ACTION: Original

RESCINDED
Appendix
4123-6-21.3

#### DATE: 09/14/2015 1:18 PM

#### BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
ABSORBABLE SULFONAMIDES	SULFADIAZINE	SULFADIAZINE	ORAL	
	SULFAMETHOXAZOLE-TRIMETHOPRIM	BACTRIM DS	ORAL	
	SULFASALAZINE	SULFASALAZINE	ORAL	
ACE INHIB/THIAZIDE COMBO	BENAZEPRIL- HCTZ	BENAZEPRIL HCL-HCTZ	ORAL	
	CAPTOPRIL - HCTZ	CAPTOPRIL-HCTZ	ORAL	
	ENALAPRIL MALEATE - HCTZ	ENALAPRIL MALEATE-HCTZ	ORAL	
	FOSINOPRIL SODIUM - HCTZ	FOSINOPRIL- HCTZ	ORAL	
	LISINOPRIL - HCTZ MOEXIPRIL-HCTZ	ZESTORETIC UNIRETIC	ORAL ORAL	
	QUINAPRIL-HCTZ  QUINAPRIL-HCTZ	QUINARETIC	ORAL	
ACE INHIB/CAL CHNL BLOCK COMBO	AMLODIPINE BESYLATE-BENAZEPRIL	LOTREL	ORAL	
		TARKA	ORAL	
ACNE AGENTS SYSTEMIC	ISOTRETINOIN	CLARAVIS	ORAL	
ACNE AGENTS TOPICAL	SULFACETAMIDE SODIUM	KLARON	TOPICAL	
ADHD-TX-ALPHA-2A-RECEP-AGONIST	GUANFACINE HCL	INTUNIV	ORAL	
THE TAXABLE IN EAR RECEI THE ONE ST	OO/WY MENTE FIEL	INTONIV	OTOTE	
ADRENERGIC AGENTS, AROMATIC,	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	ORAL	
	DEXTROAMPHETAMINE SULFATE	DEXEDRINE	ORAL	
	LISDEXAMFETAMINE DIMESYLATE	VYVANSE	ORAL	
ADRENERGIC INHIBITORS	CARVEDILOL	COREG	ORAL	
ABACHEROIG INTIBATIONS	LABETALOL HCL	NORMODYNE	ORAL	
ADRENERGIC VASOPRESSOR AGTS	MIDODRINE HCL	PROAMATINE	ORAL	
ADRENOCORTICOTROPHIC HORMONE	CORTICOTROPIN	ACTHAR H.P.	INJECTION	
AGENTS TO TREAT MS	GLATIRAMER ACETATE	COPAXONE	SUB-Q	
	INTERFERON BETA-1A	AVONEX	INTRAMUSC	
ALKYLATING AGENTS	INTERFERON BETA-1A CYCLOPHOSPHAMIDE	REBIF CYCLOPHOSPHAMIDE	SUB-Q ORAL	
ALKILATING AGENTS	CTCLOFTIOSFITAWIDE	CICLOFIIOSFIIAIVIIDE	ONAL	
ALPHA ADRENERGIC BLOCKING AG	DIBENZYLINE	DIBENZYLINE	ORAL	
	DOXAZOSIN MESYLATE	CARDURA	ORAL	
	PRAZOSIN HCL	MINIPRESS	ORAL	
	TERAZOSIN HCL	TERAZOSIN HCL	ORAL	
ALPHA-2 ANTAGONIST ANTIDEPRESS	MIRTAZAPINE	REMERON	ORAL	
ALZHEIMERS TX-NMDA RECEP ANTAG	MEMANTINE HCL	NAMENDA	ORAL	
ACEITEMENS IX HIMBA RECEI ANNIA	WEW/WITHE THE	TO WILLYDA	OTAL	
AMINOGLYCOSIDES	NEOMYCIN SULFATE	NEOMYCIN SULFATE	ORAL	
	TOBRAMYCIN SULFATE	TOBRAMYCIN NEBU SOLN		
AMMONIA INHIBITORS	ACETOHYDROXAMIC ACID	LITHOSTAT	ORAL	
	LACTULOSE (ENCEPHALOPATHY)	ENULOSE	ORAL	
AMYOTROPHIC LATERAL SCLEROS	RILUZOLE	RILUTEK	ORAL	
	ACETAMINOPHEN	TYLENOL SYSTEM TENESION LIFA DA GUE	ORAL	<del> </del>
	ACETAMINOPHEN-CAFFEINE	EXCEDRIN TENSION HEADACHE	ORAL	
		2011		
ANALGESICS, NEURONAL-TYPE	ZICONIOTIDE ACETATE	PRIALT	INJECTION	Requires previous approval of intrathecal pain pump.

APPENDIX p(157258) pa(287019) d(615279) ra(476810)

Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
ANDROGENIC AGENTS				Androgenic Agent Class Restrictions: Effective September 1, 2014 coverage of all testosterone products (oral, topical, parenteral) is limited to only those claims that have allowed medical conditions involving the genitourinary or endocrine systems.
	METHINITECTOCTEDONE	ANDROID	ODAL	
	METHYLTESTOSTERONE OXANDROLONE	ANDROID OXANDROLONE	ORAL ORAL	
	TESTOSTERONE BUCCAL	STRIANT	BUCCAL	
	TESTOSTERONE BUCCAL TESTOSTERONE TD	ANDRODERM	TRANSDERM	
	TESTOSTERONE TD	ANDRODERIVI	IKANSDERIVI	
ANG REC ANTG II THIAZ COMBO	CANDESARTAN CILEXETIL-HCTZ	ATACAND HCT	ORAL	
ANG REC ANTO II THIAZ COMBO	EPROSARTAN MESYLATE-HCTZ	TEVETEN HCT	ORAL	
	IRBESARTAN-HCTZ	AVALIDE	ORAL	
	LOSARTAN POTASSIUM - HCTZ	HYZAAR	ORAL	
	OLMESARTAN MEDOXOMIL-HCTZ	BENICAR HCT	ORAL	
	TELMISARTAN-HCTZ	MICARDIS HCT	ORAL	
	VALSARTAN-HCTZ	DIOVAN HCT	ORAL	
	VALSARTAR TICIZ	DIOVAIVITCI	ONAL	
ANGIOTEN-REC ANT/CA-CHBLKR/THZ	AMLODIPINE-VALSARTAN-HCTZ	EXFORGE HCT	ORAL	
	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	AZOR	ORAL	
	AMLODIPINE BESYLATE-VALSARTAN	EXFORGE	ORAL	
ANOREXIC AGENTS	BENZPHETAMINE HCL	BENZPHETAMINE HCL	ORAL	
ANTACIDS				ANTACIDS DRUG CLASS SPECIFIC RESTRICTIONS All combinations and oral dosage forms are covered
	ALUM & MAG HYDROXIDE-SIMETHICONE	RULOX	ORAL	
	ALUMINUM & MAGNESIUM HYDROXIDES	ALAMAG	ORAL	
	ALUMINUM HYDROXIDE	ALTERNAGEL	ORAL	
	ALUMINUM HYDROXIDE-MAGNESIUM TRISILICATE	GAVISCON	ORAL	
	CALCIUM CARBONATE	TUMS	ORAL	
	CALCIUM CARBONATE-MAG HYDROXIDE	MYLANTA ULTRA	ORAL	
	CALCIUM CARBONATE-MAG HYDROXIDE	ROLAIDS	ORAL	
	SODIUM BICARBONATE	SODIUM BICARBONATE	ORAL	
ANTHELMINTICS	MEBENDAZOLE	MEBENDAZOLE CHEW TAB	ORAL	
ANTIALCOHOLIC PREPARATIONS	ACAMPROSATE CALCIUM	CAMPRAL	ORAL	
ANTIALCOHOLIC FILLFARATIONS	DISULFIRAM	ANTABUSE	ORAL	
	DISCE IIIAWI	, attribude	ONAL	
ANTIANGINAL ANTI ISCHEMIC DRUG	RANOLAZINE	RANEXA	ORAL	
	and the state of t		0.0.2	<u> </u>

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
ANTI-ANXIETY DRUGS				BENZODIAZEPINE ANTI-ANXIETY DRUG CLASS SPECIFIC RESTRICTIONS Effective January 1, 2014, reimbursement is restricted to the maximum daily dose listed with each of the agents below. This restriction shall not apply to claims in which doses above the listed maximum daily dose of covered drugs in this class were reimbursed by BWC prior to December 31, 2013. Claims in which doses exceed the listed maximum daily dose of covered drugs will be covered up to the daily dose as of December 31, 2013.  In addition to the maximum daily doses listed below, effective May 1, 2015, reimbursement for all oral benzodiazepine anti-anxiety and anti-convulsant drug class agents will be limited to 60 days unless there is a psychological condition allowed in the claim.
	41004701444	VANIAV	0041	AA
	ALPRAZOLAM BUSPIRONE HCL	XANAX BUSPAR	ORAL ORAL	Maximum dose of four (4) milligrams per day  No restriction on maximum daily dose
	CHLORDIAZEPOXIDE HCL	LIBRIUM	ORAL	Maximum dose of two hundred (200) milligrams per day
	CLONAZEPAM	KLONIPIN	ORAL	Maximum dose of 4 (4) milligrams per day
	CLORAZEPATE DIPOTASSIUM	TRANXENE	ORAL	Maximum dose of eighty (80) milligrams per day
	CLORAZEPATE DIPOTASSIOM  CLORAZEPATE DIPOTASSIUM	TRANXENE T-TAB	ORAL	Maximum dose of eighty (80) milligrams per day
	DIAZEPAM	VALIUM	ORAL	Maximum dose of forty (40) milligrams per day
	LORAZEPAM	ATIVAN	ORAL	Maximum dose of eight (8) milligrams per day
	MEPROBAMATE	MILTOWN	ORAL	No restriction on maximum daily dose
	OXAZEPAM	SERAX	ORAL	Maximum dose of one hundred eighty (180) milligrams per day
ANTIARRHYTHMICS	AMIODARONE HCL	PACERONE	ORAL	
	DOFETILIDE	TIKOSYN	ORAL	
	FLECAINIDE ACETATE	TAMBOCOR	ORAL	
	MEXILETINE HCL	MEXILETINE HCL	ORAL	
	PROPAFENONE HCL PROPAFENONE HCL	RYTHMOL RYTHMOL SR	ORAL ORAL	
	QUINIDINE GLUCONATE	QUINIDINE GLUCONATE	ORAL	
ANTIARRHYTHMICS	DRONEDARONE	MULTAQ	ORAL	
ANTIANNITTHIWICS	DRONEDARONE	MOLTAQ	ONAL	
ANTIARTHRICS FOLATE ANTAG AGT	METHOTREXATE SODIUM	RHEUMATREX	ORAL	
		0.150.141.5		
ANTIARTHRITIC/CHELATING AGENTS	PENICILLAMINE	CUPRIMINE	ORAL	
ANTIARTHRITICS AGENTS MISC.	GLUCOSAMINE SULFATE	GLUCOSAMINE SULFATE	ORAL	
	GLUCOSAMINE-CHONDROITIN	ARTHX DS	ORAL	
ANTICHOLINERGICS, ANTISPASMO	DICYCLOMINE HCL	BENTYL	ORAL	
ANTICHOLINERGICS. QUANTERNAR	CHLORDIAZEPOXIDE-CLIDINIUM	LIBRAX	ORAL	
ANTICHOLINENGICS, QUANTERNAR	GLYCOPYRROLATE	ROBINUL	ORAL	
	PROPANTHELINE BROMIDE	PRO-BANTHINE	ORAL	
ANTICONVULSANTS	CARBAMAZEPINE	TEGRETOL	ORAL	
	CLONAZEPAM	KLONOPIN	ORAL	Benzodiazepine drug class restrictions apply. Maximum dose of 4 (4) milligrams per day. In addition to the maximum daily dose listed above, effective May 1, 2015, reimbursement for all benzodiazepine anti-anxiety and anti-convulsant drug class agents will be limited to 60 days unless there is a psychological condition allowed in the claim.
	511755111	D		
	DIAZEPAM	DIASTAT ACUDIAL	RECTAL	
	DIVALPROEX SODIUM	DEPAKOTE	ORAL	

