR 4 MG/24HR	See Drug Class - Androgens restrictions above
	Testosterone TD Soln 30 MG/ACT	See Drug Class - Androgens restrictions above
Antacids		
	Alum & Mag Hydroxide-Simethicone Chew Tab 200-200-20 MG	
	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	
	Alum & Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML	
	Aluminum & Magnesium Hydroxides Susp 500-500 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	

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.
	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 700-300 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 Cap ER 9 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		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 (<u>excluding clobazam</u>) will be limited to 60 days unless there is a psychological condition allowed in the claim.
	Chlordiazepoxide HCl Cap 5 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day
	Chlordiazepoxide HCl Cap 10 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day
	Chlordiazepoxide HCl Cap 25 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day
	Clorazepate Dipotassium Tab 3.75 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day
	Clorazepate Dipotassium Tab 7.5 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day
	Clorazepate Dipotassium Tab 15 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day
	Diazepam Conc 5 MG/ML	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Oral Soln 1 MG/ML	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Tab 2 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day

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.
	Diazepam Tab 5 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Tab 10 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Lorazepam Conc 2 MG/ML	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Tab 0.5 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Tab 1 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Tab 2 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Oxazepam Cap 10 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day
	Oxazepam Cap 15 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day
	Oxazepam Cap 30 MG	See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (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)	
	Dofetilide Cap 250 MCG (0.25 MG)	
	Dofetilide Cap 500 MCG (0.5 MG)	
	Dronedarone HCl Tab 400 MG (Base Equivalent)	
	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 SR 12HR 225 MG	
	Propafenone HCl Cap SR 12HR 325 MG	
	Propafenone HCl Cap SR 12HR 425 MG	
	Propafenone HCl Tab 150 MG	
	Propafenone HCl Tab 225 MG	
	Propafenone HCl Tab 300 MG	
	Quinidine Gluconate Tab CR 324 MG	
	Quinidine Sulfate Tab CR 300 MG	
Antibiotic - Aminoglycosides		
	Neomycin Sulfate Tab 500 MG	
	Tobramycin Inhal Cap 28 MG	
	Tobramycin Nebu Soln 300 MG/4ML	
	Tobramycin Nebu Soln 300 MG/5ML	
Antibiotic - Cephalosporins - 1st Generation		

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.
	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 For Susp 250 MG/5ML	
	Cefuroxime Axetil Tab 250 MG	
	Cefuroxime Axetil Tab 500 MG	
Antibiotic - Cephalosporins - 3rd Generation		
	Cefdinir Cap 300 MG	
	Cefdinir For Susp 250 MG/5ML	
	Cefditoren Pivoxil Tab 200 MG (Base Equivalent)	
	Cefditoren Pivoxil Tab 400 MG (Base Equivalent)	
	Cefixime Cap 400 MG	
	Cefixime For Susp 500 MG/5ML	
	Cefixime Tab 400 MG	
	Cefpodoxime Proxetil Tab 100 MG	
	Cefpodoxime Proxetil Tab 200 MG	
	Ceftibuten Cap 400 MG	
	Ceftibuten For Susp 180 MG/5ML	
Antibiotic - Fluoroquinolones		
	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	
	Ciprofloxacin HCl Tab 250 MG (Base Equiv)	
	Ciprofloxacin HCl Tab 500 MG (Base Equiv)	
	Ciprofloxacin HCl Tab 750 MG (Base Equiv)	
	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 500 MG (Base Eq)	
	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 1000 MG (Base Eq)	
	Gemifloxacin Mesylate Tab 320 MG (Base Equiv)	
	Levofloxacin Tab 250 MG	
	Levofloxacin Tab 500 MG	
	Levofloxacin Tab 750 MG	
	Moxifloxacin HCl Tab 400 MG (Base Equiv)	
	Norfloxacin Tab 400 MG	
	Ofloxacin Tab 300 MG	
	Ofloxacin Tab 400 MG	
Antibiotic - Macrolides		
	Azithromycin Extended Release For Oral Susp 2 GM	
	Azithromycin For Susp 100 MG/5ML	
	Azithromycin For Susp 200 MG/5ML	
	Azithromycin Powd Pack for 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 For 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	

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.
	Erythromycin w/ Delayed Release Particles Cap 250 MG	
Antibiotic - Penicillins		
	Amoxicillin & K Clavulanate Chew Tab 400-57 MG	
	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	
	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	
	Amoxicillin & K Clavulanate For 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) For Susp 250 MG/5ML	
	Amoxicillin (Trihydrate) For Susp 400 MG/5ML	
	Amoxicillin (Trihydrate) Tab 500 MG	
	Amoxicillin (Trihydrate) Tab 875 MG	
	Amoxicillin (Trihydrate) Tab ER 24HR 775 MG	
	Ampicillin Cap 250 MG	
	Ampicillin Cap 500 MG	
	Ampicillin For Susp 250 MG/5ML	
	Dicloxacillin Sodium Cap 250 MG	
	Dicloxacillin Sodium Cap 500 MG	
	Penicillin V Potassium For 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	
	Minocycline HCl Tab 100 MG	
	Minocycline HCl Tab ER 24HR 90 MG	
	Tetracycline HCl Cap 250 MG	
	Tetracycline HCl Cap 500 MG	
Anti-Cataleptic 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	
	Warfarin Sodium Tab 4 MG	
	Warfarin Sodium Tab 5 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.
	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 (Base Equivalent)	
	Edoxaban Tosylate Tab 30 MG (Base Equivalent)	
	Edoxaban Tosylate Tab 60 MG (Base Equivalent)	
	Rivaroxaban Tab 10 MG	
	Rivaroxaban Tab 15 MG	
	Rivaroxaban Tab 20 MG	
	Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG	
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 25000 Unit/ML	
	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 (Etexilate Base Eq)	
	Dabigatran Etexilate Mesylate Cap 110 MG (Etexilate Base Eq)	
	Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)	
Anticonvulsants - Benzodiazepines		
	Clobazam Tab 5 MG	Clobazam will be 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
	Clobazam Tab 10 MG	Clobazam will be 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
	Clobazam Tab 20 MG	Clobazam will be 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
	Clonazepam Products	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 (<u>excluding clobazam</u>) will be limited to 60 days unless there is a psychological condition allowed in the claim.

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.
	Clonazepam Orally Disintegrating Tab 0.125 MG	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 0.25 MG	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 0.5 MG	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 1 MG	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 2 MG	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Tab 0.5 MG	See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.
	Clonazepam Tab 1 MG	See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.
	Clonazepam Tab 2 MG	See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.
	Diazepam Rectal Gel Delivery System 10 MG	
	Diazepam Rectal Gel Delivery System 20 MG	
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		
	Carbamazepine Cap SR 12HR 100 MG	
	Carbamazepine Cap SR 12HR 200 MG	
	Carbamazepine Cap SR 12HR 300 MG	
	Carbamazepine Chew Tab 100 MG	
	Carbamazepine Susp 100 MG/5ML	
	Carbamazepine Tab 200 MG	
	Carbamazepine Tab SR 12HR 100 MG	
	Carbamazepine Tab SR 12HR 200 MG	
	Carbamazepine Tab SR 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	
	Lacosamide Tab 50 MG	
	Lacosamide Tab 100 MG	
	Lacosamide Tab 150 MG	
	Lacosamide Tab 200 MG	
	Lamotrigine Orally Disintegrating Tab Products	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Lamotrigine Orally Disintegrating Tab 25 MG	See Lamotrigine ODT Products restrictions above
	Lamotrigine Orally Disintegrating Tab 50 MG	See Lamotrigine ODT Products restrictions above

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.
	Lamotrigine Orally Disintegrating Tab 100 MG	See Lamotrigine ODT Products restrictions above
	Lamotrigine Orally Disintegrating Tab 200 MG	See Lamotrigine ODT Products restrictions above
	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 SR 24HR 50 MG	
	Lamotrigine Tab SR 24HR 100 MG	
	Lamotrigine Tab SR 24HR 200 MG	
	Lamotrigine Tab SR 24HR 250 MG	
	Lamotrigine Tab SR 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 SR 24HR 500 MG	
	Levetiracetam Tab SR 24HR 750 MG	
	Oxcarbazepine Tab 150 MG	
	Oxcarbazepine Tab 300 MG	
	Oxcarbazepine Tab 600 MG	
	Pregabalin Capsules	Pregabalin will be limited to a maximum of 3 capsules per day or 600 mg per day (whichever is less).
	Pregabalin Cap 25 MG	Maximum 3 capsules per day
	Pregabalin Cap 50 MG	Maximum 3 capsules per day
	Pregabalin Cap 75 MG	Maximum 3 capsules per day
	Pregabalin Cap 100 MG	Maximum 3 capsules per day
	Pregabalin Cap 150 MG	Maximum 3 capsules per day
	Pregabalin Cap 200 MG	Maximum 3 capsules per day
	Pregabalin Cap 225 MG	Maximum 2 capsules per day
	Pregabalin Cap 300 MG	Maximum 2 capsules per day
	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 SR 24 HR 250 MG	
	Divalproex Sodium Tab SR 24 HR 500 MG	
	Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	
	Valproic Acid Cap 250 MG	
	Valproic Acid Cap Delayed Release 250 MG	
	Valproic Acid Cap Delayed Release 500 MG	
Antidementia Agents		
	Donepezil Hydrochloride Tab 5 MG	
	Donepezil Hydrochloride Tab 10 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.
	Donepezil Hydrochloride Tab 23 MG	
	Galantamine Hydrobromide Cap SR 24HR 8 MG	
	Galantamine Hydrobromide Cap SR 24HR 16 MG	
	Galantamine Hydrobromide Tab 4 MG	
	Galantamine Hydrobromide Tab 8 MG	
	Galantamine Hydrobromide Tab 12 MG	
	Memantine HCl Cap SR 24HR 7 MG	
	Memantine HCl Cap SR 24HR 14 MG	
	Memantine HCl Cap SR 24HR 21 MG	
	Memantine HCl Cap SR 24HR 28 MG	
	Memantine HCl Cap SR 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	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Mirtazapine Orally Disintegrating Tab 15 MG	See Mirtazapine ODT Products restrictions above
	Mirtazapine Orally Disintegrating Tab 30 MG	See Mirtazapine ODT Products restrictions above
	Mirtazapine Orally Disintegrating Tab 45 MG	See Mirtazapine ODT Products restrictions above
	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 SR 12HR 100 MG	
	Bupropion HCl Tab SR 12HR 150 MG	
	Bupropion HCl Tab SR 12HR 200 MG	
	Bupropion HCl Tab SR 24HR 150 MG	
	Bupropion HCl Tab SR 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 - Serotonin Reuptake Inhibitors (SSRIs)	Selective	
	Citalopram Hydrobromide Oral Soln 10 MG/5ML	
	Citalopram Hydrobromide Tab 10 MG (Base Equiv)	
	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	
	Citalopram Hydrobromide Tab 40 MG (Base Equiv)	
	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	
	Escitalopram Oxalate Tab 5 MG (Base Equiv)	
	Escitalopram Oxalate Tab 10 MG (Base Equiv)	
	Escitalopram Oxalate Tab 20 MG (Base Equiv)	
	Fluoxetine HCl Cap 10 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.
	Fluoxetine HCl Cap 20 MG	
	Fluoxetine HCl Cap 40 MG	
	Fluoxetine HCl Cap Delayed Release 90 MG	
	Fluoxetine HCl Solution 20 MG/5ML	
	Fluvoxamine Maleate Cap SR 24HR 100 MG	
	Fluvoxamine Maleate Cap SR 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 (Base Equiv)	
	Paroxetine HCl Tab 10 MG	
	Paroxetine HCl Tab 20 MG	
	Paroxetine HCl Tab 30 MG	
	Paroxetine HCl Tab 40 MG	
	Paroxetine HCl Tab SR 24HR 12.5 MG	
	Paroxetine HCl Tab SR 24HR 25 MG	
	Paroxetine HCl Tab SR 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	
	Trazodone HCl Tab SR 24HR 150 MG	
	Trazodone HCl Tab SR 24HR 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	
	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (7) & 40 (16) MG	
Antidepressants - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
	Desvenlafaxine Fumarate Tab SR 24HR 50 MG (Base Equiv)	
	Desvenlafaxine Fumarate Tab SR 24HR 100 MG (Base Equiv)	
	Desvenlafaxine Succinate Tab SR 24HR 25 MG (Base Equiv)	
	Desvenlafaxine Succinate Tab SR 24HR 50 MG (Base Equiv)	
	Desvenlafaxine Succinate Tab SR 24HR 100 MG (Base Equiv)	
	Desvenlafaxine Tab SR 24HR 50 MG	
	Desvenlafaxine Tab SR 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 SR 24HR 37.5 MG (Base Equivalent)	
	Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent)	
	Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent)	
	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 SR 24HR 37.5 MG (Base Equivalent)	
	Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent)	

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.
	Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent)	
	Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent)	
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	

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.
	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 (Base Equiv)	
	Glucose Chew Tab 1 GM	
	Glucose Chew Tab 4 GM	
	Glucose Chew Tab 5 GM	
	Glucose Gel 15 GM/33GM	
	Glucose Gel 40%	
	Glucose Gel 77.4%	
	Glucose Oral Liquid 15 GM/59ML	
Antidiabetic - Peptidase-4 (DPP-4) Inhibitors	Dipeptidyl	
	Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	
	Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	
	Alogliptin Benzoate Tab 25 MG (Base Equiv)	
	Linagliptin Tab 5 MG	
	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	
	Saxagliptin HCl Tab 5 MG (Base Equiv)	
	Sitagliptin Phosphate Tab 25 MG (Base Equiv)	
	Sitagliptin Phosphate Tab 50 MG (Base Equiv)	
	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	
Antidiabetic - Mimetic Agents (GLP-1 Receptor Agonists)	Incretin	
	Albiglutide For Soln Pen-injector 30 MG	
	Albiglutide For Soln Pen-injector 50 MG	
	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	
	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	
	Exenatide Extended Release for Susp Pen-injector 2 MG	
	Exenatide For Inj Extended Release Susp 2 MG	
	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	
Antidiabetic - Insulin		All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim
	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 (Human) Inj 100 Unit/ML	
	Insulin Lispro (Human) Soln Cartridge 100 Unit/ML	
	Insulin Lispro (Human) Soln Pen-injector 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)	

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.
	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 (Base Equivalent)	
	Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	
	Empagliflozin Tab 10 MG	
	Empagliflozin Tab 25 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 (Base Equiv)	
	Pioglitazone HCl Tab 30 MG (Base Equiv)	
	Pioglitazone HCl Tab 45 MG (Base Equiv)	
	Rosiglitazone Maleate Tab 2 MG (Base Equiv)	
	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	
	Rosiglitazone Maleate Tab 8 MG (Base Equiv)	
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	

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.
	Dimenhydrinate Chew Tab 50 MG	
	Dimenhydrinate Tab 50 MG	
	Dronabinol Capsules	Coverage requires a Prior Authorization documenting (a) an allowed condition of chemotherapy 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.
	Dronabinol Cap 2.5 MG	See Dronabinol Capsules restrictions above
	Dronabinol Cap 5 MG	See Dronabinol Capsules restrictions above
	Dronabinol Cap 10 MG	See Dronabinol Capsules restrictions above
	Granisetron HCl Tab 1 MG	
	Meclizine HCl Chew Tab 25 MG	
	Meclizine HCl Tab 12.5 MG	
	Meclizine HCl Tab 25 MG	
	Meclizine HCl Tab 50 MG	
	Ondansetron HCl Oral Soln 4 MG/5ML	
	Ondansetron HCl Tab 4 MG	
	Ondansetron HCl Tab 8 MG	
	Ondansetron Orally Disintegrating Tab Products	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Ondansetron Orally Disintegrating Tab 4 MG	See Ondansetron ODT Products restrictions above
	Ondansetron Orally Disintegrating Tab 8 MG	See Ondansetron ODT Products restrictions above
	Scopolamine TD Patch 72HR 1 MG/3DAYS	
	Trimethobenzamide HCl Cap 300 MG	
Antifungals	Fluconazole For Susp 40 MG/ML	
	Fluconazole Tab 50 MG	
	Fluconazole Tab 100 MG	
	Fluconazole Tab 150 MG	
	Fluconazole Tab 200 MG	
	Griseofulvin Microsize Susp 125 MG/5ML	
	Griseofulvin Microsize Tab 500 MG	
	Griseofulvin Ultramicrosize Tab 250 MG	
	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	

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.
	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 (Fenofibric Acid Equiv)	
	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	
	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 (Base Equivalent)	
	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	
	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	
	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	
	Fluvastatin Sodium Tab SR 24 HR 80 MG	
	Lovastatin Tab 10 MG	
	Lovastatin Tab 20 MG	
	Lovastatin Tab 40 MG	
	Lovastatin Tab SR 24HR 60 MG	
	Niacin-Lovastatin Tab SR 24HR 1000-20 MG	
	Niacin-Simvastatin Tab SR 24HR 500-20 MG	
	Niacin-Simvastatin Tab SR 24HR 500-40 MG	
	Niacin-Simvastatin Tab SR 24HR 1000-20 MG	
	Niacin-Simvastatin Tab SR 24HR 1000-40 MG	
	Pitavastatin Calcium Tab 1 MG (Base Equiv)	
	Pitavastatin Calcium Tab 2 MG (Base Equiv)	
	Pitavastatin Calcium Tab 4 MG (Base Equiv)	
	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	

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.
	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	
Antihyperlipidemics - Intestinal Cholesterol Absorption Inhibitors		
	Ezetimibe Tab 10 MG	
Antihyperlipidemics - Lecithin		
	Lecithin Cap 1200 MG	
	Lecithin Chew Tab 1000 MG	
Antihyperlipidemics - Misc		
	Omega-3-acid Ethyl Esters Cap 1 GM	
Antihyperlipidemics - Nicotinic Acid Derivatives		All strengths of oral dosage forms are covered for allowed conditions
	Niacin Tab CR 500 MG (Antihyperlipidemic)	
	Niacin Tab CR 750 MG (Antihyperlipidemic)	
	Niacin Tab CR 1000 MG (Antihyperlipidemic)	
Antihyperlipidemics - 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**	
	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 500 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 600 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 1400 MG**	
	Omega-3 Fatty Acids Chew Tab 240 MG**	
Antihyperlipidemics - PCSK9 Inhibitors		
	Alirocumab Subcutaneous Soln Pen-injector 75 MG/ML	
	Alirocumab Subcutaneous Soln Pen-injector 150 MG/ML	
	Alirocumab Subcutaneous Soln Prefilled Syringe 75 MG/ML	
	Alirocumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	
Antihypertensive Combinations		
	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	
	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	
	Aliskiren-Valsartan Tab 150-160 MG	
	Aliskiren-Valsartan Tab 300-320 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	

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.
	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	
	Moexipril-Hydrochlorothiazide Tab 15-25 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 CR 2-240 MG	
	Trandolapril-Verapamil HCl Tab CR 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	
Antihypertensives - 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	

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.
	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	
Agents for Pheochromocytoma		
	Phenoxybenzamine HCl Cap 10 MG	
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	
Antihypertensives - Antidiuretic		
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	
Antihypertensives - Direct Renin Inhibitors		
	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	
	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	
Antihypertensives - Selective Aldosterone Receptor Antagonists (SARAs)		
	Eplerenone Tab 25 MG	
	Eplerenone Tab 50 MG	
Antihypertensives - Vasodilators		
	Hydralazine HCl Tab 10 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.
	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 (Base Equiv)	
	Dapsone Tab 25 MG	
	Dapsone Tab 100 MG	
	Linezolid For Susp 100 MG/5ML	
	Linezolid Tab 600 MG	
	Metronidazole Cap 375 MG	
	Metronidazole Tab 250 MG	
	Metronidazole Tab 500 MG	
	Metronidazole Tab ER 24HR 750 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	
	Telithromycin Tab 400 MG	
	Tinidazole Tab 500 MG	
	Trimethoprim Tab 100 MG	
	Vancomycin HCl Cap 125 MG	
	Vancomycin HCl Cap 250 MG	
Antimalarials		
	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 CR 300 MG	
	Lithium Carbonate Tab CR 450 MG	
	Lithium Oral Solution 8 mEq/5ML	
Antimyasthenic/Cholinergic Agents		
	Pyridostigmine Bromide Tab 60 MG	
	Pyridostigmine Bromide Tab CR 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 (Base Equiv)	