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	MEPHOBARBITAL	MEBARAL	ORAL	
	OXCARBAZEPINE	TRILEPTAL	ORAL	
	PHENYTOIN SODIUM	DILANTIN	ORAL	
	PRIMIDONE TOPIRAMATE	MYSOLINE TOPAMAX	ORAL ORAL	
	VALPROIC ACID	STAVZOR	ORAL	
	GABAPENTIN (IMMEDIATE RELEASE)	NEURONTIN	ORAL	
	GABAPENTIN (SUSTAINED RELEASE)			Gabapentin Sustained Release product class restriction:  Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trail 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.
		GRALISE	ORAL	See Gabapentin Sustained Release class restriction
		HORIZANT	ORAL	See Gabapentin Sustained Release class restriction
ANTICONVULSANTS	LACOSAMIDE	VIMPAT	ORAL	
	LEVETIRACETAM PREGABALIN	KEPPRA LYRICA	ORAL ORAL	
	TIAGABINE HCL	GABITRIL	ORAL	
	ZONISAMIDE	ZONEGRAN	ORAL	
ANTIDIARRHEAL MICRO AGENTS	LACTOBACILLUS	BACID	ORAL	
	LACTOBACILLUS LACTOBACILLUS RHAMNOSUS (GG)	LACTINEX CULTURELLE	ORAL ORAL	
	PROBIOTIC PRODUCT	ALIGN	ORAL	
	PROBIOTIC PRODUCT	RISAQUAD	ORAL	
	SACCHAROMYCES BOULARDII	FLORASTOR	ORAL	
ANTIDIADDUEALC	DISAMITH SUBSAMISM ATS	DEDTO DISMOI	0041	
ANTIDIARRHEALS	BISMUTH SUBSALICYLATE DIFENOXIN W/ ATROPINE	PEPTO-BISMOL MOTOFEN	ORAL ORAL	
	DIPHENOXYLATE W/ ATROPINE	LOMOTIL	ORAL	
	LOPERAMIDE	IMODIUM A-D	ORAL	
	PAREGORIC	PAREGORIC	ORAL	
ANTIDU IDETIC AND VACODDESCO	DECAMODDESCIAL A CETATE	DD AV/D	INVESTIGAL	
ANTIDIURETIC AND VASOPRESSOR	DESMOPRESSIN ACETATE	DDAVP	INJECTION	
ANTI-EMETICS	APREPITANT	EMEND	ORAL	
	DIMENHYDRINATE	DRAMAMINE	ORAL	
	DOLASETRON MESYLATE	ANZEMET	ORAL	
	DRONABINOL	MARINOL	ORAL	
	GRANISETRON HCL MECLIZINE HCL	KYTRIL ANTIVERT	ORAL ORAL	
	ONDANSETRON HCL	ZOFRAN	ORAL	
	PROCHLORPERAZINE MALEATE	COMPAZINE	ORAL	
	PROCHLORPERAZINE MALEATE	COMPAZINE	RECTAL	
	PROMETHAZINE HCL	PHENERGAN	ORAL	
	PROMETHAZINE HCL SCOPOLAMINE HYDROBROMIDE	PHENERGAN SCOPACE	RECTAL ORAL	
	SCOPOLAMINE TO SCOPOLAMINE TO	TRANSDERM-SCOP	TRANSDERM	
	TRIMETHOBENZAMIDE HCL	TIGAN	ORAL	
ANTIFIBRINOLYTIC AGENTS	AMINOCAPROIC ACID	AMINOCAPROIC ACID	ORAL	
	SIMETHICONE	SIMETHICONE	ORAL	
ANTIFLATULENTS			A ALLO COLIC NATA	
	CLOTRIMAZOLE	CLOTRIMAZOLE	MUCOUS MEM	
ANTIFLATULENTS  ANTIFUNGAL AGENTS	CLOTRIMAZOLE CLOTRIMAZOLE	CLOTRIMAZOLE MYCELEX	MUCOUS MEM MUCOUS MEM	
ANTIFUNGAL AGENTS	CLOTRIMAZOLE KETOCONAZOLE	MYCELEX KETOCONAZOLE	MUCOUS MEM ORAL	
	CLOTRIMAZOLE KETOCONAZOLE FLUCONAZOLE	MYCELEX KETOCONAZOLE FLUCONAZOLE	ORAL ORAL	
ANTIFUNGAL AGENTS	CLOTRIMAZOLE KETOCONAZOLE  FLUCONAZOLE ITRACONAZOLE	MYCELEX KETOCONAZOLE  FLUCONAZOLE SPORANOX	ORAL ORAL	
ANTIFUNGAL AGENTS	CLOTRIMAZOLE KETOCONAZOLE FLUCONAZOLE	MYCELEX KETOCONAZOLE FLUCONAZOLE	ORAL ORAL	
ANTIFUNGAL AGENTS	CLOTRIMAZOLE KETOCONAZOLE  FLUCONAZOLE ITRACONAZOLE	MYCELEX KETOCONAZOLE  FLUCONAZOLE SPORANOX	ORAL ORAL	

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	MEFLOQUINE HCL	MEFLOQUINE HCL	ORAL	
	NYSTATIN	NYSTATIN	ORAL	
ANTIHIST/DECONG COMBINATION	ACRIVASTINE & PSEUDOEPHEDRINE	SEMPREX-D	ORAL	
ANTIHIST/ BECONG COMBINATION	CETIRIZINE-PSEUDOEPHEDRINE	CETIRIZINE-PSEUDOEPHEDRINE	ORAL	
	CETIRIZINE-PSEUDOEPHEDRINE	ZYRTEC-D	ORAL	
	DESLORATADINE & PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	ORAL	
	FEXOFENADINE-PSE ER	FEXOFENADINE-PSE ER	ORAL	
	FEXOFENADINE-PSEUDOEPHEDRINE LORATADINE	ALLEGRA-D 12 HOUR ALAVERT	ORAL ORAL	
	LORATADINE LORATADINE & PSEUDOEPHEDRINE	LORATA-D	ORAL	
	EON THE & TEODOETHED MINE	ECHAIN	OTAL	
ANTIHIST/DECONG COMBINATION	BROMPHENIRAMINE & PHENYLEPHRINE	RESPAHIST-II	ORAL	
	BROMPHENIRAMINE & PSEUDOEPHEDRINE	BROVEX SR	ORAL	
	CHLORPHENIRAMINE -PHENYLEPHRINE TAN CHLORPHENIRAMINE/ PSEUDOEPHEDRINE	DALLERGY-JR WAL-FINATE-D	ORAL ORAL	
	DIPHENHYDRAMINE TAN-PHENYLEPHRINE TAN	DIPHENMAX D	ORAL	
	PROMETHAZINE & PHENYLEPHRINE	PROMETHAZINE VC	ORAL	
	PYRILAMINE-PHENYLEPHRINE	POLY HIST FORTE	ORAL	
ANTIHISTAMINES - 1ST GENERATIO	DDOMBLIENID AMINE & DCELLDOEDLIEDDINE	LODRANE	ODAL	
ANTIHISTAMINES - 1ST GENERATIO	BROMPHENIRAMINE & PSEUDOEPHEDRINE BROMPHENIRAMINE MALEATE	LOHIST 12HR	ORAL ORAL	
	CARBINOXAMINE MALEATE	CARBINOXAMINE MALEATE	ORAL	
	CARBINOXAMINE MALEATE	PALGIC	ORAL	
	CLEMASTINE FUMARATE	CLEMASTINE FUMARATE	ORAL	
	CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	ORAL	
	DIPHENHYDRAMINE HCL DIPHENHYDRAMINE TANNATE	BENADRYL DIPHENMAX	ORAL ORAL	
	HYDROXYZINE HCL	HYDROXYZINE HCL	ORAL	
	PROMETHAZINE HCL	PHENERGAN	ORAL	
ANTIHISTAMINES - 2ND GENERATIO	CETIRIZINE HCL	ZYRTEC	ORAL	
	DESLORATADINE DIPHENHYDRAMINE HCL	CLARINEX ALLERGY RELIEF	ORAL ORAL	
	FEXOFENADINE HCL	ALLEGRA	ORAL	
	T. ENOTE INVESTIGE	7.622.010.1	01.712	
	LEVOCETIRIZINE DIHYDROCHLORIDE	XYZAL	ORAL	
	LORATADINE	CLEAR-ATADINE	ORAL	
ANTIHIST-ANALGESIC,NON,SAL	DIPHENHYDRAMINE W/ APAP TAB	EVCEDDIN D M	ODAL	
ANTIHIST-ANALGESIC,NON,SAL	PHENYLTOLOXAMINE W/ APAP	EXCEDRIN P.M. FLEXTRA-650	ORAL ORAL	
	THE THE TOTAL WITH EACH TO THE	T EEXTING 650	010.12	
ANTIHIST-DECONG-ANTICHOLIN-CMB	CHLORPHEN-PSE-ATROPINE-HYOS-SCOPOL TAB SR	RU-TUSS	ORAL	
	PE-METHSCOP TAB	ALLERX PE	ORAL	
	FE-WETTISCOF TAB	ALLENAFL	OKAL	
ANTIHYPERGLY, DPP4 INHIB+BIGUAN	SITAGLIPTIN-METFORMIN	JANUMET	ORAL	
ANTIHYPERGLYCEMIC DPP-4 INHIB	SITAGLIPTIN PHOSPHATE	JANUVIA	ORAL	
ANTI-HYPERGLYCIC,INCRETIN-MIMT	EXENATIDE	BYETTA	SUB-Q	
ANTI TITE ENGLICIC, INCRETTIV-IVITIVIT	LIRAGLUTIDE	LIRAGLUTIDE INJ	SUB-Q	
ANTI-HYPERGLYCIC-AMYLIN-ANALOG	PRAMLINTIDE ACETATE	SYMLIN	SUB-Q	
ANTHERROTICS	DARCONIC	DARGONE	02.11	
ANTILEPROTICS	DAPSONE	DAPSONE	ORAL	
ANTIMALARIAL DRUGS	CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	ORAL	
	HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE SULFATE	ORAL	
	QUININE SULFATE	QUALAQUIN	ORAL	
ANTI-MANIA DRUGS	CARBAMAZEPINE	TEGRETOL ESKALITH	ORAL ORAL	
WALL MUNICUPLICATE	LITHIUM CARBONATE			

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ANTIMETABOLITES	CAPECITABINE	XELODA	ORAL	
	METHOTREXATE	METHOTREXATE	ORAL	
ANTIMIGRAINE PREPARATIONS	ALMOTRIPTAN MALATE	AXERT	ORAL	12 units per 30 days
	APAP-ISOMETHEPTENE-DICHLORAL	EPIDRIN	ORAL	
	DIHYDROERGOTAMINE MESYLATE ELETRIPTAN HYDROBROMIDE	MIGRANAL RELPAX	NASAL ORAL	6 units per 30 days
	ERGOTAMINE TARTRATE	ERGOMAR	SUBLINGUAL	d units per 30 days
	ERGOTAMINE-CAFFEINE	ERGOTAMINE-CAFFEINE	ORAL	
	FROVATRIPTAN SUCCINATE	FROVA	ORAL	9 units per 30 days
	ISOMETH-D-CHLORALPHENAZ-APAP	MIDRIN	ORAL	
	NARATRIPTAN HCL	AMERGE	ORAL	9 units per 30 days
	RIZATRIPTAN BENZOATE RIZATRIPTAN BENZOATE	MAXALT MAXALT MLT	ORAL ORAL	12 units per 30 days 12 units per 30 days
	SUMATRIPTAN	IMITREX	ORAL	9 units per 30 days
	SUMATRIPTAN	IMITREX	NASAL	9 units per 30 days
	SUMATRIPTAN	IMITREX	SUB-Q	9 units per 30 days
	SUMATRIPTAN-NAPROXEN	TREXIMET	ORAL	9 units per 30 days
	ZOLMITRIPTAN ZOLMITRIPTAN	ZOMIG 2.5 MG ZOMIG 5.0 MG	ORAL ORAL	12 units per 30 days 6 units per 30 days
	ZOLMITRIFTAN	ZOMIG	NASAL	12 units per 30 days
	ZOLMITRIPTAN	ZOMIG ZMT 2.5 MG	ORAL	12 units per 30 days
	ZOLMITRIPTAN	ZOMIG ZMT 5 MG	ORAL	6 units per 30 days
ANTI-NARCOLEPSY/ANTI-CATAPLEXY	SODIUM OXYBATE	XYREM	ORAL	
ANTI-NARCOLEPSY/ANTI-HYPER	ARMODAFINIL	NUVIGIL	ORAL	ANTI-NARCOLEPSY/ANTI-HYPER DRUG CLASS SPECIFIC RESTRICTIONS All oral formulations and strengths of listed agents are covered for allowed conditions.
	DEXMETHYLPHENIDATE HCL	FOCALIN	ORAL	
	METHYLPHENIDATE HCL	RITALIN	ORAL	
	METHYLPHENIDATE HCL	CONCERTA	ORAL	
	MODAFINIL	PROVIGIL	ORAL	
ANTINEOPL IMMUNODULATOR AGT	LENALIDOMIDE	REVLIMID	ORAL	
ANTINEOFE IMMONOBOLATOR ACT	LENALIDOWIDE	IKEVERIVIID	ONAL	
ANTINEOPLASTIC-AROMATASE INHIB	ANASTROZOLE	ARIMIDEX	ORAL	
	EXEMESTANE	AROMASIN	ORAL	
	LETROZOLE	FEMARA	ORAL	
ANTIOXIDANT AGENTS	LUTEIN-ZEAXANTHIN	LUTEIN	ORAL	
ANTIPARASITICS	NITAZOXANIDE	ALINIA	ORAL	
				•
ANTIPARKINSONISM DRUGS ANTI	RENZTROPINE MESVI ATE	COGENTIN	ORAL	
ANTIPARKINSONISM DRUGS, ANTI ANTIPARKINSONISM DRUGS, ANTI	BENZTROPINE MESYLATE TRIHEXYPHENIDYL HCL	COGENTIN ARTANE	ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL	ARTANE	ORAL	
	TRIHEXYPHENIDYL HCL  AMANTADINE HCL	ARTANE SYMMETREL	ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL  BROMOCRIPTINE MESYLATE	ARTANE SYMMETREL PARLODEL	ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL  BROMOCRIPTINE MESYLATE  CARBIDOPA-LEVODOPA	ARTANE  SYMMETREL  PARLODEL  SINEMET	ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL  BROMOCRIPTINE MESYLATE	ARTANE SYMMETREL PARLODEL	ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA-ENTACAPONE ENTACAPONE PERGOLIDE MESYLATE	ARTANE  SYMMETREL PARLODEL SINEMET STALEVO 150 COMTAN PERMAX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL  BROMOCRIPTINE MESYLATE  CARBIDOPA-LEVODOPA  CARBIDOPA-LEVODOPA-ENTACAPONE ENTACAPONE  PERGOLIDE MESYLATE  PRAMIPEXOLE DIHYDROCHLORIDE	ARTANE  SYMMETREL PARLODEL SINEMET STALEVO 150 COMTAN PERMAX MIRAPEX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA-ENTACAPONE ENTACAPONE PERGOLIDE MESYLATE PRAMIPEXOLE DIHYDROCHLORIDE RASAGILINE MESYLATE	ARTANE  SYMMETREL PARLODEL SINEMET STALEVO 150 COMTAN PERMAX MIRAPEX AZILECT	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL  BROMOCRIPTINE MESYLATE  CARBIDOPA-LEVODOPA  CARBIDOPA-LEVODOPA-ENTACAPONE ENTACAPONE  PERGOLIDE MESYLATE  PRAMIPEXOLE DIHYDROCHLORIDE	ARTANE  SYMMETREL PARLODEL SINEMET STALEVO 150 COMTAN PERMAX MIRAPEX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI ANTIPARKINSONISM DRUGS, OTHE	TRIHEXYPHENIDYL HCL  AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA-ENTACAPONE ENTACAPONE PERGOLIDE MESYLATE PRAMIPEXOLE DIHYDROCHLORIDE RASAGILINE MESYLATE ROPINIROLE HCL ROPINIROLE HYDROCHLORIDE	ARTANE  SYMMETREL PARLODEL SINEMET STALEVO 150 COMTAN PERMAX MIRAPEX AZILECT ROPINIROLE HCL REQUIP	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL  AMANTADINE HCL  BROMOCRIPTINE MESYLATE  CARBIDOPA-LEVODOPA  CARBIDOPA-LEVODOPA-ENTACAPONE  ENTACAPONE  PERGOLIDE MESYLATE  PRAMIPEXOLE DIHYDROCHLORIDE  RASAGILINE MESYLATE  ROPINIROLE HCL	ARTANE  SYMMETREL  PARLODEL  SINEMET  STALEVO 150  COMTAN  PERMAX  MIRAPEX  AZILECT  ROPINIROLE HCL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
ANTIPARKINSONISM DRUGS, ANTI ANTIPARKINSONISM DRUGS, OTHE	TRIHEXYPHENIDYL HCL  AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA-ENTACAPONE ENTACAPONE PERGOLIDE MESYLATE PRAMIPEXOLE DIHYDROCHLORIDE RASAGILINE MESYLATE ROPINIROLE HCL ROPINIROLE HYDROCHLORIDE	ARTANE  SYMMETREL PARLODEL SINEMET STALEVO 150 COMTAN PERMAX MIRAPEX AZILECT ROPINIROLE HCL REQUIP	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	DOXEPIN HCL	PRUDOXIN	TOPICAL	
	PRAMOXINE-BENZYL ALCOHOL	ITCH-X	TOPICAL	
	PRAMOXINE-ZINC ACETATE	CALADRYL CLEAR	TOPICAL	
ANTIPSORIATIC AGENT SYSTEMIC	ACITRETIN	SORIATANE	ORAL	
ANTIPSORIATICS AGENTS	CALCIPOTRIENE	DOVONEX	TOPICAL	
ANTIPSORIATICS AGENTS	TAZAROTENE	TAZORAC	TOPICAL	
ANTIPSYCHOTIC-ATYPICAL ANTAGON				
	ASENAPINE MALEATE	SAPHRIS	SUBLINGUAL	Use of sublingual dosage form is restricted to claims with an allowed condition that results
				in the inabiity to swallow or absorb oral medications
	CLOZAPINE OLANZAPINE	CLOZARIL ZYPREXA	ORAL ORAL	
	PALIPERIDONE	INVEGA	ORAL	
	QUETIAPINE FUMARATE	SEROQUEL	ORAL	
	RISPERIDONE	RISPERDAL	ORAL	
	ZIPRASIDONE HCL	GEODON	ORAL	
ANTIPSYCHOTIC-BUTYRONPHENONES	HALOPERIDOL	HALDOL	ORAL	
THE THE TENED TO SEE THE TENED TENED			CIUIL	
ANTIPSYCHOTIC-DIHYDROINDOLONES	MOLINDONE HCL	MOBAN	ORAL	
ANTIDOVOLIOTIC DIDUTANVI DUTVI DID	DIMOZIDE	ODAD	ODAL	
ANTIPSYCHOTIC-DIPHENYLBUTYLPIP	PIMOZIDE	ORAP	ORAL	
ANTIPSYCHOTIC-DOPA/SERO ANTG	LOXAPINE SUCCINATE	LOXITANE	ORAL	
ANTI-PSYCHOTICS,PHENOTHIAZIN	CHLORPROMAZINE HCL	THORAZINE	ORAL	
	FLUPHENAZINE HCL PERPHENAZINE	PROLIXIN TRILAFON	ORAL ORAL	
	THIORIDAZINE HCL	MELLARIL	ORAL	
	TRIFLUOPERAZINE HCL	STELAZINE	ORAL	
ANTIPSYCHOTICS-ATYPICAL,D2/5HT	ARIPIPRAZOLE	ABILIFY	ORAL	
ANTIPSYCHOTIC-THIOXANTHENES	THIOTHIXENE	NAVANE	ORAL	
THE STATE OF THE S	THETTE		010.12	
ANTITUBERCULAR AGENTS	ETHAMBUTOL HCL	ETHAMBUTOL HCL	ORAL	
	ISONIAZID PYRAZINAMIDE	ISONIAZID PYRAZINAMIDE	ORAL ORAL	
	RIFABUTIN	MYCOBUTIN	ORAL	
	MINDOTIN	WITCOBOTHY	OTOTE	
ANTITUBERCULAR ANTIBIOTICS	RIFAMPIN	RIFADIN	ORAL	
ANTITUCE ANTIQUET DECONE EVDEC	DUENVEDU CIU ODDUEN W/ DM CC	OHAL THESIN	ODAL	
ANTITUSS-ANTIHIST-DECONG-EXPEC	PHENYLEPH-CHLORPHEN W/ DM-GG	QUAL-TUSSIN	ORAL	
ANTITUSS-EXPECTORANT-COMBINATI	DEXTROMETHORPHAN-GUAIFENESIN SYRUP	ROBITUSSIN-DM COUGH	ORAL	
ANTITUSSIVE, NON-NARCOTIC	BENZONATATE DEXTROMETHORPHAN POLISTIREX	TESSALON	ORAL	
	DEXTROMETHORPHAN POLISTIREX	DELSYM	ORAL	
ANTITUSSIVE-ANTIHIST-DECONGEST	BROMPHENIRAMINE & DEXTROMETHORPHAN	BROMFED-DM	ORAL	
	PHENYLEPH TAN-PYRILAMINE TAN-CARBETA TAN TAB	TUSSI-12D	ORAL	
	PHENYLEPH-EPHED-CPM W/ CARBETAPENTANE	RYNATUSS	ORAL	
	PHENYLEPHRINE-CHLORPHEN-DM PHENYLEPHRINE-PYRILAMINE-DM	C-PHEN DM CODAL-DM	ORAL ORAL	
	PSEUDOEPH-BROMPHEN W/ HYDROCODONE SOLN	BROMPLEX DM	ORAL	
	PSEUDOEPHED TAN-BROMPHEN TAN-DM TAN SUSP	ANAPLEX DMX	ORAL	
	PSEUDOEPHED-BROMPHEN-DM SYRUP	BROMETANE DX	ORAL	
	PSEUDOEPHED-BROMPHENPHENIRAMINE	PSE BROM	ORAL	