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.
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 (Base Equivalent)	
Antiparkinson Agents		
	Amantadine HCl Cap 100 MG	
	Amantadine HCl Syrup 50 MG/5ML	
	Amantadine HCl Tab 100 MG	
	Benzotropine Mesylate Tab 0.5 MG	
	Benzotropine Mesylate Tab 1 MG	
	Benzotropine 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 CR 25-100 MG	
	Carbidopa & Levodopa Tab CR 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 SR 24HR 0.375 MG	
	Pramipexole Dihydrochloride Tab SR 24HR 0.75 MG	
	Pramipexole Dihydrochloride Tab SR 24HR 1.5 MG	
	Rasagiline Mesylate Tab 1 MG (Base Equiv)	
	Ropinirole Hydrochloride Tab 0.25 MG	
	Ropinirole Hydrochloride Tab 0.5 MG	
	Ropinirole Hydrochloride Tab 1 MG	
	Ropinirole Hydrochloride Tab 2 MG	
	Ropinirole Hydrochloride Tab 3 MG	
	Ropinirole Hydrochloride Tab 4 MG	
	Ropinirole Hydrochloride Tab 5 MG	
	Ropinirole Hydrochloride Tab SR 24HR 2 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab SR 24HR 4 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab SR 24HR 6 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab SR 24HR 8 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab SR 24HR 12 MG (Base Equivalent)	
	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	
	Paregoric Tincture 2 MG/5ML	
Antipsoriatics - Oral		
	Acitretin Cap 25 MG	
Antipsychotics - Benzisoxazoles		
	Haloperidol Lactate Oral Conc 2 MG/ML	
	Haloperidol Tab 0.5 MG	
	Haloperidol Tab 1 MG	
	Haloperidol Tab 2 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.
	Haloperidol Tab 5 MG	
	Haloperidol Tab 10 MG	
	Haloperidol Tab 20 MG	
	Paliperidone Tab SR 24HR 1.5 MG	
	Paliperidone Tab SR 24HR 3 MG	
	Paliperidone Tab SR 24HR 6 MG	
	Paliperidone Tab SR 24HR 9 MG	
	Risperidone Orally Disintegrating Tab Products	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Risperidone Orally Disintegrating Tab 0.25 MG	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 0.5 MG	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 1 MG	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 2 MG	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 3 MG	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 4 MG	See Risperidone ODT Products restrictions above
	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	Sublingual dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	See Asenapine Maleate SL Tab Products restrictions above
	Asenapine Maleate SL Tab 5 MG (Base Equiv)	See Asenapine Maleate SL Tab Products restrictions above
	Asenapine Maleate SL Tab 10 MG (Base Equiv)	See Asenapine Maleate SL Tab Products restrictions above
	Clozapine Orally Disintegrating Tab Products	Oral disintegrating 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 12.5 MG	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 25 MG	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 100 MG	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 150 MG	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 200 MG	See Clozapine ODT Products restrictions above
	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 Products	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Olanzapine Orally Disintegrating Tab 5 MG	See Olanzapine ODT Products restrictions above
	Olanzapine Orally Disintegrating Tab 10 MG	See Olanzapine ODT Products restrictions above
	Olanzapine Orally Disintegrating Tab 15 MG	See Olanzapine ODT Products restrictions above
	Olanzapine Orally Disintegrating Tab 20 MG	See Olanzapine ODT Products restrictions above
	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	

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.
	Quetiapine Fumarate Tab 200 MG	
	Quetiapine Fumarate Tab 300 MG	
	Quetiapine Fumarate Tab 400 MG	
	Quetiapine Fumarate Tab SR 24HR 50 MG	
	Quetiapine Fumarate Tab SR 24HR 150 MG	
	Quetiapine Fumarate Tab SR 24HR 200 MG	
	Quetiapine Fumarate Tab SR 24HR 300 MG	
	Quetiapine Fumarate Tab SR 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 SR 12HR 100 MG	
	Carbamazepine (Antipsychotic) Cap SR 12HR 200 MG	
	Carbamazepine (Antipsychotic) Cap SR 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	
	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 (Base Equivalent)	
	Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	
	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 Products	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Aripiprazole Orally Disintegrating Tab 10 MG	See Aripiprazole ODT Products restrictions above
	Aripiprazole Orally Disintegrating Tab 15 MG	See Aripiprazole ODT Products restrictions above
	Aripiprazole Tab 2 MG	
	Aripiprazole Tab 5 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.
	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	
Antiretrovirals		
	Abacavir Sulfate-Lamivudine Tab 600-300 MG	
	Atazanavir Sulfate Cap 150 MG (Base Equiv)	
	Atazanavir Sulfate Cap 200 MG (Base Equiv)	
	Atazanavir Sulfate Cap 300 MG (Base Equiv)	
	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	
	Efavirenz Cap 50 MG	
	Efavirenz Cap 200 MG	
	Efavirenz Tab 600 MG	
	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	
	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	
	Indinavir Sulfate Cap 200 MG	
	Indinavir Sulfate Cap 400 MG	
	Lamivudine Oral Soln 10 MG/ML	
	Lamivudine Tab 150 MG	
	Lamivudine Tab 300 MG	
	Lamivudine-Zidovudine Tab 150-300 MG	
	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	
	Lopinavir-Ritonavir Tab 100-25 MG	
	Lopinavir-Ritonavir Tab 200-50 MG	
	Nelfinavir Mesylate Tab 250 MG	
	Nelfinavir Mesylate Tab 625 MG	
	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	
	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	
	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	
	Raltegravir Potassium Tab 400 MG (Base Equiv)	
	Ritonavir Cap 100 MG	
	Ritonavir Oral Soln 80 MG/ML	
	Ritonavir Tab 100 MG	
	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	
	Tenofovir Disoproxil Fumarate Tab 150 MG	
	Tenofovir Disoproxil Fumarate Tab 200 MG	
	Tenofovir Disoproxil Fumarate Tab 250 MG	
	Tenofovir Disoproxil Fumarate Tab 300 MG	
	Zidovudine Cap 100 MG	
	Zidovudine Syrup 10 MG/ML	
	Zidovudine Tab 300 MG	
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%	
	Hexachlorophene Liq 3%	
	Hydrogen Peroxide Soln 3%	
	Povidone-Iodine Oint 10%	
	Povidone-Iodine Soln 7.5%	
	Povidone-Iodine Soln 10%	
	Povidone-Iodine Swabs 10%	

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.
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 (Tartrate Equiv) Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv) Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv) Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv) 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 (Base Equivalent) Nebivolol HCl Tab 5 MG (Base Equivalent) Nebivolol HCl Tab 10 MG (Base Equivalent) Nebivolol HCl Tab 20 MG (Base Equivalent) 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	
Calcium Channel Blockers	Amlodipine Besylate Tab 2.5 MG Amlodipine Besylate Tab 5 MG Amlodipine Besylate Tab 10 MG Diltiazem HCl Cap SR 24HR 120 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.
	Diltiazem HCl Cap SR 24HR 180 MG	
	Diltiazem HCl Cap SR 24HR 240 MG	
	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	
	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	
	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	
	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	
	Diltiazem HCl Coated Beads Cap SR 24HR 360 MG	
	Diltiazem HCl Coated Beads Tab SR 24HR 240 MG	
	Diltiazem HCl Coated Beads Tab SR 24HR 360 MG	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	
	Diltiazem HCl Extended Release Beads Cap SR 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 SR 24HR 5 MG	
	Felodipine Tab SR 24HR 10 MG	
	Isradipine Tab SR 24HR 5 MG	
	Isradipine Tab SR 24HR 10 MG	
	Nicardipine HCl Cap 20 MG	
	Nicardipine HCl Cap SR 12HR 60 MG	
	Nifedipine Cap 10 MG	
	Nifedipine Cap 20 MG	
	Nifedipine Tab SR 24HR 30 MG	
	Nifedipine Tab SR 24HR 60 MG	
	Nifedipine Tab SR 24HR 90 MG	
	Nifedipine Tab SR 24HR Osmotic Release 30 MG	
	Nifedipine Tab SR 24HR Osmotic Release 60 MG	
	Nifedipine Tab SR 24HR Osmotic Release 90 MG	
	Nisoldipine Tab SR 24HR 20 MG	
	Nisoldipine Tab SR 24HR 25.5 MG	
	Verapamil HCl Cap SR 24HR 120 MG	
	Verapamil HCl Cap SR 24HR 180 MG	
	Verapamil HCl Cap SR 24HR 240 MG	
	Verapamil HCl Tab 40 MG	
	Verapamil HCl Tab 80 MG	
	Verapamil HCl Tab 120 MG	
	Verapamil HCl Tab CR 120 MG	
	Verapamil HCl Tab CR 180 MG	
	Verapamil HCl Tab CR 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	

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.
	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 Syrup 1-2.5 MG/5ML	
	Cetirizine-Pseudoephedrine Tab SR 12HR 5-120 MG	
	Chlorpheniramine-DM Tab 4-30 MG	
	Desloratadine & Pseudoephedrine Tab SR 24HR 5-240 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 20-400 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 SR 12HR 60-120 MG	
	Fexofenadine-Pseudoephedrine Tab SR 24HR 180-240 MG	
	Guaifenesin-Codeine Liquid 300-10 MG/5ML	
	Guaifenesin-Codeine Soln 100-10 MG/5ML	
	Hydrocod Polst-Chlorphen Polst Cap SR 12HR 10-8 MG	
	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	
	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	
	Loratadine & Pseudoephedrine Tab SR 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 10-15-395 MG	
	Phenylephrine w/ DM-GG Tab 10-15-400 MG	
	Phenylephrine w/ DM-GG Tab 5-10-200 MG	
	Phenylephrine-Chlorphen-DM Liquid 10-2-15 MG/5ML	
	Phenylephrine-Chlorphen-DM Liquid 10-4-10 MG/5ML	
	Phenylephrine-Chlorphen-DM Liquid 6-2-15 MG/5ML	
	Phenylephrine-Chlorphen-DM Syrup 10-4-20 MG/5ML	
	Phenylephrine-Chlorphen-DM Tab 10-4-10 MG	
	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML	
	Phenylephrine-Pyrimidine w/ Codeine Syrup 5-8.33-9 MG/5ML	
	Phenylephrine-Pyrimidine-DM Syrup 5-8.33-10 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 Liquid 30-10-100 MG/5ML	
	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML	
	Pseudoephedrine w/ DM-GG Tab 30-30-400 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.
	Pseudoephedrine w/ DM-GG Tab 60-15-400 MG	
	Pseudoephedrine w/ DM-GG Tab 60-20-380 MG	
	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-1200 MG	
	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG	
Cystic Fibrosis Agents		
	Dornase Alfa Inhal Soln 1 MG/ML	
Cytomegalovirus (CMV) Agents		
	Valganciclovir HCl Tab 450 MG (Base Equivalent)	
Diabetic Supplies		
	Alcohol Swabs	
	Lancet Devices	
	Lancets Misc.	
	Lancets	
Diagnostic Test		
	Glucose Blood Test Strip	
Dietary Management Products - L-Methylfolate		All combinations and strengths of oral dosage forms are covered for allowed conditions
	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 w/ Vit B6-Vit B12 Tab 3-43.75-2.72 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		All oral formulations of pancreatic enzymes are covered for allowed conditions
	Lactase Tab 3000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-16000 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 10500-25000-43750 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 13800-27600-27600 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 20000-68000-109000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 20700-41400-41400 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 23000-46000-46000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-85000-136000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-136000-218000 Unit	
	Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit	
	Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit	
Diuretics		
	Acetazolamide Cap SR 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	

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.
	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	
	Spirolactone Tab 25 MG	
	Spirolactone Tab 50 MG	
	Spirolactone 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	
Electrolytes - Potassium		All potassium salts and oral dosage forms are covered for allowed conditions
	Potassium Bicarbonate Effer Tab 25 mEq	
	Potassium Chloride Cap CR 8 mEq	
	Potassium Chloride Cap CR 10 mEq	
	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq	
	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq	
	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	
	Potassium Chloride Powder Packet 20 mEq	
	Potassium Chloride Tab CR 8 mEq (600 MG)	
	Potassium Chloride Tab CR 10 mEq	
	Potassium Chloride Tab CR 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 40 MG	
	Alendronate Sodium Tab 70 MG	
	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	
	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	
	Etidronate Disodium Tab 200 MG	
	Etidronate Disodium Tab 400 MG	
	Ibandronate Sodium Tab 150 MG (Base Equivalent)	
	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 (Base Equiv)	
	Doxercalciferol Cap 0.5 MCG	
	Doxercalciferol Cap 2.5 MCG	
	Paricalcitol Cap 1 MCG	
	Paricalcitol Cap 2 MCG	