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ANTIULCER H PYLORI AGENTS	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ	PREVPAC	ORAL	
	METRONIDAZ TAB-TETRACYC CAP-BIS SUBSAL	HELIDAC	ORAL	
ANTILLI CED DEFENADATIONS	AUGODOGTO	CATOTEC	ODAL	
ANTIULCER PREPARATIONS	MISOPROSTOL SUCRALFATE	CYTOTEC CARAFATE	ORAL ORAL	
ANTIMIDAL CENEDAL CONT. 2	VALCANCICI OVID LICI	VALCOTE	ODAL	
ANTIVIRAL GENERAL CONT. 2	VALGANCICLOVIR HCL	VALCYTE	ORAL	
ANTIVIRALS	ACYCLOVIR	ACYCLOVIR	ORAL	
	FAMCICLOVIR	FAMVIR	ORAL	
	OSELTAMIVIR PHOSPHATE VALACYCLOVIR HCL	TAMIFLU VALTREX	ORAL ORAL	
	TABLET CLO VIII TICE		JIME	
APPETITE STIMULANTS ANOREXIA	MEGESTROL ACETATE	MEGACE	ORAL	
ARTIFICIAL TEARS	ARTIFICIAL TEARS	LACRISERT	OPHTHALMIC	
INTITICIAL TEARS	ARTIFICIAL TEARS	NATURE'S TEARS	OPHTHALMIC	
	CARBOXYMETHYLCELLULOSE SODIUM	REFRESH PLUS	OPHTHALMIC	
	CARBOXYMETHYLCELLULOSE-GLYCERIN	OPTIVE	OPHTHALMIC	
	GLYCERIN-POLYSORBATE 80 HYPROMELLOSE	REFRESH DRY EYE THERAPY GENTEAL	OPHTHALMIC OPHTHALMIC	
	HYPROMELLOSE	ISOPTO TEARS	OPHTHALMIC	
	Inactive	REFRESH LIQUIGEL	OPHTHALMIC	
	POLYETHYLENE GLYCOL-POLYVINYL ALCOHOL	HYPOTEARS	OPHTHALMIC	
	POLYETHYLENE GLYCOL-PROPYLENE GLYCOL	SYSTANE	OPHTHALMIC	
	POLYVINYL ALCOHOL	TEARGEN	OPHTHALMIC	
	POLYVINYL ALCOHOL-POVIDONE POLYVINYL ALC-POVIDONE-2,4-D DIMETHYLAMINE	REFRESH FRESHKOTE	OPHTHALMIC OPHTHALMIC	
ASTRINGENTS	ALUMINUM ACETATE ALUMINUM ACETATE SOLN	A-MANTLE ALUMINUM ACETATE SOLN	TOPICAL TOPICAL	
	WITCH HAZEL (HAMAMELIS VIRGINIANA)	TUCKS	TOPICAL	
	WITCH HAZEL-GLYCERIN	MEDI PADS	TOPICAL	
BARBITURATES	BUTISOL SODIUM	BUTISOL SODIUM	ORAL	
	PHENOBARBITAL SECOBARBITAL SODIUM	PHENOBARBITAL SECONAL SODIUM	ORAL	
	SESSE MENTAL SOCIETY	SECONAL SOCIONI	ORAL	
BELLADONNA ALKALOIDS	ATROPINE SULFATE	SAL-TROPINE	ORAL	
BELLADONNA ALKALOIDS	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL	SAL-TROPINE DONNATAL	ORAL ORAL	
BELLADONNA ALKALOIDS	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE	SAL-TROPINE DONNATAL LEVSIN	ORAL ORAL ORAL	
BELLADONNA ALKALOIDS	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL	SAL-TROPINE DONNATAL	ORAL ORAL	
BELLADONNA ALKALOIDS  BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE	SAL-TROPINE DONNATAL LEVSIN	ORAL ORAL ORAL	
	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART	ORAL ORAL ORAL ORAL ORAL ORAL	
	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE SILODOSIN	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE SILODOSIN TAMSULOSIN HCL  ACEBUTOLOL HCL	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE SILODOSIN TAMSULOSIN HCL  ACEBUTOLOL HCL ATENOLOL	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE SILODOSIN TAMSULOSIN HCL  ACEBUTOLOL HCL ATENOLOL BISOPROLOL FUMARATE	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN BISOPROLOL FUMARATE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE  BELLADONNA ALKALOIDS-PHENOBARBITAL  HYOSCYAMINE SULFATE  METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL  DUTASTERIDE  FINASTERIDE  SILODOSIN  TAMSULOSIN HCL  ACEBUTOLOL HCL  ATENOLOL  BISOPROLOL FUMARATE  METOPROLOL SUCCINATE	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN BISOPROLOL FUMARATE TOPROL XL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE SILODOSIN TAMSULOSIN HCL  ACEBUTOLOL HCL ATENOLOL BISOPROLOL FUMARATE	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN BISOPROLOL FUMARATE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE  BELLADONNA ALKALOIDS-PHENOBARBITAL  HYOSCYAMINE SULFATE  METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL  DUTASTERIDE  FINASTERIDE  SILODOSIN  TAMSULOSIN HCL  ACEBUTOLOL HCL  ATENOLOL  BISOPROLOL FUMARATE  METOPROLOL SUCCINATE  METOPROLOL TARTRATE  NADOLOL  PINDOLOL	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN BISOPROLOL FUMARATE TOPROL XL LOPRESSOR CORGARD PINDOLOL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE BELLADONNA ALKALOIDS-PHENOBARBITAL HYOSCYAMINE SULFATE METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL DUTASTERIDE FINASTERIDE SILODOSIN TAMSULOSIN HCL  ACEBUTOLOL HCL ATENOLOL BISOPROLOL FUMARATE METOPROLOL SUCCINATE METOPROLOL TARTRATE NADOLOL PINDOLOL PROPRANOLOL HCL	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN BISOPROLOL FUMARATE TOPROL XL LOPRESSOR CORGARD PINDOLOL INDERAL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
BENIGN PROSTATIC HYPERTROPHY	ATROPINE SULFATE  BELLADONNA ALKALOIDS-PHENOBARBITAL  HYOSCYAMINE SULFATE  METHSCOPOLAMINE BROMIDE  ALFUZOSIN HCL  DUTASTERIDE  FINASTERIDE  SILODOSIN  TAMSULOSIN HCL  ACEBUTOLOL HCL  ATENOLOL  BISOPROLOL FUMARATE  METOPROLOL SUCCINATE  METOPROLOL TARTRATE  NADOLOL  PINDOLOL	SAL-TROPINE DONNATAL LEVSIN PAMINE  UROXATRAL AVODART FINASTERIDE RAPAFLO FLOMAX  ACEBUTOLOL HCL TENORMIN BISOPROLOL FUMARATE TOPROL XL LOPRESSOR CORGARD PINDOLOL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formular look up tool located in the Medical Providers section.
	ALBUTEROL SULFATE	ALBUTEROL	INHALATION	
	ALBUTEROL SULFATE	PROVENTIL	ORAL	
	ARFORMOTEROL TARTRATE	BROVANA	INHALATION	
	FORMOTEROL FUMARATE	FORADIL	INHALATION	
	LEVALBUTEROL HCL METAPROTERENOL SULFATE	XOPENEX METAPREL	INHALATION ORAL	
	METAPROTERENOL SULFATE	METAPREL	INHALATION	
	PIRBUTEROL ACETATE	MAXAIR AUTOHALER	INHALATION	
	SALMETEROL XINAFOATE	SEREVENT DISKUS	INHALATION	
	TERBUTALINE SULFATE	BRETHINE	ORAL	
BETA-ADRENERGIC/ANTICHOLIN CMB	IPRATROPIUM-ALBUTEROL	COMBIVENT	INHALATION	
BETA-ADRENERGICS GLUCOCORTIC	BUDESONIDE-FORMOTEROL FUMARATE DIHYD	SYMBICORT	INHALATION	
	FLUTICASONE-SALMETEROL	ADVAIR	INHALATION	
	MOMETASONE FUROATE-FORMOTEROL FUMARATE	DULERA	INHALATION	
BETA-BLOCKER/THIAZIDE COMBO	ATENOLOL-CHLORTHALIDONE	ATENOLOL-CHLORTHALIDONE	ORAL	
	BISOPROLOL & HYDROCHLOROTHIAZIDE	ZIAC	ORAL	
	BISOPROLOL FUMARATE-HCTZ	BISOPROLOL FUMARATE-HCTZ	ORAL	
	METOPROLOL-HYDROCHLOROTHIAZIDE	METOPROLOL-HYDROCHLOROTHIAZIDE	ORAL	
BILE SALT INHIBITORS	CHOLESTYRAMINE	PREVALITE	ORAL	
BILE SALT INFIBITORS	COLESEVELAM HCL	WELCHOL	ORAL	
	COLESTIPOL HCL	COLESTID	ORAL	
BILE SALTS	URSODIOL	URSO FORTE	ORAL	
	TERIPARATIDE (RECOMBINANT)	FORTEO		
BONE FORM STIM AGTS-PT HORMO	TERIPARATIDE (RECOIVIBINANT)	FORTEO	SUB-Q	
BONE OSSIFICATION SUPPRESSIO	ALENDRONATE SODIUM	FOSAMAX	ORAL	
	CALCITONIN (SALMON)	MIACALCIN	NASAL	
	ETIDRONATE DISODIUM	ETIDRONATE DISODIUM	ORAL	
	IBANDRONATE SODIUM	BONIVA	ORAL	
	RALOXIFENE HCL	EVISTA	ORAL	
BONE RESORP INHIB-CALCIUM COM	RISEDRONATE SODIUM RISEDRONATE SOD WITH CALCIUM CARBONATE	ACTONEL WITH CALCIUM	ORAL ORAL	
			-	
BONE RESORPTION INHIB & VIT D	ALENDRONATE SODIUM-CHOLECALCIFEROL	FOSAMAX PLUS D	ORAL	
BONE RI, SENSITIVITY ENHANCER	CINACALCET HCL	SENSIPAR	ORAL	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB	DUTASTERIDE-TAMSULOSIN HC	DUTASTERIDE-TAMSULOSIN HC	ORAL	
VITAMIN B & C COMBINATION	MULTIPLE VITAMINS W/ MINERALS	THERAPEUTIC-M	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
PRENATAL VITAMIN PREPS	PRENATAL VIT W/ DSS-IRON CARBONYL-FA	ULTRA NATALCARE	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
	AMLODIPINE BESYLATE	NORVASC	ORAL	
CALCIUM CHANNEL BLOCKING AGT		CARDIZENA	ORAL	
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL	CARDIZEM EELODIRINE ER		
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL FELODIPINE	FELODIPINE ER	ORAL	
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL FELODIPINE ISRADIPINE	FELODIPINE ER DYNACIRC CR	ORAL ORAL	
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL FELODIPINE	FELODIPINE ER	ORAL	
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL FELODIPINE ISRADIPINE NICARDIPINE HCL NIFEDIPINE NISOLDIPINE	FELODIPINE ER DYNACIRC CR CARDENE PROCARDIA SULAR	ORAL ORAL ORAL ORAL ORAL	
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL FELODIPINE ISRADIPINE NICARDIPINE HCL NIFEDIPINE	FELODIPINE ER DYNACIRC CR CARDENE PROCARDIA	ORAL ORAL ORAL ORAL	
CALCIUM CHANNEL BLOCKING AGT	DILTIAZEM HCL FELODIPINE ISRADIPINE NICARDIPINE HCL NIFEDIPINE NISOLDIPINE	FELODIPINE ER DYNACIRC CR CARDENE PROCARDIA SULAR	ORAL ORAL ORAL ORAL ORAL	CALCIUM REPLACEMENT DRUG CLASS SPECIFIC RESTRICTIONS

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	CALCIUM CARBONATE-VITAMIN D	CALCIUM 500 + VIT D	ORAL	
	CALCIUM CITRATE-VITAMIN D	CALCITRATE	ORAL	
	CALCIUM GLUCONATE CALCIUM W/ MAGNESIUM	CALCIUM GLUCONATE CALCIUM-MAGNESIUM	ORAL ORAL	
	a izoiem wy winterizoiem	er teorem mintenteorem	011112	
CARBAPENEMS (THIENAMYCINS)	ERTAPENEM SODIUM	ERTAPENEM SODIUM	INJ	
CARBONIC ANHYDRASE INHIBITOR	ACETAZOLAMIDE	ACETAZOLAMIDE	ORAL	
	METHAZOLAMIDE	METHAZOLAMIDE	ORAL	
CEPHALOSPRORIN, 1ST GENERAT	CEFADROXIL	CEFADROXIL	ORAL	
	CEPHALEXIN	KEFLEX	ORAL	
CEPHALOSPRORIN, 2ND GENERAT	CEFACLOR CEFPROZIL	CEFACLOR CEFPROZIL	ORAL ORAL	
	CEFUROXIME AXETIL	CEFTIN	ORAL	
CEPHALOSPRORIN, 3RD GENERAT	CEFDINIR	OMNICEF	ORAL	
	CEFDITOREN PIVOXIL CEFIXIME	SPECTRACEF SUPRAX	ORAL ORAL	
	CEFTAZIDIME	CEFTAZIDIME	INJECTION	
	CEFTIBUTEN	CEDAX	ORAL	
	CEFTRIAXONE	CEFTRIAXONE	INJECTION	
CEPHALOSPRORIN, 4TH GENERAT	CEFEPIME HCL CEFEPIME HCL	CEFEPIME CEFEPIME HCL	INTRAVEN INJECTION	
	CEFEPIME ACL	CEFEPIIVIE HCL	INJECTION	
CHOLINESTERASE INHIBITORS	DONEPEZIL HYDROCHLORIDE	ARICEPT	ORAL	
	GALANTAMINE HYDROBROMIDE	RAZADYNE	ORAL	
	PYRIDOSTIGMINE BROMIDE	MESTINON	ORAL	
	RIVASTIGMINE TARTRATE	EXELON	ORAL	
CHROMOLYN AND DERIVATIVES	CROMOLYN SODIUM	CROMOLYN SODIUM	INHALATION	
CHRONIC COLON INFLAM DRUG TX	BALSALAZIDE DISODIUM	BALSALAZIDE DISODIUM	ORAL	
CHICAGO COLONIA LA IMADA COLONIA COLON	MESALAMINE	ASACOL	ORAL	
	OLSALAZINE SODIUM	DIPENTUM	ORAL	
COLCHICINE	COLCHICINE	COLCHICINE	ORAL	
COLUME	COLUME	COLUME	URAL	
COLON INFLAM DRUG, RECTAL	MESALAMINE	CANASA	RECTAL	
CORONARY VASODILATORS	ISOSORBIDE DINITRATE	ISOSORBIDE DINITRATE	ORAL	
	ISOSORBIDE MONONITRATE	ISMO	ORAL	
	NITROGLYCERIN NITROGLYCERIN OINT 2%	NITROGLYCERIN NITRO-BID OINT	ORAL TRANSDERM	
	NITROGLYCERIN OINT 2% NITROGLYCERIN PATCH	NITRO-BID OINT NITROGLYCERIN PATCH	TRANSDERM	
	NITROGLYCERIN SL	NITROSTAT	SUBLINGUAL	
	NITROGLYCERIN TL SOLN	NITROLINGUAL	TRANSLING	
DECONGEST-ANALGESIC,NON-SALICYLATE COMB.	PHENYLEPHRINE W/ ACETAMINOPHEN	PHENYLEPHRINE W/ ACETAMINOPHEN	ORAL	
DECONGESTANT-EXPECTORANT COMB	PHENYLEPHRINE-GUAIFENESIN CAP SR	GENEXA LA	ORAL	
	PSEUDOEPHEDRINE-GUAIFENESIN TAB SR	MUCINEX D	ORAL	
DECONGEST-ANTICHOLINERGIC CMB	PSEUDOEPHEDRINE-METHSCOPOLAMINE TAB	PSEUDOEPHEDRINE-METHSCOPOLAMINE TAB	ORAL	
DENTAL AIDS AND DESCRIPTIONS	CHI ODUFWDINE COMPANIE	DEDICATE	A411001101111	
DENTAL AIDS AND PREPARATIONS	CHLORHEXIDINE GLUCONATE TRIAMCINOLONE ACETONIDE	PERIOGARD TRIAMCINOLONE ACETONIDE	MUCOUS MEM DENTAL	
DEODORANTS	OSTOMY SUPPLIES	M9	MISCELL	
DIABETIC ULSER PREP TOPICAL	BECAPLERMIN	REGRANEX	TOPICAL	
DIADLIIC ULJEN FREF TUFICAL	DECAPLERIVIIIV	INLURAINEA	TOPICAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
DIGITALIS GLYCOSIDES	DIGOXIN	LANOXIN	Oral	
DRUGS TO TREAT IMPOTENCY	ALPROSTADIL	CAVERJECT	INTRACAVER	6 UNITS PER 30 DAYS
	ALPROSTADIL	EDEX	INTRACAVER	6 UNITS PER 30 DAYS
	ALPROSTADIL URETHRAL PELLET	MUSE	URETHRAL	6 UNITS PER 30 DAYS
	SILDENAFIL CITRATE	VIAGRA	ORAL	6 UNITS PER 30 DAYS
	TADALAFIL VARDENAFIL HCL	CIALIS LEVITRA	ORAL ORAL	10mg or 20mg = 6 Units per 30 days, 2.5mg or 5mg = 30units per 30 days
	YOHIMBINE HCL	YOHIMBINE HCL	ORAL	6 UNITS PER 30 DAYS PA required but no monthly quantity restrictions
	HOTHWIGHTE TICE	TOTHIVIBINE FICE	ORAL	ra required but no monthly quantity restrictions
EAR PREPS ANTIBIOTICS	NEOMYCIN-COLISTIN-HC-THONZONIUM	CORTISPORIN-TC	OTIC	
	NEOMYCIN-POLYMYXIN-HC	CORTOMYCIN	OTIC	
	OFLOXACIN	OFLOXACIN	OTIC	
		255140510		
EAR PREPS ANTIINFLAMMATORY	FLUOCINOLONE ACETONIDE	DERMOTIC	OTIC	
EAR PREPS LOCAL ANESTHETIC	ACETIC ACID-ANTIPYRINE-BENZOCAINE-POLYCOSANOL	ACETIC ACID-ANTIPYRINE- BENZOCAINE-POLYCOSANOL OTIC SOLN	ОТІС	
	ANTIPYRINE-BENZOCAINE-POLYCOSANOL	AURALGAN	OTIC	
	BENZOCAINE-ANTIPYRINE	AURODEX EAR DROPS	OTIC	
EAR PREPS MISC ANTIINFECTIVE	ACETIC ACID	ACETIC ACID	OTIC	
	ACETIC ACID-ALUMINUM	ACETIC ACID-ALUMINUM	OTIC	
	ACETIC ACID-HYDROCORTISONE	ACETIC ACID-HYDROCORTISONE	OTIC	
	CRESYL ACETATE HYDROCORTISONE W/ ACETIC ACID	CRESYLATE	OTIC	
		ACETASOL HC PRAMOXINE-HC-CHLOROXYLENOL OTIC SOLN	OTIC	
EAR PREPS MISC OTC ONLY	PRAMOXINE-HC-CHLOROXYLENOL  Inactive	10-10-1 MG/ML STAR-OTIC	OTIC OTIC	
EAR FREE S IMISC OTC ONLI	mactive	STAR-OTIC	One	
ELECTROLYTE DEPLETERS	CALCIUM ACETATE (PHOSPHATE BINDER)	PHOSLO	ORAL	
	LANTHANUM CARBONATE	FOSRENOL	ORAL	
	SEVELAMER CARBONATE	RENVELA	ORAL	
	SEVELAMER HCL	RENAGEL	ORAL	
	SODIUM POLYSTYRENE SULFONATE	KAYEXALATE	ORAL	
ELECTROLYTE REPLACEMENT	SALIVA SUBSTITUTE	SALIVA SUBSTITUTE	MUCOUS MEM	
ELECTROLITE REPLACEIVIENT	SALIVA SUBSTITUTE	SALIVA SOBSTITUTE	IVIOCOUS IVIEIVI	
EMOLLIENTS	ALOE VERA	ALOE VERA	TOPICAL	
	AMMONIUM LACTATE	AMMONIUM LACTATE	TOPICAL	
	BABY OIL	BABY OIL	TOPICAL	
	DERMATOLOGICAL PRODUCTS MISC	XCLAIR	TOPICAL	
	EMOLLIENT	NIVEA	TOPICAL	
	EMOLLIENT	SHEPARD'S SKIN CREAM	TOPICAL	
	LACTIC ACID (AMMONIUM LACTATE)  LANOLIN	LAC-HYDRIN LANOLIN	TOPICAL TOPICAL	
	NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	
	SALINE NASAL	AYR SALINE	TOPICAL	
	SCAR TREATMENT PRODUCTS	MEDERMA	TOPICAL	
	SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	
	TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	
	VITAMINS A & D	VITAMIN A & D	TOPICAL	
EMOLLIENTS (CONT 1)	EMOLLIENT	ELETONE	TOPICAL	
	WOUND DRESSINGS	BIAFINE	TOPICAL	
EMOLLIENTS (CONTINUED 2)	DERMATOLOGICAL PRODUCTS MISC EMOLLIENT	EPICERAM MAINAVY	TOPICAL TOPICAL	
	SKIN PROTECTANTS MISC	MIMYX EUCERIN	TOPICAL	
	SKIN PROTECTAINTS IVIISC	LOCENIN	TOPICAL	
ESTROGENIC AGENTS	ESTRADIOL	ESTRADIOL	ORAL	
EXANTHEMATOUS AND TUMOR CAU	ZOSTER VACCINE LIVE	ZOSTAVAX	SUB-Q	
EXPECTORANTS	GUAIFENESIN	ROBITUSSIN	ORAL	
LAFLCTURAINTS	GOAIFEINESIIV	INCOLLOSSIIA	UKAL	

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EYE ANTIBIOTIC-CORTICOID	GENTAMICIN-PREDNISOLONE	PRED-G	OPHTHALMIC	
	LOTEPREDNOL ETABONATE-TOBRAMYCIN	ZYLET	OPHTHALMIC	
	NEOMYCIN-BACITRACIN-POLY-HC	NEOMYCIN	OPHTHALMIC	
	NEOMYCIN-POLYMYXIN-DEXAMETH NEOMYCIN-POLYMYXIN-HC	NEO-DECADRON POLYMYCIN	OPHTHALMIC OPHTHALMIC	
	TOBRAMYCIN-DEXAMETHASONE	TOBRADEX	OPHTHALMIC	
EYE ANTIBIOTICS	A ZITUDON AVCINI	AZACITE	ODUTUALNUC	
EYE ANTIBIOTICS	AZITHROMYCIN BACITRACIN	AZASITE BACITRACIN	OPHTHALMIC OPHTHALMIC	
	BACITRACIN-POLYMYXIN	BACITRACIN-POLYMYXIN	OPHTHALMIC	
	BACITRACIN-POLYMYXIN B	AK-POLY-BAC	OPHTHALMIC	
	BESIFLOXACIN HCL	BESIVANCE	OPHTHALMIC	
	CIPROFLOXACIN HCL	CILOXAN	OPHTHALMIC	
	ERYTHROMYCIN	ERYTHROMYCIN	OPHTHALMIC	
	GATIFLOXACIN CENTAMICIN SUI FATE	ZYMAR	OPHTHALMIC	
	GENTAMICIN SULFATE LEVOFLOXACIN	GENTAK IQUIX	OPHTHALMIC OPHTHALMIC	1
	MOXIFLOXACIN HCL	VIGAMOX	OPHTHALMIC	
	NATAMYCIN	NATAMYCIN OPHTH SUSP	OPHTHALMIC	
	NEOMYCIN-BACITRACIN-POLYMYXIN	NEOMYCIN-BACITRACIN-POLYMYXIN	OPHTHALMIC	
	NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN	OPHTHALMIC	
	OFLOXACIN	OCUFLOX	OPHTHALMIC	
	POLYMYXIN B SUL-TRIMETHOPRIM TOBRAMYCIN SULFATE	POLYMYXIN B SUL-TRIMETHOPRIM TOBREX	OPHTHALMIC OPHTHALMIC	
	TOBINAIVITCIN SOLI ATE	TOBREA	OFTITIALIVIC	
EYE ANTIHISTAMINES	AZELASTINE HCL	AZELASTINE HCL	OPHTHALMIC	
	AZELASTINE HCL	OPTIVAR	OPHTHALMIC	
	EPINASTINE HCL	ELESTAT	OPHTHALMIC	
	KETOTIFEN FUMARATE	ALAWAY	OPHTHALMIC	
	KETOTIFEN FUMARATE KETOTIFEN FUMARATE	EYE ITCH RELIEF ZADITOR	OPHTHALMIC OPHTHALMIC	
	OLOPATADINE HCL	PATANOL	OPHTHALMIC	
EYE ANTIINFLAMMATORY AGENTS	BROMFENAC SODIUM	XIBROM	OPHTHALMIC	
	DEXAMETHASONE	MAXIDEX	OPHTHALMIC	
	DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	
	DICLOFENAC SODIUM	VOLTAREN	OPHTHALMIC	
	DIFLUPREDNATE FLUOROMETHOLONE	DUREZOL FLUOROMETHOLONE	OPHTHALMIC OPHTHALMIC	
	FLUOROMETHOLONE	FML FORTE	OPHTHALMIC	
	FLUOROMETHOLONE ACETATE	FLAREX	OPHTHALMIC	
	FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM	OPHTHALMIC	
	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	OPHTHALMIC	
	KETOROLAC TROMETHAMINE	ACULAR	OPHTHALMIC	
	LOTEPREDNOL ETABONATE  LOTEPREDNOL ETABONATE	LOTEMAX ALREX	OPHTHALMIC OPHTHALMIC	1
	NEPAFENAC NEPAFENAC	NEVANAC	OPHTHALMIC	
	PREDNISOLONE ACETATE	OMNIPRED	OPHTHALMIC	
	PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	
	RIMEXOLONE	VEXOL	OPHTHALMIC	
EYE ANTIVIRALS	TRIFLURIDINE	VIROPTIC	OPHTHALMIC	
EYE IRRIGATIONS	OPHTHALMIC IRRIGATION SOLUTION	BSS	INTRAOCULR	
EVE DDEDADATIONS ANSS STS	ADTIFICIAL TEADS	LACOLUURE C.O.D.	ODUT	
EYE PREPARATIONS, MISC OTC	ARTIFICIAL TEARS POLYVINYL ALCOHOL	LACRI-LUBE S.O.P. AKWA TEARS	OPHTHALMIC OPHTHALMIC	
	PROPYLENE GLYCOL-GLYCERIN	SOOTHE	OPHTHALMIC	
	TYLOXAPOL	ENUCLENE	OPHTHALMIC	
	WHITE PETROLATUM-MINERAL OIL	PURALUBE	OPHTHALMIC	