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.
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 SR 12HR 600 MG Guaifenesin Tab SR 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 8 mcg will no longer be eligible for reimbursement. In claims where the drug was covered in the 90 days prior to October 1, 2017, coverage may continue at the current dose.
	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 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to 2(two) capsules per day. In claims where the drug was covered in the 90 days prior to October 1, 2017, the drug may continue at the current dose.
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 Balsalazide Disodium Tab 1.1 GM Mesalamine Cap CR 500 MG Mesalamine Cap DR 400 MG Mesalamine Enema 4 GM Mesalamine Suppos 1000 MG Mesalamine Tab Delayed Release 400 MG Mesalamine Tab Delayed Release 800 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.
	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		
	Methylnaltrexone Bromide Tab 150 MG	induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes as well as a trial of either naloxegol oxalate oral tablets or lubiprostone oral capsules. Reimbursement is limited to 3(three) tablets per day.
	Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML)	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes as well as a trial of either naloxegol oral tablets or lubiprostone oral capsules. Reimbursement is limited to one vial or syringe per day.
	Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes as well as a trial of either naloxegol oral tablets or lubiprostone oral capsules. Reimbursement is limited to one vial or syringe per day.
	Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.
	Naloxegol Oxalate Tab 25 MG (Base Equivalent)	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.
Genitourinary - Alkalinizers		
	Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML	
	Potassium Citrate Tab CR 5 MEQ (540 MG)	
	Potassium Citrate Tab CR 10 MEQ (1080 MG)	
Genitourinary Irrigants		
	Acetic Acid Irrigation Soln 0.25%	
	Citric Acid & D-Gluconic Acid Soln	
Glucocorticosteroids		
	Cortisone Acetate Tab 25 MG	
	Dexamethasone Conc 1 MG/ML	
	Dexamethasone Elixir 0.5 MG/5ML	

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.
	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 Sodium Succinate 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 (Base Equiv)	
	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)	
	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	

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.
	Cyanocobalamin Cap 5000 MCG	
	Cyanocobalamin Tab 500 MCG	
	Cyanocobalamin Tab 1000 MCG	
	Cyanocobalamin Tab 2500 MCG	
Hematopoietic Agents - Folic Acid/Folates		
	Folic Acid Tab 800 MCG	
	Folic Acid Tab 1 MG	
Hematopoietic Agents - Iron		All iron salts and oral dosage forms are covered for allowed conditions
	Carbonyl Iron Tab 45 MG (Elemental Iron)	
	Ferrous Fumarate Tab CR 50 MG (Fe Equivalent)	
	Ferrous Gluconate Tab 324 MG (38 MG Elemental Iron)	
	Ferrous Sulfate Dried Tab CR 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 CR 142 MG (45 MG Fe Equivalent)	
	Ferrous Sulfate Tab CR 143 MG (45 MG Fe Equivalent)	
	Ferrous Sulfate Tab CR 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 Asp Gly-Fe Polysacc-Succ Ac-C-Threon Ac 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 CR 400 MG	
Hemostatics - Systemic		
	Aminocaproic Acid Oral Soln 0.25 GM/ML	
	Aminocaproic Acid Syrup 25%	
	Aminocaproic Acid Tab 500 MG	
	Aminocaproic Acid Tab 1000 MG	
Hepatitis Agents		
	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	
	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	
	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	
	Elbasvir-Grazoprevir Tab 50-100 MG	
	Ledipasvir-Sofosbuvir Tab 90-400 MG	
	Peginterferon alfa-2a Inj 135 MCG/0.5ML	
	Peginterferon alfa-2a Inj 180 MCG/0.5ML	
	Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML	
	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	
	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	
	Ribavirin Cap 200 MG	
	Ribavirin Tab 200 MG	
	Sofosbuvir Tab 400 MG	
	Sofosbuvir-Velpatasvir Tab 400-100 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.
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		
	Butabarbital Sodium Tab 30 MG	
	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		Reimbursement is restricted to only the following drugs in this class: Zolpidem Immediate Release and Continuous release tablets, Temazepam capsules, Zaleplon capsules and Eszopiclone tablets.
	Eszopiclone Tab 1 MG	
	Eszopiclone Tab 2 MG	
	Eszopiclone Tab 3 MG	
	Temazepam Cap 7.5 MG	
	Temazepam Cap 15 MG	
	Temazepam Cap 22.5 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 CR 6.25 MG	
	Zolpidem Tartrate Tab CR 12.5 MG	
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	
	Everolimus Tab 0.25 MG	
	Everolimus Tab 0.5 MG	
	Everolimus Tab 0.75 MG	
	Mycophenolate Mofetil Cap 250 MG	
	Mycophenolate Mofetil Tab 500 MG	
	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	

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.
	Sirolimus Tab 1 MG	
	Sirolimus Tab 2 MG	
	Tacrolimus Cap 0.5 MG	
	Tacrolimus Cap 1 MG	
	Tacrolimus Cap 5 MG	
	Tacrolimus Tab SR 24HR 0.75 MG	
	Tacrolimus Tab SR 24HR 1 MG	
	Tacrolimus Tab SR 24HR 4 MG	
Impotence Agents		Reimbursement for erectile dysfunction medications will be limited to one product per month.
	Alprostadil For Inj 20 MCG	Max 6 units per 30 Days
	Alprostadil For Inj Kit 10 MCG	Max 6 units per 30 Days
	Alprostadil For Inj Kit 20 MCG	Max 6 units per 30 Days
	Alprostadil For Inj Kit 40 MCG	Max 6 units per 30 Days
	Alprostadil Urethral Pellet 250 MCG	Max 6 pellet per 30 Days
	Alprostadil Urethral Pellet 500 MCG	Max 6 pellet per 30 Days
	Alprostadil Urethral Pellet 1000 MCG	Max 6 pellet per 30 Days
	Sildenafil Citrate Tab 25 MG	Max 6 tab per 30 Days
	Sildenafil Citrate Tab 50 MG	Max 6 tab per 30 Days
	Sildenafil Citrate Tab 100 MG	Max 6 tab per 30 Days
	Tadalafil Tab 2.5 MG	Max 30 tab per 30 Days
	Tadalafil Tab 5 MG	Max 30 tab per 30 Days
	Tadalafil Tab 10 MG	Max 6 tab per 30 Days
	Tadalafil Tab 20 MG	Max 6 tab per 30 Days
	Vardenafil HCl Tab 5 MG	Max 6 tab per 30 Days
	Vardenafil HCl Tab 10 MG	Max 6 tab per 30 Days
	Vardenafil HCl Tab 20 MG	Max 6 tab per 30 Days
Influenza Agents		
	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	
	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	

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.
	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 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 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 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		
	Pentosan Polysulfate Sodium Caps 100 MG	
Iodine Products		
	Potassium Iodide Soln 1 GM/ML	
Laxatives		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	

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.
	Sennosides-Docusate Sodium Tab 8.6-50 MG	
	Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate Oral Soln	
Laxatives - Bulk		
	Calcium Polycarbophil Tab 625 MG	
	Cellulose Powder	
	Methylcellulose Powder Laxative	
	Methylcellulose Tab 500 MG	
	Psyllium Cap 0.52 GM	
	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 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%	
	Sorbitol Solution (Bulk)	
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	
	Senna Tab	
	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	

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.
	Docusate Sodium Enema 283 MG	
	Docusate Sodium Liquid 150 MG/15ML	
	Docusate Sodium Syrup 60 MG/15ML	
Migraine Products - Misc		
	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	
	Ergotamine w/ Caffeine Tab 1-100 MG	
	Isometheptene-Dichloral-Acetaminophen Cap 65-100-325 MG	
Migraine Products - Serotonin Agonist/NSAID		
	Sumatriptan-Naproxen Sodium Tab 85-500 MG	Max 9 tab per 30 days
Migraine Products - Serotonin Agonists		
	Almotriptan Malate Tab 12.5 MG	Max 12 tab per 30 days
	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	Max 6 tab per 30 days
	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	Max 6 tab per 30 days
	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	Max 9 tab per 30 days
	Naratriptan HCl Tab 2.5 MG (Base Equiv)	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
	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 (Base Equivalent)	Max 12 tab per 30 days
	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	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 4 MG/0.5ML	Max 8 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 Jet-injector 4 MG/0.5ML	Max 8 units per 30 days
	Sumatriptan Succinate Solution Jet-injector 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		All calcium salts and oral dosage forms are covered for allowed conditions
	Calcium & Phosphorus w/ Vit D Chew Tab 100 MG-50 MG-100 Unit	
	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	

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.
	Calcium Carbonate Chewable Wafer 500 MG (200 MG Calcium)	
	Calcium Carbonate Susp 1250 MG/5ML (500 MG/5ML Elemental Ca)	
	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-Cholecalciferol Tab 90 MG-400 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 500 MG-400 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 200 MG	
	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-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 Tab 500 MG	
	Calcium Lactate Tab 648 MG (84 MG Elemental Ca)	
	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-400 Unit	
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-500 Unit	
	Calcium Phosphate-Cholecalciferol Tab 115 MG-2000 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 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 SR 24HR 600 MG-40 MG-500 Unit	
	Calcium-Magnesium w/ Vitamin D Chew Tab 300MG-20MG-200 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	

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.
Minerals - Magnesium		All magnesium salts and oral dosage forms are covered for allowed conditions
	Magnesium Cap 400 MG	
	Magnesium Carbonate Oral Powder 250 MG/GM (Elemental Mg)	
	Magnesium Chloride Tab CR 535 MG (64 MG Elemental Mg)	
	Magnesium Chloride-Calcium Tab DR 64-106 MG (Base Equiv)	
	Magnesium Citrate Cap 125 MG (Elemental Mg)	
	Magnesium Citrate Tab 100 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 CR 84 MG (Elemental Mg) (7 MEQ)	
	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 Oxide Tab 400 MG (241.3 MG Elemental Mg)	
	Magnesium Tab 250 MG	
	Magnesium Tab 400 MG	
Minerals - Mineral Combinations		
	Multiple Minerals w/ Vitamins Liquid	
Minerals - Zinc		All zinc salts and oral dosage forms are covered for allowed conditions
	Zinc Gluconate Tab 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		All combinations and strengths of oral dosage forms are covered for allowed conditions
	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 Saliva - Aero Soln	
	Cevimeline HCl Cap 30 MG	
	Misc Throat Products - Liquid	
	Pilocarpine HCl Tab 5 MG	
	Pilocarpine HCl Tab 7.5 MG	
	Povidone-Sodium Hyaluronate-Glycyrrhetic Acid Gel	
Movement Disorder Drug Therapy		
	Tetrabenazine Tab 12.5 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.
	Tetrabenazine Tab 25 MG	
Mucolytics		
	Acetylcysteine Inhal Soln 10%	
	Acetylcysteine Inhal Soln 20%	
Multiple Sclerosis Agents		
	Fingolimod HCl Cap 0.5 MG (Base Equiv)	
	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	
	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	
	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG/6.6 MU)/Vial	
	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)	
Muscle Relaxants		90 days lifetime supply combined all Muscle Relaxants (excludes all baclofen and dantrolene and tizanidine prescribed for spasticity) plus one additional 30 days per rolling 365 days when requested via PA. Additional one year of coverage may be requested by PA for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain.
	Baclofen Tab 10 MG	
	Baclofen Tab 20 MG	
	Chlorzoxazone Tab 500 MG	See Drug Class - Muscle Relaxants restrictions above
	Cyclobenzaprine HCl Tab 5 MG	See Drug Class - Muscle Relaxants restrictions above
	Cyclobenzaprine HCl Tab 7.5 MG	See Drug Class - Muscle Relaxants restrictions above
	Cyclobenzaprine HCl Tab 10 MG	See Drug Class - Muscle Relaxants restrictions above
	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. Then all class rules apply - See Drug Class - Muscle Relaxant restrictions above.
	Methocarbamol Tab 500 MG	See Drug Class - Muscle Relaxants restrictions above
	Methocarbamol Tab 750 MG	See Drug Class - Muscle Relaxants restrictions above
	Orphenadrine Citrate Tab SR 12HR 100 MG	See Drug Class - Muscle Relaxants restrictions above
	Tizanidine Products	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.
	Tizanidine HCl Cap 2 MG (Base Equivalent)	See Tizanidine Products restrictions above
	Tizanidine HCl Cap 4 MG (Base Equivalent)	See Tizanidine Products restrictions above
	Tizanidine HCl Cap 6 MG (Base Equivalent)	See Tizanidine Products restrictions above
	Tizanidine HCl Tab 2 MG (Base Equivalent)	See Tizanidine Products restrictions above
	Tizanidine HCl Tab 4 MG (Base Equivalent)	See Tizanidine Products restrictions above
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 Anti-infectives		
	Mupirocin Calcium Nasal Oint 2%	
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	

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.
	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	Max 400 mg (8 cap) per day
	Celecoxib Cap 100 MG	Max 400 mg (4 cap) per day
	Celecoxib Cap 200 MG	Max 400 mg (2 cap) per day
	Celecoxib Cap 400 MG	Max 400 mg (1 cap) 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 SR 24HR 100 MG	
	Etodolac Cap 200 MG	
	Etodolac Cap 300 MG	
	Etodolac Tab 400 MG	
	Etodolac Tab 500 MG	
	Etodolac Tab SR 24HR 400 MG	
	Etodolac Tab SR 24HR 500 MG	
	Etodolac Tab SR 24HR 600 MG	
	Fenoprofen Calcium Cap 200 MG	
	Fenoprofen Calcium Cap 400 MG	
	Fenoprofen Calcium Tab 600 MG	
	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 CR 75 MG	
	Ketoprofen Cap 50 MG	
	Ketoprofen Cap 75 MG	
	Ketoprofen Cap SR 24HR 200 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.
	Meclofenamate Sodium Cap 50 MG	
	Meclofenamate Sodium Cap 100 MG	
	Meloxicam Susp 7.5 MG/5ML	
	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	

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.
	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	
	Tolmetin Sodium Cap 400 MG	
	Tolmetin Sodium Tab 200 MG	
	Tolmetin Sodium Tab 600 MG	
Ophthalmic Adrenergic Agents		
	Apraclonidine HCl Opth Soln 0.5% (Base Equivalent)	
	Brimonidine Tartrate Opth Soln 0.1%	
	Brimonidine Tartrate Opth Soln 0.15%	
	Brimonidine Tartrate Opth Soln 0.2%	
Ophthalmic Anti-infectives		
	Azithromycin Opth Soln 1%	
	Bacitracin Opth Oint 500 Unit/GM	
	Bacitracin-Polymyxin B Opth Oint	
	Besifloxacin HCl Opth Susp 0.6% (Base Equiv)	
	Ciprofloxacin HCl Opth Oint 0.3%	
	Ciprofloxacin HCl Opth Soln 0.3%	
	Erythromycin Opth Oint 5 MG/GM	
	Ganciclovir Opth Gel 0.15%	
	Gatifloxacin Opth Soln 0.5%	
	Gentamicin Sulfate Opth Oint 0.3%	
	Gentamicin Sulfate Opth Soln 0.3%	
	Levofloxacin Opth Soln 0.5%	
	Moxifloxacin HCl Opth Soln 0.5% (Base Eq) (2 Times Daily)	
	Moxifloxacin HCl Opth Soln 0.5% (Base Equiv)	
	Natamycin Opth Susp 5%	
	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	
	Ofloxacin Opth Soln 0.3%	
	Polymyxin B-Trimethoprim Opth Soln 10000 Unit/ML-0.1%	
	Sulfacetamide Sodium Opth Soln 10%	
	Tobramycin Opth Oint 0.3%	
	Tobramycin Opth Soln 0.3%	
	Trifluridine Opth Soln 1%	
Ophthalmic Artificial Tears and Lubricants		
	Artificial Tear Opth Gel	
	Artificial Tear Opth Insert	
	Artificial Tear Opth Ointment	
	Artificial Tear Opth Solution	
	Carboxymethylcell-Glycerin-Polysorb 80 Opth Soln 0.5-1-0.5%	
	Carboxymethylcellulose Sodium Opth Gel 1%	
	Carboxymethylcellulose Sodium Opth Liquid 0.7%	
	Carboxymethylcellulose Sodium Opth Soln 0.25%	
	Carboxymethylcellulose Sodium Opth Soln 0.5%	
	Carboxymethylcellulose Sodium Opth Soln 1%	
	Carboxymethylcellulose-Glycerin Opth Gel 1-0.9%	
	Carboxymethylcellulose-Glycerin Opth Soln 0.5-0.9%	
	Carboxymethylcellulose-Glycerin (PF) Opth Soln 0.5-0.9%	
	Carboxymethylcellulose-Hypromellose Gel 0.25-0.3%	
	Glycerin-Hypromellose-PEG 400 Opth Soln 0.2-0.2-1%	
	Glycerin-Hypromellose-PEG 400 Opth Soln 0.2-0.36-1%	
	Hypromellose Opth Gel 0.3%	
	Hypromellose Opth Soln 0.2%	
	Hypromellose Opth Soln 0.3%	
	Hypromellose Opth Soln 0.4%	
	Hypromellose Opth Soln 0.5%	

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.
	Light Mineral Oil-Mineral Oil Opth Emulsion 0.5-0.5%	
	Polyethylene Glycol-Polyvinyl Alcohol Opth Soln 1-1%	
	Polyethylene Glycol-Propylene Glycol Opth Gel 0.4-0.3%	
	Polyethylene Glycol-Propylene Glycol Opth Soln 0.4-0.3%	
	Polyethylene Glycol-Propylene Glycol PF Op Soln 0.4-0.3%	
	Polysorbate 80 Opth Soln 1%	
	Polyvinyl Alcohol Opth Soln 1.4%	
	Polyvinyl Alcohol-Povidone Opth Soln 1.4-0.6%	
	Polyvinyl Alcohol-Povidone Opth Soln 2.7-2%	
	Polyvinyl Alcohol-Povidone Opth Soln 5-6 MG/ML (0.5-0.6%)	
	Propylene Glycol Opth Soln 0.6%	
	Propylene Glycol-Glycerin Opth Soln 0.6-0.6%	
	Propylene Glycol-Glycerin Opth Soln 1-0.3%	
	White Petrolatum-Mineral Oil Opth Ointment	
Ophthalmic Beta-blockers		
	Betaxolol HCl Opth Susp 0.25%	
	Brimonidine Tartrate-Timolol Maleate Opth Soln 0.2-0.5%	
	Carteolol HCl Opth Soln 1%	
	Dorzolamide HCl-Timolol Maleate Opth Sol 22.3-6.8 MG/ML PF	
	Dorzolamide HCl-Timolol Maleate Opth Soln 22.3-6.8 MG/ML	
	Levobunolol HCl Opth Soln 0.25%	
	Levobunolol HCl Opth Soln 0.5%	
	Timolol Maleate Opth Gel Forming Soln 0.25%	
	Timolol Maleate Opth Gel Forming Soln 0.5%	
	Timolol Maleate Opth Soln 0.25%	
	Timolol Maleate Opth Soln 0.5%	
	Timolol Maleate Opth Soln 0.5% (Once-Daily)	
	Timolol Maleate Preservative Free Opth Soln 0.25%	
	Timolol Maleate Preservative Free Opth Soln 0.5%	
	Timolol Opth Soln 0.25%	
	Timolol Opth Soln 0.5%	
Ophthalmic Cycloplegic Mydriatics		
	Atropine Sulfate Opth Oint 1%	
	Atropine Sulfate Opth Soln 1%	
	Cyclopentolate HCl Opth Soln 1%	
	Cyclopentolate HCl Opth Soln 2%	
	Homatropine HBr Opth Soln 2%	
	Homatropine HBr Opth Soln 5%	
	Scopolamine HBr Opth Soln 0.25%	
Ophthalmic Decongestants		
	Naphazoline w/ Pheniramine Opth Soln 0.025-0.3%	
Ophthalmic Immunomodulators		
	Cyclosporine (Opth) Emulsion 0.05%	
Ophthalmic Integrin Antagonists		
	Lifitegrast Opth Soln 5%	
Ophthalmic Miotics		
	Carbachol Opth Soln 1.5%	
	Pilocarpine HCl Opth Soln 1%	
	Pilocarpine HCl Opth Soln 2%	
	Pilocarpine HCl Opth Soln 4%	
Ophthalmic Prostaglandins		
	Bimatoprost Opth Soln 0.01%	
	Bimatoprost Opth Soln 0.03%	
	Latanoprost Opth Soln 0.005%	
	Travoprost Opth Soln 0.004%	
	Travoprost Opth Soln 0.004% (Benzalkonium Free) (BAK Free)	
Ophthalmic Steroids		
	Bacitracin-Polymyxin-Neomycin-HC Opth Oint 1%	
	Dexamethasone Opth Susp 0.1%	