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EYE SULFONAMIDS	SULFACETAMIDE SODIUM	BLEPH-10	OPHTHALMIC	
ETE SOLI ONAMIDS	SULFACETAMIDE SODIUM-PREDNISOLONE	BLEPHAMIDE	OPHTHALMIC	
	SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE	OPHTHALMIC	
EYE VASOCONSTRICTRS(RX ONLY)	NAPHAZOLINE HCL	AK-CON	OPHTHALMIC	
ETE VASOCONSTRICTRS(RX ONLT)	INAPHAZOLINE HCL	AK-CON	OPHIHALIVIIC	
EYE VASOCONSTRITRS (OTC ONLY	NAPHAZOLINE W/ PHENIRAMINE	NAPHCON-A	OPHTHALMIC	
FIBROMYALGIA AGENTS, SNRI	MILNACIPRAN HCL	SAVELLA	ORAL	
FLUORIDE PREPARATIONS				FLUORIDE PREPARATIONS DRUG CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	SODIUM FLUORIDE	DENTA 5000 PLUS	DENTAL	
FOLIC ACID PREPARATIONS	FOLIC ACID	FOLIC ACID	ORAL	
- CLIC / ICS - ILC. / III / III / III	L-METHYLFOLATE	DEPLIN	ORAL	
	ADAD AAC CALICYLATE DUEANLETOLOV CAFFEINE ADAD			
FST GEN ANTIHISTAMINE ANALGES	APAP-MG SALICYLATE-PHENYLTOLOX-CAFFEINE-APAP- MAG	DURABAC FORTE	ORAL	
GASTRIC ENZYMES	LACTASE	DAIRY RELIEF	ORAL	
GENERAL BRONCHODIALATORS	IPRATROPIUM BROMIDE HFA TIOTROPIUM BROMIDE INH	ATROVENT HFA SPIRIVA	Inhalation Inhalation	
	THE THE PROPERTY OF THE PROPER	SI HILLY!	imalation	
GENERAL INHALATION AGENTS	SODIUM CHLORIDE AERO SOLN	BRONCHO SALINE	INHALATION	
GENITAL WART-HPV TX AGENTS	SINECATECHINS	VEREGEN	TOPICAL	
GERIATRIC VITAMIN PREPARE	MULTIPLE VITAMINS W/ MINERALS	CENTRUM SILVER	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
CLUCODTICOIDE EVETENIC	CORTICONE ACETATE	CORTICONIC	ODAL	
GLUCORTICOIDS, SYSTEMIC	CORTISONE ACETATE HYDROCORTISONE	CORTISONE CORTEF	ORAL ORAL	
	METHYLPREDNISOLONE	MEDROL	ORAL	
	PREDNISOLONE	MILLIPRED	ORAL	
	PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	ORAL	
	PREDNISONE	PREDNISONE	ORAL	
GLUCORTICOIDS, SYSTEMIC	BECLOMETHASONE DIPROPIONATE	QVAR	INHALATION	
GLOCOKTICOIDS, 3131EWIIC	BUDESONIDE	PULMICORT	INHALATION	
	DEXAMETHASONE	DECADRON	ORAL	
CLUCORTICOIDE TORICAL	FLUNISOLIDE	AEROBID	INHALATION	
GLUCORTICOIDS, TOPICAL	FLUTICASONE PROPIONATE	FLOVENT DISKUS	INHALATION	
	MOMETASONE FUROATE	ASMANEX	INHALATION	
	TRIAMCINOLONE ACETONIDE	AZMACORT	INHALATION	
GOLD SALTS	AURANOFIN	RIDAURA	ORAL	
GROWTH HORMONES	SOMATROPIN	HUMATROPE	INJECTION	
HEMATINICS, OTHER	DARBEPOETIN ALFA-POLYSORBATE 80	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN	INJECTION	
	EPOETIN ALFA	PROCRIT	INJECTION	
	PENTOXIFYLLINE	TRENTAL	ORAL	
HEMORRHEOLOGIC AGENT	TENTONII TEENE			
		ANAI PRAM HC	RECTAL	
HEMORRHEOLOGIC AGENT HEMORRHOIDAL PREPARATIONS	HYDROCORTISONE - PRAMOXINE  PHENYLEPH-SHARK LIVER OIL-COCOA BUTTER	ANALPRAM HC HEMORRHOIDAL SUPPOSITORIES	RECTAL RECTAL	

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	PRAMOX-PE-GLYCERIN-PETROLATUM RECTAL	PREPARATION H	RECTAL	
HEMORRHOIDAL PREP (CONT)	DIBUCAINE	NUPERCAINAL	RECTAL	
TIEMORRIODAETREI (CONT)	LIDOCAINE	LMX 5	TOPICAL	
HEMORRHOIDAL STEROID/ANESTH	LIDOCAINE-HYDROCORTISONE	LIDAZONE HC	RECTAL	
HEPARIN PREPARATIONS				
	HEPARIN SODIUM	HEPARIN	SUB-Q	
<del>                                     </del>	DALTEPARIN SODIUM	FRAGMIN	SUB-Q	
	ENOXAPARIN	LOVENOX	SUB-Q	
	FONDAPARINUX SODIUM	ARIXTRA	SUB-Q	
HEPATITIS B TREATMENT	LAMIVUDINE	EPIVIR HBV	ORAL	
		lara taya	01/	
HEPATITIS C TREATMENT	PEGINTERFERON ALFA-2A RIBAVIRIN	PEGASYS	SUB-Q ORAL	
	MOAVININ	RIBASPHERE	UKAL	
HISTAMINE H2 INHIBITORS	CIMETIDINE	CIMETIDINE	ORAL	
	FAMOTIDINE	PEPCID AC	ORAL	
	NIZATIDINE	AXID	ORAL	
	RANITIDINE HCL	ZANTAC	ORAL	
HIV-ANTIRETROVIAL COMBINATION	EFAVIRENZ-EMTRICITABINE-TENOFOVIR	ATRIPLA	ORAL	
HIV-SPEC AV-NUCLEOSIDE/TIDE	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	TRUVADA	ORAL	
THIN COPE OF THE COLOR AND COPE	LAAMWIDING	EDIVID	ODAL	
HIV-SPEC NECLEOSIDE ANLG, RTI	LAMIVUDINE ZIDOVUDINE	EPIVIR ZIDOVUDINE	ORAL ORAL	
	ZIBOVOBINE	ZIBOVOBINE	ONAL	
HIV-SPEC NON-NECLEOSIDE, RTI	<u>EFAVIRENZ</u>	SUSTIVA	ORAL	
HIV-SPEC NUCLEOSIDE, RTI COMBO	LAMIVUDINE-ZIDOVUDINE	COMBIVIR	ORAL	
HIV-SPEC PROTEASE INHIB COMBO	LOPINAVIR-RITONAVIR	KALETRA	ORAL	
HMG COA INHIB CHOLST AB INHIB	EZETIMIBE-SIMVASTATIN	VYTORIN	ORAL	
HMG COA REDUCTASE INHIBITORS	ATORVASTATIN CALCIUM	LIPITOR	ORAL	
	FLUVASTATIN	LESCOL XL	ORAL	
	LOVASTATIN	ALTOPREV	ORAL	
	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM	ALTOPREV LIVALO PRAVACHOL CRESTOR	ORAL ORAL	
	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM	ALTOPREV LIVALO PRAVACHOL	ORAL ORAL ORAL	
LINES COA DEDUCTES INVINCANACIO	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM SIMVASTATIN	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR	ORAL ORAL ORAL ORAL ORAL	
HMG COA REDUCTSE INHIB NIACIN	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM	ALTOPREV LIVALO PRAVACHOL CRESTOR	ORAL ORAL ORAL ORAL	
	LOVASTATIN  PITAVASTATIN CALCIUM  PRAVASTATIN SODIUM  ROSUVASTATIN CALCIUM  SIMVASTATIN  NIACIN-LOVASTATIN  NIACIN-SIMVASTATIN	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR ADVICOR SIMCOR	ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
HMG COA REDUCTSE INHIB NIACIN HYPERGLYCEMICS	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM SIMVASTATIN NIACIN-LOVASTATIN	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR ADVICOR	ORAL ORAL ORAL ORAL ORAL ORAL	
HYPERGLYCEMICS	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM SIMVASTATIN  NIACIN-LOVASTATIN NIACIN-SIMVASTATIN GLUCAGON (RDNA) GLUCOSE	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR  ADVICOR SIMCOR  GLUCAGON EMERGENCY KIT INSTA-GLUCOSE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
	LOVASTATIN  PITAVASTATIN CALCIUM  PRAVASTATIN SODIUM  ROSUVASTATIN CALCIUM  SIMVASTATIN  NIACIN-LOVASTATIN  NIACIN-SIMVASTATIN  GLUCAGON (RDNA)  GLUCOSE  DOXERCALCIFEROL	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR  ADVICOR SIMCOR  GLUCAGON EMERGENCY KIT INSTA-GLUCOSE  HECTOROL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
HYPERGLYCEMICS	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM SIMVASTATIN  NIACIN-LOVASTATIN NIACIN-SIMVASTATIN GLUCAGON (RDNA) GLUCOSE	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR  ADVICOR SIMCOR  GLUCAGON EMERGENCY KIT INSTA-GLUCOSE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
HYPERGLYCEMICS	LOVASTATIN  PITAVASTATIN CALCIUM  PRAVASTATIN SODIUM  ROSUVASTATIN CALCIUM  SIMVASTATIN  NIACIN-LOVASTATIN  NIACIN-SIMVASTATIN  GLUCAGON (RDNA)  GLUCOSE  DOXERCALCIFEROL	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR  ADVICOR SIMCOR  GLUCAGON EMERGENCY KIT INSTA-GLUCOSE  HECTOROL	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	Non-formulary effective January 1, 2014, This coverage restriction shall apply to claims in which Ramelteon was reimbursed by BWC prior to January 1, 2014 effective June 1, 2014.
HYPERGLYCEMICS  HYPERPARATHYROID TX AGENTS	LOVASTATIN PITAVASTATIN CALCIUM PRAVASTATIN SODIUM ROSUVASTATIN CALCIUM SIMVASTATIN NIACIN-LOVASTATIN NIACIN-SIMVASTATIN GLUCAGON (RDNA) GLUCOSE  DOXERCALCIFEROL PARICALCITOL	ALTOPREV LIVALO PRAVACHOL CRESTOR ZOCOR  ADVICOR SIMCOR  GLUCAGON EMERGENCY KIT INSTA-GLUCOSE  HECTOROL ZEMPLAR	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	

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HYPOGLY INSUL RESP BIGUAN CMB	ROSIGLITAZONE MALEATE-METFORMIN HCL	AVANDAMET	ORAL	
HYPOGLYCEMIC NON-SULFONYLU	METFORMIN HCL	METFORMIN HCL	ORAL	
HYPOGLYCEMIC SULFONYLUREAS	GLIMEPIRIDE	AMARYL	ORAL	
HTPOGLICEMIC SOLFONILOREAS	GLIPIZIDE	GLIPIZIDE	ORAL	
	GLYBURIDE	GLYBURIDE	ORAL	
	NATEGLINIDE	STARLIX	ORAL	
HYPOGLYCEMICS ALPHA INHIB	ACARBOSE	PRECOSE	ORAL	
	PIOGLITAZONE HCL	ACTOS	ORAL	
HYPOGLYCEMICS INSULIN ENH	PIOGLITAZONE HCL PIOGLITAZONE HCL-METFORMIN	ACTOPLUS MET	ORAL	
	ROSIGLITAZONE MALEATE	AVANDIA	ORAL	
HYPOTENSIVES ANGIO RECPT ANT	CANDESARTAN CILEXETIL	ATACAND	ORAL	
	EPROSARTAN MESYLATE IRBESARTAN	TEVETEN AVAPRO	ORAL ORAL	
	LOSARTAN POTASSIUM	COZAAR	ORAL	
	OLMESARTAN MEDOXOMIL	BENICAR	ORAL	
	TELMISARTAN	MICARDIS	ORAL	
	VALSARTAN	DIOVAN	ORAL	
HYPOTENSIVES ANGIOTENSIN BLK	BENAZEPRIL HCL	BENAZEPRIL HCL	ORAL	
THE CLEASIVES ANGIOTENSIN BER	CAPTOPRIL	CAPTOPRIL	ORAL	
	ENALAPRIL MALEATE	ENALAPRIL MALEATE	ORAL	
	FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	ORAL	
	LISINOPRIL	PRINIVIL	ORAL	
	MOEXIPRIL HCL PERINDOPRIL ERBUMINE	UNIVASC ACEON	ORAL ORAL	
	QUINAPRIL HCL	QUINAPRIL HCL	ORAL	
	RAMIPRIL	ALTACE	ORAL	
	TRANDOLAPRIL	MAVIK	ORAL	
HYPOTENSIVES SYMPATHOLYTIC	CLONIDINE HCL	CATAPRES	ORAL	
	CLONIDINE HCL TD PATCH	CLONIDINE	TRANSDERM	
	GUANFACINE HCL	TENEX	ORAL	
HYPOTENSIVES VASODILATORS	HYDRALAZINE HCL	APRESOLINE	ORAL	
	MINOXIDIL	MINOXIDIL	ORAL	
IMMUNOGLOBULIN E(IGE) BLOCKERS	OMALIZUMAB	XOLAIR	SUB-Q	
INAMALINIONA ODLILI ATODG	INTIGUINAGO	ALDADA	TODICAL	
IMMUNOMODULATORS	IMIQUIMOD INTERFERON GAMMA-1B	ALDARA ACTIMMUNE	TOPICAL SUB-Q	
IMMUNOSUPPRESIVES	AZATHIOPRINE CYCLOSPORINE	AZATHIOPRINE GENGRAF	ORAL ORAL	
	EVROLIMUS	ZORTRESS	ORAL	
	MYCOPHENOLATE MOFETIL	CELLCEPT	ORAL	
	MYCOPHENOLATE SODIUM	MYFORTIC	ORAL	
	SIROLIMUS	RAPAMUNE	ORAL	
	TACROLIMUS TACROLIMUS	PROGRAF TACROLIMUS ANHYDROUS	ORAL ORAL	
INHIBITORS HIV PROTEASE	ATAZANAVIR SULFATE	REYATAZ	ORAL	
	INDINAVIR SULFATE	CRIXIVAN	ORAL	
	NELFINAVIR MESYLATE RITONAVIR	VIRACEPT NORVIR	ORAL ORAL	
INSULIN RESPON RELEASE COMB	PIOGLITAZONE HCL-GLIMEPIRIDE ROSIGLITAZONE MALEATE-GLIMEPIRIDE	DUETACT AVANDARYL	ORAL ORAL	
	NOSIGETAZONE WALEATE-GLIWEPIRIDE	AVANDANTE	UNAL	
INSULINS	INSULIN	INSULIN	SC	All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
INTESTINAL MOTILITY STIMULAN	METOCLOPRAMIDE HCL	REGLAN	ORAL	
IODINE REPLACEMENT	POTASSIUM IODIDE	SSKI	ORAL	
IDON DEDI ACEMENT				IRON REPLACEMENT DRUG CLASS SPECIFIC RESTRICTIONS
IRON REPLACEMENT				All iron salts and oral dosage forms are covered for allowed conditions
	FE FUMARATE W/ B12-VIT C-FA-IFC	FEROCON	ORAL	
	FERROUS GLUCONATE FERROUS SULFATE	FERGON FEOSOL	ORAL ORAL	
	POLYSACCHARIDE IRON COMPLEX	FERREX 150	ORAL	
IRRIGANTS	ACETIC ACID	ACETIC ACID IRRIGATION SOLN 0.25%	MISCELL	
IRRITANTS	ALOE VERA	ALOE VERA	TOPICAL	
IMMITANTS	CAMPHOR & MENTHOL	SARNA	TOPICAL	
	CAMPHOR & MENTHOL	FREEZE IT	TOPICAL	
	CAMPHOR-EUCALYPTUS-MENTHOL	VICKS VAPORUB	TOPICAL	
<del>                                     </del>	CAPSAICIN	ARTHRITIS PAIN RELIEF	TOPICAL	
	CAPSAICIN IN LIDOCAINE VEHICLE CAPSAICIN-MENTHOL-METHYL SALICYLATE	ZOSTRIX ZIKS	TOPICAL TOPICAL	
	CAPSICIN-IVIENTHOL-IVIETHYL SALICYLATE  CAPSICUM OLEORESIN	CAPSICUM OLEORESIN	TOPICAL	
	CAPSICUM OLEORESIN	TRIXAICIN	TOPICAL	
	LINIMENTS & RUBS	BIOFLEXOR	TOPICAL	
	LINIMENTS & RUBS	BANALG	TOPICAL	
	LINIMENTS & RUBS	SALONPAS	TOPICAL	
<del>                                     </del>	MENTHOL	BENGAY	TOPICAL	
	MENTHOL MENTHOL-METHYL SALICYLATE	PAIN RELIEVING PATCH THERA-GESIC	TOPICAL TOPICAL	
	METHYL SALICYLATE	METHYL SALICYLATE	TOPICAL	
	TROLAMINE SALICYLATE	MOBISYL	TOPICAL	
	TROLAMINE SALICYLATE	ANALGESIC CREME	TOPICAL	
	TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	
KEKYTOLIDES	TELITHROMYCIN	KETEK	ORAL	
KERATOLYTICS	SILVER NITRATE	SILVER NITRATE APPLICATOR	TOPICAL	
	UREA LIVALUIS ONATE CODILINA	UREA LIVALLIDONATE CODILINA CLICA	TOPICAL	
<del> </del>	UREA-HYALURONATE SODIUM	UREA-HYALURONATE SODIUM SUSP	TOPICAL	
LAXATIVE LOCAL/RECTAL	BISACODYL	DULCOLAX	RECTAL	
E W THE ESON E THEON IE	DOCUSATE SODIUM	COLACE	RECTAL	
	GLYCERIN	SANI-SUPP	RECTAL	
	A MAISER ALL OU			
	MINERAL OIL	MINERAL OIL ENEMA	RECTAL	
	SODIUM PHOSPHATES	PHOSPHATE ENEMA	RECTAL	
LAXATIVES AND CATHARTICS				LAXATIVES AND CATHARTICS DRUG CLASS SPECIFIC RESTRICTIONS All laxatives and bowel prep products are covered for allowed conditions
LAXATIVES AND CATHARTICS				
LAXATIVES AND CATHARTICS	SODIUM PHOSPHATES	PHOSPHATE ENEMA	RECTAL	
LAXATIVES AND CATHARTICS	BISACODYL BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL BISMUTH SUBSALICYLATE	DULCOLAX HALFLYTELY KAOPECTATE	ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL	DULCOLAX HALFLYTELY KAOPECTATE FIBER TABS	ORAL ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL  CASANTHRANOL-DSS	PHOSPHATE ENEMA  DULCOLAX  HALFLYTELY  KAOPECTATE  FIBER TABS  DOCUSATE SODIUM CASANTHRANOL	ORAL ORAL ORAL ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL  CASANTHRANOL-DSS  CELLULOSE	DULCOLAX HALFLYTELY KAOPECTATE FIBER TABS DOCUSATE SODIUM CASANTHRANOL UNIFIBER	ORAL ORAL ORAL ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL  CASANTHRANOL-DSS  CELLULOSE  DOCUSATE CALCIUM	DULCOLAX HALFLYTELY KAOPECTATE FIBER TABS DOCUSATE SODIUM CASANTHRANOL UNIFIBER SUR-Q-LAX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL  CASANTHRANOL-DSS  CELLULOSE  DOCUSATE CALCIUM  DOCUSATE SODIUM	DULCOLAX HALFLYTELY KAOPECTATE FIBER TABS DOCUSATE SODIUM CASANTHRANOL UNIFIBER SUR-Q-LAX COLACE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL  CASANTHRANOL-DSS  CELLULOSE  DOCUSATE CALCIUM	DULCOLAX HALFLYTELY KAOPECTATE FIBER TABS DOCUSATE SODIUM CASANTHRANOL UNIFIBER SUR-Q-LAX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL	
LAXATIVES AND CATHARTICS	BISACODYL  BISACODYL  BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL  BISMUTH SUBSALICYLATE  CALCIUM POLYCARBOPHIL  CASANTHRANOL-DSS  CELLULOSE  DOCUSATE CALCIUM  DOCUSATE SODIUM  LACTULOSE	PHOSPHATE ENEMA  DULCOLAX  HALFLYTELY  KAOPECTATE FIBER TABS  DOCUSATE SODIUM CASANTHRANOL  UNIFIBER SUR-Q-LAX COLACE CONSTULOSE	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	METHYLCELLULOSE	CITRUCEL	ORAL	
	MILK OF MAGNESIA	MILK OF MAGNESIA	ORAL	
	MINERAL OIL	KONDREMUL	ORAL	
	MINERAL OIL	MINERAL OIL	ORAL	
	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE PEG 3350-KCL-SOD BICARB-NACL	GOLYTELY	ORAL ORAL	
	POLYETHYLENE GLYCOL 3350	NULYTELY GLYCOLAX	ORAL	
	POLYETHYLENE GLYCOL 3350  POLYETHYLENE GLYCOL 3350	MIRALAX	ORAL	
	PSYLLIUM PSYLLIUM	KONSYL	ORAL	
	SENNOSIDES	SENOKOT	ORAL	
	SENNOSIDES-DOCUSATE SODIUM	SENNA S	ORAL	
	SENNOSIDES-DOCUSATE SODIUM	PERI-COLACE	ORAL	
	SOD PHOS MONO-SOD PHOS DI	VISICOL	ORAL	
	SODIUM PHOSPHATES	PHOSPHO-SODA	ORAL	
	WHEAT DEXTRIN	BENEFIBER	ORAL	
LEUKOCYTE (WBC) STIMULANTS	FUCDASTINA	NETIDOCEN	INTECTION	
LEUROCYTE (WBC) STIMULANTS	FILGRASTIM	NEUPOGEN	INJECTION	
LEUKOTRIENE RECEPTOR ANTAG	MONTELUKAST SODIUM	SINGULAIR	ORAL	
	ZAFIRLUKAST	ACCOLATE	ORAL	
LINCOSAMIDES	CLINDAMYCIN HCL	CLINDAMYCIN HCL	ORAL	
	CLINDAMYCIN PALMITATE	CLEOCIN PALMITATE	ORAL	
LIPOTROPIC/CA CHAN BLOCK COMBO	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	CADUET	ORAL	
LIBOTRORISS	FENOSIDATE	TRICOR	0041	
LIPOTROPICS	FENOFIBRATE	TRICOR	ORAL	
	FENOFIBRATE FISH OIL	ANTARA FISH OIL	ORAL ORAL	
	GEMFIBROZIL	GEMFIBROZIL	ORAL	
	LECITHIN	LECITHIN	ORAL	
	NIACIN	NIASPAN	ORAL	
	OMEGA-3 FATTY ACIDS	OMEGA-3	ORAL	
	OMEGA-3-ACID ETHYL ESTERS	LOVAZA	ORAL	
	VITAMINS W/ LIPOTROPICS	LIPOTRIAD	ORAL	
LIPOTROPICS (CONT 2)	CHOLINE FENOFIBRATE	TRILIPIX	ORAL	
LIBOTRODICS (CONT)	EZETIMANE.	75714	0041	
LIPOTROPICS (CONT)	EZETIMIBE	ZETIA	ORAL	
LIPOXYGENASE INHIBITORS	ZILEUTON	ZYFLO	ORAL	
LOCAL ANESTHETICS	BENZOCAINE DENTAL PASTE	ORABASE-B	MUCOUS MEM	
		LIDOCAINE HCL LOCA	MUCOUS MEM	
		CHLORASEPTIC	MUCOUS MEM	
LOCAL ANIESTHETICS (CONT.)	DENIZOCAINE DENITAL CEL	ANIDECOL	NAUGOUG NAENA	
LOCAL ANESTHETICS (CONT)	BENZOCAINE DENTAL GEL BENZOCAINE DENTAL GEL	ANBESOL HURRICAINE	MUCOUS MEM MUCOUS MEM	
	BENZOCAINE DENTAL GEL  BENZOCAINE-MENTHOL	CEPACOL SORE THROAT	MUCOUS MEM	
	CETYLPYRIDINIUM CHLORIDE	CEPACOL	MUCOUS MEM	
	LIDOCAINE HCL	XYLOCAINE	MUCOUS MEM	
	LIDOCAINE HCL VISCOUS	LIDOCAINE HCL VISCOUS	MUCOUS MEM	
LOOP DILIBETICS	DUNAFTANIDE	DUMETANIDE	ODAL	
LOOP DIURETICS	BUMETANIDE FUROSEMIDE	BUMETANIDE LASIX	ORAL ORAL	
	TORSEMIDE	DEMADEX	ORAL	
	- STOCKHOL	JENNIUEN.	JIAL	
MACROLIDES	AZITHROMYCIN	AZITHROMYCIN	ORAL	
	AZITHROMYCIN	ZITHROMAX	ORAL	
	CLARITHROMYCIN	BIAXIN	ORAL	
	ERYTHROCIN STEARATE	ERYTHROCIN STEARATE	ORAL	
		IEDV TAD	ORAL	1
	ERYTHROMYCIN ERYTHROMYCIN ETHYLSUCCINATE	ERY-TAB ERYTHROMYCIN ETHYLSUCCINATE	ORAL	