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.
	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%	
	Gentamicin-Prednisolone Ace Ophth Susp 0.3-1%	
	Loteprednol Etabonate Ophth Gel 0.5%	
	Loteprednol Etabonate Ophth Oint 0.5%	
	Loteprednol Etabonate Ophth Susp 0.2%	
	Loteprednol Etabonate Ophth Susp 0.5%	
	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	
	Prednisolone Acetate Ophth Susp 0.12%	
	Prednisolone Acetate Ophth Susp 1%	
	Prednisolone Sodium Phosphate Ophth Soln 1%	
	Rimexolone Ophth Susp 1%	
	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%	
Ophthalmics - Misc		
	Azelastine HCl Ophth Soln 0.05%	
	Brinzolamide Ophth Susp 1%	
	Bromfenac Sodium Ophth Soln 0.07% (Base Equivalent)	
	Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)	
	Bromfenac Sodium Ophth Soln 0.09% (Base Equivalent)	
	Cromolyn Sodium Ophth Soln 4%	
	Diclofenac Sodium Ophth Soln 0.1%	
	Dorzolamide HCl Ophth Soln 2%	
	Epinastine HCl Ophth Soln 0.05%	
	Flurbiprofen Sodium Ophth Soln 0.03%	
	Ketorolac Tromethamine Ophth Soln 0.4%	
	Ketorolac Tromethamine Ophth Soln 0.45%	
	Ketorolac Tromethamine Ophth Soln 0.5%	
	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)	
	Nepafenac Ophth Susp 0.1%	
	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	
	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	
	Sodium Chloride Hypertonic Ophth Oint 5%	
	Sodium Chloride Hypertonic Ophth Soln 2%	
	Sodium Chloride Hypertonic Ophth Soln 5%	
	Tyloxapol Ophth Soln 0.25%	

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.
Opioid Agonists - Immediate Release		<p>Immediate Release Opioid Dose Formulations Restrictions: The following limitations will be effective; (1) 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; a PA may be obtained to exceed these limitations for post-operative situations. (2) Concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization. (3) A quantity limit of 6 doses per day for any immediate release opioid will be implemented in all claims. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date.</p>
	Codeine Sulfate Tab Products	<p>Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.</p>
	Codeine Sulfate Tab 15 MG	See Codeine Sulfate Tab Products restrictions above
	Codeine Sulfate Tab 30 MG	See Codeine Sulfate Tab Products restrictions above
	Codeine Sulfate Tab 60 MG	See Codeine Sulfate Tab Products restrictions above
	Fentanyl Citrate Buccal Tab Products	Claim must be allowed for neoplasm or malignancy for reimbursement.
	Fentanyl Citrate Buccal Tab 100 MCG (Base Equiv)	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 200 MCG (Base Equiv)	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 400 MCG (Base Equiv)	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 600 MCG (Base Equiv)	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 800 MCG (Base Equiv)	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Lozenge Products	Claim must be allowed for neoplasm or malignancy for reimbursement.
	Fentanyl Citrate Lozenge on a Handle 200 MCG	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 400 MCG	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 600 MCG	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 800 MCG	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 1200 MCG	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 1600 MCG	See Fentanyl Citrate Lozenge Products restrictions above
	Hydromorphone HCl Liqd 1 MG/ML	Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations
	Hydromorphone HCl Suppos 3 MG	Initial coverage in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.
	Hydromorphone HCl Tab Products	<p>Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.</p>
	Hydromorphone HCl Tab 2 MG	See Hydromorphone HCl Tab Products restrictions above
	Hydromorphone HCl Tab 4 MG	See Hydromorphone HCl Tab Products restrictions above
	Hydromorphone HCl Tab 8 MG	See Hydromorphone HCl Tab Products restrictions above

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.
	Levorphanol Tartrate Tab 2 MG	Levorphanol will be removed from the formulary and reimbursement for all dosage forms of Levorphanol will be discontinued. Reimbursement will continue for any claim in which Levorphanol was being covered as of January 1, 2017.
	Meperidine HCl Oral Soln 50 MG/5ML	Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.
	Meperidine HCl Tab Products Meperidine HCl Tab 50 MG Meperidine HCl Tab 100 MG	Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW. See Meperidine HCl Tab Products restrictions above See Meperidine HCl Tab Products restrictions above
	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 shall be restricted to not exceed a total dose of 400 mg per day. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW. See Morphine Sulfate Oral Soln Products restrictions above See Morphine Sulfate Oral Soln Products restrictions above See Morphine Sulfate Oral Soln Products restrictions above
	Morphine Sulfate Tab (IR) Products Morphine Sulfate Tab 15 MG Morphine Sulfate Tab 30 MG	Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW. See Morphine Sulfate Tab (IR) Products restrictions above See Morphine Sulfate Tab (IR) Products restrictions above
	Oxycodone HCl Cap 5 MG	Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.
	Oxycodone HCl Soln 5 MG/5ML	Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.

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.
	Oxycodone HCl Tab (IR) Products	Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Oxycodone HCl Tab 5 MG	See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 10 MG	See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 15 MG	See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 20 MG	See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 30 MG	See Oxycodone HCl Tab (IR) Products restrictions above
	Oxymorphone HCl Tab (IR) Products	Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Oxymorphone HCl Tab 5 MG	See Oxymorphone HCl Tab (IR) Products restrictions above
	Oxymorphone HCl Tab 10 MG	See Oxymorphone HCl Tab (IR) Products restrictions above
	Tapentadol HCl Tab (IR) Products	Reimbursement for this product shall not exceed 600 mg per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid product or sustained release tapentadol products. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Tapentadol HCl Tab 50 MG	See Tapentadol HCl Tab (IR) Products restrictions above
	Tapentadol HCl Tab 75 MG	See Tapentadol HCl Tab (IR) Products restrictions above
	Tapentadol HCl Tab 100 MG	See Tapentadol HCl Tab (IR) Products restrictions above
	Tramadol HCl Orally Disintegrating Tab 50 MG	The oral disintegrating dosage form is restricted to claims with an an allowed condition that results in the inability to swallow or absorb oral medications. Prior Authorization is required. Reimbursement for this product shall not exceed 8 tablets (400 mg) per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Tramadol HCl Tab 50 MG	Reimbursement for this product shall not exceed 8 tablets (400 mg) per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
Opioid Agonists - Sustained Release		Sustained Release Opioid Dosage Form Class Restrictions: Coverage will not be permitted for concurrent treatment with multiple sustained release opioids (Including methadone); concurrent use of any sustained release opioid, oral or transdermal, with any parenteral pain management medications (e.g. IM, SC, IV, IT analgesic medications) will not be covered.; sustained release opioids will not be covered in post operative conditions unless the injured worker was being treated with the sustained release drug prior to surgery.

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.
	Fentanyl TD Patch Products	Prior authorization is required to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), morphine sulfate sustained release tablets, Embeda or Hysingla ER or a documented inability to swallow or absorb oral medications. Reimbursement restricted to not more than 1 patch every 72 hours dosing frequency. Dosing at every 48 hours may be reimbursed upon submission of documentation that supports clinical failure of a 72 hours dosing interval and evidence of an escalation of the dose before a reduction in frequency. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Fentanyl TD Patch 72HR 12 MCG/HR	See Fentanyl TD Patch Products restrictions above
	Fentanyl TD Patch 72HR 25 MCG/HR	See Fentanyl TD Patch Products restrictions above
	Fentanyl TD Patch 72HR 50 MCG/HR	See Fentanyl TD Patch Products restrictions above
	Fentanyl TD Patch 72HR 75 MCG/HR	See Fentanyl TD Patch Products restrictions above
	Fentanyl TD Patch 72HR 100 MCG/HR	See Fentanyl TD Patch Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter Products	Hysingla ER® is eligible for reimbursement as a first tier sustained release opioid. Reimbursement for all strengths of this product shall not exceed one tablet per day of any strength or combination of strengths. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG	See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter Products	For any claim in which this drug was not currently being reimbursed, prior authorization is required to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed one tablet per day. Prior authorization is required for reimbursement of doses above this limit. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Hydromorphone HCl Tab ER 24HR Deter 8 MG	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter 12 MG	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter 16 MG	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter 32 MG	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Methadone Products	All oral forms of methadone shall be considered to be long acting opioids and will be subject to the formulary limitations of sustained release drug formulations. Initial coverage of oral methadone requires documentation of a 12 lead electrocardiogram within the previous 6 months. Ongoing coverage of oral methadone requires the documentation of an annual 12 lead electrocardiogram. Oral methadone will be 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 hydrocodone. Prior Authorization is required. Reimbursement for this product may not exceed a maximum dose of 90 mg per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Methadone HCl Tab 5 MG	See Methadone Products Restrictions above
	Methadone HCl Tab 10 MG	See Methadone Products Restrictions above
	Methadone HCl Soln 5 MG/5ML	See Methadone Products Restrictions above
	Methadone HCl Soln 10 MG/5ML	See Methadone Products Restrictions above

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.
	Morphine Sulfate Tab CR Products	Reimbursement shall be restricted to not exceed 3 tablets per day for doses less than 200 mg per tablet and 2 tablets per day for doses of 200 mg per tablet. Prior Authorization is required for reimbursement for any doses above this level. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Morphine Sulfate Tab CR 15 MG	See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 30 MG	See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 60 MG	See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 100 MG	See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 200 MG	See Morphine Sulfate Tab CR Products restrictions above
	Morphine-Naltrexone Cap CR Products	Reimbursement for this product shall not exceed 2 capsules per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Morphine-Naltrexone Cap CR 20-0.8 MG	See Morphine-Naltrexone Cap CR Products restrictions above
	Morphine-Naltrexone Cap CR 30-1.2 MG	See Morphine-Naltrexone Cap CR Products restrictions above
	Morphine-Naltrexone Cap CR 50-2 MG	See Morphine-Naltrexone Cap CR Products restrictions above
	Morphine-Naltrexone Cap CR 60-2.4 MG	See Morphine-Naltrexone Cap CR Products restrictions above
	Morphine-Naltrexone Cap CR 80-3.2 MG	See Morphine-Naltrexone Cap CR Products restrictions above
	Morphine-Naltrexone Cap CR 100-4 MG	See Morphine-Naltrexone Cap CR Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter Products	Sustained release forms of Oxycodone are eligible for reimbursement only after documentation of treatment with an immediate release form of oxycodone for at least 60 days or 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 hydrocodone. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every eight hours or 3 doses per day. A Prior Authorization is required for reimbursement for any doses above these levels. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Oxycodone HCl Tab ER 12HR Deter 10 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter 15 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter 20 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter 30 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter 40 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter 60 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxycodone HCl Tab ER 12HR Deter 80 MG	See Oxycodone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab SR 12HR Products	For any claim in which this drug was not currently being reimbursed, prior authorization is required showing documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed two tablets per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Oxymorphone HCl Tab SR 12HR 5 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above
	Oxymorphone HCl Tab SR 12HR 7.5 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above
	Oxymorphone HCl Tab SR 12HR 10 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above
	Oxymorphone HCl Tab SR 12HR 15 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above
	Oxymorphone HCl Tab SR 12HR 20 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above
	Oxymorphone HCl Tab SR 12HR 30 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above
	Oxymorphone HCl Tab SR 12HR 40 MG	See Oxymorphone HCl Tab SR 12HR Products restrictions above

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.
		<p>BRAND name oxymorphone HCl Tab ER 12HR Deter Products no longer eligible for reimbursement. For any claim in which this drug was not currently being reimbursed, prior authorization is required showing documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed two tablets per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.</p> <p>See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above</p>
	Tapentadol HCl Tab SR 12HR Products	Reimbursement shall not exceed 500 mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid or immediate release tapentadol products. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Tapentadol HCl Tab SR 12HR 50 MG	See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 100 MG	See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 150 MG	See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 200 MG	See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 250 MG	See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tramadol HCl Tab SR 24HR Products	Reimbursement for this product shall not exceed 300 mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Tramadol HCl Tab SR 24HR 100 MG	See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR 200 MG	See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR 300 MG	See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR Biphasic Release 100 MG	See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR Biphasic Release 200 MG	See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR Biphasic Release 300 MG	See Tramadol HCl Tab SR 24HR Products restrictions above
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.
	Naloxone HCl Solution Auto-injector 0.4 MG/0.4ML	Prescriptions for Naloxone HCL Solution Auto-injector will no longer be eligible for reimbursement.
	Naltrexone HCl Tab 50 MG	Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs.
Opioid Combinations		<p>Immediate Release Opioid Dose Formulations Restrictions:</p> <p>The following limitations will be effective;</p> <p>(1) 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; a PA may be obtained to exceed these limitations for post-operative situations.</p> <p>(2) Concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization.</p> <p>(3) A quantity limit of 6 doses per day for any immediate release opioid will be implemented in all claims. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date.</p>

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.
	Acetaminophen w/ Codeine Products	Reimbursement for oral solid dosage forms of Codeine/Acetaminophen (APAP) is restricted to products that contain 300 mg of APAP. Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Acetaminophen w/ Codeine Soln 120-12 MG/5ML	See Acetaminophen w/ Codeine Product Restrictions Above
	Acetaminophen w/ Codeine Tab 300-15 MG	See Acetaminophen w/ Codeine Product Restrictions Above
	Acetaminophen w/ Codeine Tab 300-30 MG	See Acetaminophen w/ Codeine Product Restrictions Above
	Acetaminophen w/ Codeine Tab 300-60 MG	See Acetaminophen w/ Codeine Product Restrictions Above
	Aspirin-Caffeine-Dihydrocodeine Cap 356.4-30-16 MG	Initial coverage in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.
	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	Reimbursement is restricted to combinations of Butalbital/codeine/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	Reimbursement for this product shall not exceed 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Hydrocodone-Acetaminophen Tab Products	Reimbursement is restricted to combinations of Hydrocodone/Acetaminophen (APAP) that contain 325 mg of APAP. Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Hydrocodone-Acetaminophen Tab 5-325 MG	See Hydrocodone-Acetaminophen Tab Products restrictions above
	Hydrocodone-Acetaminophen Tab 7.5-325 MG	See Hydrocodone-Acetaminophen Tab Products restrictions above
	Hydrocodone-Acetaminophen Tab 10-325 MG	See Hydrocodone-Acetaminophen Tab Products restrictions above
	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	Reimbursement for these products shall not exceed 180 ml/ day (4 grams/day of APAP). Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.
	Hydrocodone-Acetaminophen Soln 10-325 MG/15ML	Reimbursement for these products shall not exceed 180 ml/ day (4 grams/day of APAP). Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.
	Hydrocodone-Ibuprofen Tab Products	Reimbursement for these products shall not exceed more than five tablets per day. Initial coverage in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.
	Hydrocodone-Ibuprofen Tab 2.5-200 MG	See Hydrocodone-Ibuprofen Tab Products restrictions above
	Hydrocodone-Ibuprofen Tab 5-200 MG	See Hydrocodone-Ibuprofen Tab Products restrictions above
	Hydrocodone-Ibuprofen Tab 7.5-200 MG	See Hydrocodone-Ibuprofen Tab Products restrictions above
	Hydrocodone-Ibuprofen Tab 10-200 MG	See Hydrocodone-Ibuprofen Tab Products restrictions above

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.
	Oxycodone w/ Acetaminophen Tab Products	Reimbursement is restricted to combinations of Oxycodone/Acetaminophen (APAP) that contain 325 mg of APAP. Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Tab 5-325 MG	See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Tab 10-325 MG	See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	Reimbursement for these products shall not exceed 60 mls/ day (4 grams/day of APAP). Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.
	Oxycodone-Aspirin Tab 4.8355-325 MG	Reimbursement for this product will be limited to 6 doses per day. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Oxycodone-Ibuprofen Tab 5-400 MG	Reimbursement for these products shall not exceed more than four doses per day or continue for longer than seven days.
	Tramadol-Acetaminophen Tab 37.5-325 MG	Reimbursement is restricted to only those combinations of Tramadol/Acetaminophen (APAP) that contain 325 mg of APAP. Reimbursement for this product will be limited to 6 doses per day. Daily doses above this level 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 lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
Opioid Partial Agonists - Immediate Release	Butorphanol Tartrate Nasal Soln 10 MG/ML	
	Pentazocine w/ Naloxone Tab 50-0.5 MG	
Opioid Partial Agonists - Sustained Release		
	Buprenorphine TD Patch Products	For all claims, coverage is limited to a maximum quantity of 4 patches of any strength per 28 days. The maximum daily dose covered for this product is 20 mcg/day. Coverage of this product is limited to only those claims with a daily Morphine Equivalent Dose (MED) requirement of 90 mg or less. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	Buprenorphine TD Patch Weekly 5 MCG/HR	See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 7.5 MCG/HR	See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 10 MCG/HR	See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 15 MCG/HR	See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 20 MCG/HR	See Buprenorphine TD Patch Product restrictions above
Otic Agents - Misc		
	Acetic Acid Otic Soln 2%	
	Antipyrine-Benzocaine Otic Soln 54-14 MG/ML (5.4-1.4%)	
	Antipyrine-Benzocaine-Polycosanol Otic Sol 5.4-1.4-0.0097%	

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.
	Cresyl Acetate Otic Soln 25%	
	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	
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 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 SR 12HR 25-200 MG	
	Cilostazol Tab 50 MG	
	Cilostazol Tab 100 MG	
	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	
	Dipyridamole Tab 25 MG	
	Dipyridamole Tab 50 MG	
	Dipyridamole Tab 75 MG	
	Prasugrel HCl Tab 10 MG (Base Equiv)	
Postherpetic Neuralgia (PHN) Agents		
	Gabapentin (Once-Daily) Tab 300 MG	Gabapentin Sustained Release product class restriction: Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time.
	Gabapentin (Once-Daily) Tab 600 MG	Gabapentin Sustained Release product class restriction: Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time.
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 SR 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	

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.
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 Rectal Cream 1-1% Hydrocortisone Acetate w/ Pramoxine Rectal 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% 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 Acetate Suppos 25 MG Hydrocortisone Acetate Suppos 30 MG Hydrocortisone Rectal Cream 1% Hydrocortisone Rectal Cream 2.5%	
Respiratory - Antiasthmatic - Monoclonal Antibodies	Omalizumab For Inj 150 MG	
Respiratory - Anticholinergics	Acclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT Glycopyrrolate Inhal Cap 15.6 MCG 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 (Base Equiv) Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)	
Respiratory - Anti-Inflammatory Agents	Cromolyn Sodium Soln Nebu 20 MG/2ML	
Respiratory - Leukotriene Modulators	Montelukast Sodium Chew Tab 5 MG (Base Equiv) Montelukast Sodium Tab 10 MG (Base Equiv) Zafirlukast Tab 20 MG Zileuton Tab SR 12HR 600 MG	
Respiratory - Selective Phosphodiesterase 4 (PDE4) Inhibitors	Roflumilast Tab 500 MCG	
Respiratory - Steroid Inhalants	Beclomethasone Diprop Inhal Aero Soln 40 MCG/ACT (50/Valve) Beclomethasone Diprop Inhal Aero Soln 80 MCG/ACT (100/Valve) 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	

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.
	Flunisolide HFA Inhal Aerosol 80 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 (Base Equiv)	
	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	
	Albuterol Sulfate Syrup 2 MG/5ML	
	Albuterol Sulfate Tab 2 MG	
	Albuterol Sulfate Tab 4 MG	
	Albuterol Sulfate Tab SR 12HR 4 MG	
	Albuterol Sulfate Tab SR 12HR 8 MG	
	Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)	
	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	
	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	
	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	
	Formoterol Fumarate Inhal Cap 12 MCG	
	Formoterol Fumarate Soln Nebu 20 MCG/2ML	
	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH	
	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH	
	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 (Base Equiv)	
	Ipratropium-Albuterol Aerosol 18-103 MCG/ACT (20-120MCG/ACT)	
	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 (Base Equiv)	
	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	
	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	
	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	
	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	
	Metaproterenol Sulfate Tab 10 MG	
	Metaproterenol Sulfate Tab 20 MG	
	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 (Base Equiv)	
	Pirbuterol Acetate Breath Activated Inhal Aerosol 200MCG/INH	
	Racipinephrine HCl Soln Nebu 2.25% (Base Equivalent)	
	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	

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.
	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 SR 24HR 100 MG	
	Theophylline Cap SR 24HR 200 MG	
	Theophylline Cap SR 24HR 300 MG	
	Theophylline Cap SR 24HR 400 MG	
	Theophylline Tab SR 12HR 100 MG	
	Theophylline Tab SR 12HR 200 MG	
	Theophylline Tab SR 12HR 300 MG	
	Theophylline Tab SR 24HR 400 MG	
	Theophylline Tab SR 24HR 600 MG	
Respiratory Inhalants - Misc		
	Camphor-Eucalyptus-Menthol - Oint	
	Sodium Chloride Aero Soln 0.9%	
	Sodium Chloride Soln Nebu 0.9%	
Restless Leg Syndrome (RLS) Agents		
	Gabapentin Enacarbil Tab CR 300 MG	Gabapentin Sustained Release product class restriction: Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time.
	Gabapentin Enacarbil Tab CR 600 MG	Gabapentin Sustained Release product class restriction: Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time.
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 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 500-33-33-237 MG	
	Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 325 MG	
	Choline & Magnesium Salicylates Tab 1000 MG	
	Choline & Magnesium Salicylates Tab 500 MG	
	Choline & Magnesium Salicylates Tab 750 MG	
	Diffunisal Tab 500 MG	
	Salsalate Tab 500 MG	
	Salsalate Tab 750 MG	
Sympathomimetic Decongestants		
	Oxymetazoline HCl Nasal Soln 0.05%	
	Phenylephrine HCl Tab 10 MG	
	Pseudoephedrine HCl Syrup 30 MG/5ML	
	Pseudoephedrine HCl Tab 30 MG	
	Pseudoephedrine HCl Tab 60 MG	
	Pseudoephedrine HCl Tab SR 12HR 120 MG	
	Pseudoephedrine HCl Tab SR 24HR 240 MG	
Thyroid Hormones		
	Levothyroxine Sodium Tab 25 MCG	
	Levothyroxine Sodium Tab 50 MCG	

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.
	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/0.8ML	
	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	
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	
Topical - Acne Products		
	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 Emulsion 10-5%	
	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 Aerosol 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%	

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.
	Menthol Gel 10%	
	Menthol Gel 16%	
	Menthol Liquid 2.5%	
	Menthol Liquid 3.1%	
	Menthol Liquid 3.5%	
	Menthol Liquid 3.7%	
	Menthol Liquid 8%	
	Menthol Liquid 10%	
	Menthol Liquid 10.4%	
	Menthol Liquid 16%	
	Menthol Lotion 0.1%	
	Menthol Lotion 7.5%	
	Menthol Lotion 8.5%	
	Menthol Pad 154 MG	
	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	
	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% (Base Equiv)	
	Ciclopirox Olamine Susp 0.77% (Base Equiv)	
	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%	
	Iodoquinol-HC Cream 1%	
	Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%	
	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	

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.
	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%	
	Terbinafine HCl Soln 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.
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%	
	Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064%	

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.
	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%	
	Desoximetasone Cream 0.25%	
	Desoximetasone Gel 0.05%	
	Desoximetasone Oint 0.25%	
	Difflorasone Diacetate Cream 0.05%	
	Difflorasone Diacetate Emollient Base Cream 0.05%	
	Difflorasone 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%	

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.
	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)	
	Pramoxine-HC Cream 1-1%	
	Pramoxine-HC Lotion 1-2.5%	
	Pramoxine-HC Oint 1-2.5%	
	Prednicarbate Oint 0.1%	
	Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	
	Triamcinolone Acetonide Cream 0.025%	
	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%	
	Triamcinolone Acetonide Oint 0.5%	
Topical - Emollient/Keratolytic Agents		
	Urea Lotion 10%	
	Urea-Hyaluronate Sodium Susp 40-0.3%	
Topical - Emollients		
	Emollient - Cream**	
	Emollient - Lotion**	
	Emollient - Ointment**	
	Hyaluronate Sodium (Emollient) Gel 0.2%	
	Hyaluronate Sodium (Emollient) Lotion 0.1%	
	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	
	Trypsin w/ Castor Oil & Peruvian Balsam Gel	
	Trypsin w/ Castor Oil & Peruvian Balsam Oint	
	Trypsin w/ Castor Oil & Peruvian Balsam Spray	
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 - Keratolytic/Antimitotic Agents		
	Salicylic Acid & Benzoic Acid Oint 3-6%	
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%	

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.
	Capsicum Oleoresin Cream 0.025%	
	Capsicum Oleoresin Cream 0.075%	
	Liniments & Rubs - Cream	
	Liniments & Rubs - Gel	
	Liniments & Rubs - Lotion	
	Liniments & Rubs - Pad	
	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 Stick	
	Methyl Salicylate Liniment 10%	
	Methyl Salicylate Lotion 10%	
	Trolamine Salicylate Cream 10%	
	Trolamine Salicylate Lotion 10%	
Topical - Local Anesthetics		
	Benzocaine Aerosol 10%	
	Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%	
	Capsaicin Cream 0.025%	
	Capsaicin Cream 0.035%	
	Capsaicin Cream 0.075%	
	Capsaicin Cream 0.1%	
	Capsaicin Gel 0.025%	
	Capsaicin Gel 0.05%	
	Capsaicin Gel 0.075%	
	Capsaicin in Lidocaine Vehicle Cream 0.25%	
	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%	
	Capsaicin-Methyl Salicylate Liquid 0.034-10%	
	Dibucaine Oint 1%	
	Ethyl Chloride Aerosol Spray	
	Lidocaine Cream 4%	
	Lidocaine Gel 4%	
	Lidocaine HCl Cream 3%	
	Lidocaine HCl Gel 2%	
	Lidocaine Oint 5%	Prior Authorization will be required and documentation of a trial and therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) with a lidocaine 4% topical product will be required. In claims where lidocaine 5% ointment was covered in the 60 days prior to 10/1/2017, the drug will continue to be covered.
	Lidocaine Patch 4%	
	Lidocaine Patch 5%	ONLY reimbursed in claims with post herpetic neuralgia allowed.
	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**	

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.
	Aloe Vera Lotion**	
	Aluminum Acetate Soln	
	Aluminum Chloride in Alcohol Solution 15%	
	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 Cream 30.6%	
	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 Cream 10%	
	Crotamiton Lotion 10%	
	Lindane Lotion 1%	
	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	
	Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	
	Dicyclomine HCl Cap 10 MG	
	Dicyclomine HCl Oral Soln 10 MG/5ML	
	Dicyclomine HCl Tab 20 MG	
	Glycopyrrolate Tab 1 MG	
	Glycopyrrolate Tab 2 MG	
	Hyoscyamine Sulfate Elixir 0.125 MG/5ML	
	Hyoscyamine Sulfate Tab 0.125 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.
	Hyoscyamine Sulfate Tab CR 0.375 MG (0.125 MG IR/0.25 MG CR)	
	Hyoscyamine Sulfate Tab Disp 0.125 MG	
	Hyoscyamine Sulfate Tab SL 0.125 MG	
	Hyoscyamine Sulfate Tab SR 12HR 0.375 MG	
	Methscopolamine Bromide Tab 2.5 MG	
	Methscopolamine Bromide Tab 5 MG	
	PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG	
	PB-Hyoscy-Atrop-Scopol Tab CR 48.6-0.3111-0.0582-0.0195 MG	
	Propantheline Bromide Tab 15 MG	
Ulcer Drugs - H-2 Antagonists		H-2 Antagonist Drug Class Restrictions: Reimbursement for covered drugs in this class 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)
	Famotidine Tab 10 MG	See H-2 Antagonist Drug Class Restrictions
	Famotidine Tab 20 MG	See H-2 Antagonist Drug Class Restrictions
	Famotidine Tab 40 MG	See H-2 Antagonist Drug Class Restrictions
	Ranitidine HCl Cap 150 MG	See H-2 Antagonist Drug Class Restrictions
	Ranitidine HCl Cap 300 MG	See H-2 Antagonist Drug Class Restrictions
	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	See H-2 Antagonist Drug Class Restrictions
	Ranitidine HCl Tab 75 MG	See H-2 Antagonist Drug Class Restrictions
	Ranitidine HCl Tab 150 MG	See H-2 Antagonist Drug Class Restrictions
	Ranitidine HCl Tab 300 MG	See H-2 Antagonist Drug Class Restrictions
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		Proton Pump Drug Class Restrictions: Reimbursement is restricted to only the following drugs in this class: Prescription Strength Delayed Release Products: Omeprazole 10mg, 20mg, 40mg Prescription Strength Dispersible Tablets: Prevacid Solutab (15mg, 30mg) Requires Prior Authorization to document inability to use the standard oral product. Over the Counter (OTC) Products: Omeprazole OTC 20mg 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)
	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	Prior Authorization required to document inability to use a formulary omeprazole oral product. Reimbursement is only permitted when prescribed as a gastrointestinal protectant 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).
	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	Prior Authorization required to document inability to use a formulary omeprazole oral product. Reimbursement is only permitted when prescribed as a gastrointestinal protectant 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).
	Omeprazole Cap Delayed Release 10 MG	Reimbursement is only permitted when prescribed as a gastrointestinal protectant 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)

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.
	Omeprazole Cap Delayed Release 20 MG	Reimbursement is only permitted when prescribed as a gastrointestinal protectant 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)
	Omeprazole Cap Delayed Release 40 MG	Reimbursement is only permitted when prescribed as a gastrointestinal protectant 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)
	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	Reimbursement is only permitted when prescribed as a gastrointestinal protectant 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)
Urinary Analgesics		
	Phenazopyridine HCl Tab 100 MG	
	Phenazopyridine HCl Tab 200 MG	
Urinary Anti-infectives		
	Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)	
	Methenamine Hippurate Tab 1 GM	
	Methenamine Mandelate Tab 1 GM	
	Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG	
	Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG	
	Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG	
	Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG	
	Nitrofurantoin Macrocrystalline Cap 100 MG	
	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 SR 24HR 7.5 MG (Base Equiv)	
	Darifenacin Hydrobromide Tab SR 24HR 15 MG (Base Equiv)	
	Fesoterodine Fumarate Tab SR 24HR 4 MG	
	Fesoterodine Fumarate Tab SR 24HR 8 MG	
	Flavoxate HCl Tab 100 MG	
	Mirabegron Tab SR 24 HR 25 MG	
	Mirabegron Tab SR 24 HR 50 MG	
	Oxybutynin Chloride Syrup 5 MG/5ML	
	Oxybutynin Chloride Tab 5 MG	
	Oxybutynin Chloride Tab SR 24HR 5 MG	
	Oxybutynin Chloride Tab SR 24HR 10 MG	
	Oxybutynin Chloride Tab SR 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 SR 24HR 2 MG	
	Tolterodine Tartrate Cap SR 24HR 4 MG	
	Tolterodine Tartrate Tab 1 MG	
	Tolterodine Tartrate Tab 2 MG	
	Trospium Chloride Cap SR 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	
Vaginal Anti-infectives		
	Metronidazole Vaginal Gel 0.75%	
	Miconazole Nitrate Vaginal Cream 2%	

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.
	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		All combinations and strengths of oral dosage forms are covered for allowed conditions
	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 CR	
Vitamins - Multiple Vitamins w/ Iron		All combinations and strengths of oral dosage forms are covered for allowed conditions
	Multiple Vitamins w/ Iron Tab	
Vitamins - Multiple Vitamins w/ Minerals		All combinations and strengths of oral dosage forms are covered for allowed conditions
	Multiple Vitamins w/ Calcium Cap	
	Multiple Vitamins w/ Calcium Chew Tab	
	Multiple Vitamins w/ Calcium Tab	
	Multiple Vitamins w/ Minerals & FA Cap 0.5 MG	
	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 1000 Unit	
	Cholecalciferol Cap 2000 Unit	
	Cholecalciferol Cap 5000 Unit	
	Cholecalciferol Cap 10000 Unit	
	Cholecalciferol Cap 50000 Unit	
	Cholecalciferol Chewable Wafer 50000 Unit	
	Cholecalciferol Tab 400 Unit	
	Cholecalciferol Tab 1000 Unit	
	Cholecalciferol Tab 2000 Unit	
	Cholecalciferol Tab 10000 Unit	
	Ergocalciferol Cap 50000 Unit	
	Ergocalciferol Soln 8000 Unit/ML	
	Ergocalciferol Tab 2000 Unit	
	Phytonadione Tab 5 MG	
	Vitamin A Tab 8000 Unit	
	Vitamin E Cap 1000 Unit	
Vitamins - Vitamin Mixtures		
	Cholecalciferol-Vitamin C Cap 1000 Unit-500 MG	
	Niacinamide w/ Zn-Cu-Methylfolate Tab 750-25-1.5-0.5 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	

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.
	Vitamins A & D Cap	
Vitamins - Water Soluble Vitamins		
	Ascorbic Acid Cap CR 500 MG	
	Ascorbic Acid Chew Tab 250 MG	
	Ascorbic Acid Chew Tab 500 MG	
	Ascorbic Acid Chew Tab 1000 MG	
	Ascorbic Acid Syrup 500 MG/5ML	
	Ascorbic Acid Tab 250 MG	
	Ascorbic Acid Tab 500 MG	
	Ascorbic Acid Tab 1000 MG	
	Ascorbic Acid Tab CR 500 MG	
	Ascorbic Acid Tab Disp 60 MG	
	Niacin Tab CR 250 MG	
	Niacin Tab CR 750 MG	
	Potassium Aminobenzoate Tab 500 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	