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MAGNESIUM REPLACEMENT				MAGNESIUM REPLACEMENT DRUG CLASS SPECIFIC RESTRICTIONS All magnesium salts and oral dosage forms ae coveed for allowed conditions
	MAGNESIUM CHLORIDE	MAG64	ORAL	
	MAGNESIUM GLUCONATE	MAG-G	ORAL	
	MAGNESIUM LACTATE	MAG-TAB SR	ORAL	
	MAGNESIUM OXIDE	MAGOX	ORAL	
MARGIC NON CELECT & IDDEVEDCIDE	DUENELZINE CHI FATE	NADDII	ODAL	
MAOIS-NON-SELECT & IRREVERSIBL	PHENELZINE SULFATE TRANYLCYPROMINE SULFATE	NARDIL TRANYLCYPROMINE SULFATE	ORAL ORAL	
	TRANTECT ROWING SOLIATE	TRANTECT ROWING SOLIATE	ONAL	
MED SUPPLIES NEEDLES	Insulin Syringe & Needle	ULTICARE	MISCELL	
METALLIC POISON ANTIDOTES	SUCCIMER	CHEMET	ORAL	
MINIEDALOCOPTICOIDS	ELLIDROCOPTISONE ACETATE	ELLIDBOCOPTISCNIE ACETATE	ODAL	
MINERALOCORTICOIDS	FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE	ORAL	
MAIOTICS AND OTHER INTRAOCHIA	ADD A CLONIDINE LICE	LODIDINE	ODUTUALAJO	
MIOTICS AND OTHER INTRAOCULA	APRACLONIDINE HCL BETAXOLOL HCL	IOPIDINE BETOPTIC S	OPHTHALMIC OPHTHALMIC	
	BIMATOPROST	LUMIGAN	OPHTHALMIC	
	BRIMONIDINE TARTRATE	ALPHAGAN P	OPHTHALMIC	
	BRIMONIDINE TARTRATE-TIMOLOL MALEATE	COMBIGAN	OPHTHALMIC	
	BRINZOLAMIDE	AZOPT	OPHTHALMIC	
	CARBACHOL	ISOPTO CARBACHOL	OPHTHALMIC	
	CARTEOLOL HCL DORZOLAMIDE	CARTEOLOL HCL	OPHTHALMIC OPHTHALMIC	
	DORZOLAMIDE HCL-TIMOLOL MALEATE	TRUSOPT COSOPT	OPHTHALMIC	
	IMOLOL MALEATE	ISTALOL	OPHTHALMIC	
	LATANOPROST	XALATAN	OPHTHALMIC	
	LEVOBUNOLOL HCL	BETAGAN	OPHTHALMIC	
	PILOCARPINE HCL	ISOPTO CARPINE	OPHTHALMIC	
	TIMOLOL MALEATE	TIMOPTIC	OPHTHALMIC	
	TRAVOPROST	TRAVATAN	OPHTHALMIC	
MISC ANTIBACTERIAL CHEMOTHER	FOSFOMYCIN TROMETHAMINE	MONUROL	ORAL	
WISC ANTIBACTERIAL CHEWIOTHER	METHENAMINE HIPPURATE	HIPREX	ORAL	
	METHENAMINE MANDELATE	MANDELAMINE	ORAL	
	METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL	PROSED-DS	ORAL	
	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL	DARCALMA	ORAL	
	TRIMETHOPRIM	PRIMSOL	ORAL	
MISCELLANEOUS MINERAL REPL	MULTIPLE MINERALS W/ FE-FA-B12-VIT C-DSS	GLUTOFAC-MX	ORAL	
MISCELLANEOUS TOPICAL AGENTS	EMOLLIENT	CERAVE	TOPICAL	
IVIISCELLAINEOUS TOFICAL AGENTS	SOAP & CLEANSERS	PERI-WASH	TOPICAL	
	UREA CREAM	AQUA CARE	TOPICAL	
MONOANAINEOVIDACE (MAAC) INIUE	CELECITINE TO	FNASANA	TDANSDEDAG	
MONOAMINEOXIDASE (MAO) INHIB	SELEGILINE TD	EMSAM	TRANSDERM	
MUCOLYTICS	ACETYLCYSTEINE DORNASE ALFA INHAL SOLN	ACETYLCYSTEINE PULMOZYME	MISCELL INHALATION	
MULTIVITAMIN PREPARATIONS	POUNTAL ALLA INITAL JULIV	I OLINOZIIVIL	INIALATION	MULTIVITAMIN PREPARATIONS DRUG CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	B-COMPLEX W/ C & E + ZN	STRESS WITH ZINC	ORAL	
	MULTIPLE VITAMIN TAB	MULTI-DAY	ORAL	
	MULTIPLE VITAMINS W/ MINERALS	CENTRUM	ORAL	
MYDRIATICS	ATROPINE SULFATE	ATROPINE SULFATE	OPHTHALMIC	
	CYCLOPENTOLATE HCL	CYCLOGYL	OPHTHALMIC	

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	CYCLOPENTOLATE HCL HOMATROPINE HBR	AK-PENTOLATE HOMATROPAIRE	OPHTHALMIC OPHTHALMIC	
	SCOPOLAMINE HBR	ISOPTO HYOSCINE	OPHTHALMIC	
NARC ANTITUSS-ANTICHOLIN CMB	HYDROCODONE BT-HOMATROPINE MBR	HYDROCODONE BT-HOMATROPINE MBR	ORAL	
NARC ANTITUSS-ANTIHIST-DECONG	BROMPHENIRAMINE-HYDROCOD-PSE	BROMPHENIRAMINE-HYDROCOD-PSE	ORAL	
	PHENYLEPH-CHLORPHEN W/ HYDROCODONE SYRUP	H-C TUSSIVE	ORAL	
	PHENYLEPHRINE-BROMPHEN	POLY-TUSSIN	ORAL	
	PHENYLEPHRINE-CHLORPHEN-DIHYDROCODEINE	COLDCOUGH PD	ORAL	
	PHENYLEPHRINE-DEXBROMPHEN-HYDROCODONE	CYTUSS-HC	ORAL	
	PHENYLEPHRINE-PYRILAMINE W/ CODEINE	PRO-RED AC	ORAL	
	PHENYLEPHRINE-PYRILAMINE-DM PROMETHAZINE VC-CODEINE	CODAL-DH PROMETHAZINE VC-CODEINE	ORAL ORAL	
	PSEUDOEPH-BROMPHEN W/ HYDROCODONE	VISVEX HC	ORAL	
	PSEUDOEPHED-BROMPHEN	BROMCOMP HC	ORAL	
	PSEUDOEPHEDRINE W/ COD-GG SOLN	CHERATUSSIN DAC	ORAL	
NARC ANTITUSS-EXPECTORANT CMB	GUAIFENESIN W/CODEINE	GUAIFENESIN W/CODEINE	ORAL	
NARC ANTITUSSIVE-ANTIHISTCMB	CHLORPHENIRAMINE W/ HYDROCODONE CR SUSP	TUSSIONEX	ORAL	
NARC ANTITUSSIVE-ANTIHISTCMB	HYDROCOD POLST-CHLORPHEN POLST CAP SR	TUSSICAPS	ORAL	
NARC ANTITUSSIVE-ANTIHISTCMB	PROMETHAZINE-CODEINE	PROMETHAZINE-CODEINE	ORAL	
NARC-NON-SAL ANLG-BARBIT-XANTH	BUTALBITAL-APAP-CAFF W/ COD	FIORICET W/CODEINE	ORAL	Reimbursement is restricted to combinations of Butalbital/codeine/caffeine/APAP that contain 325mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP and not more than 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims.  Effective May 1, 2015, reimbursement for combinations of butalbital/APAP/caffeine w/ codeine is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.
NARCOTIC ANALG/SALICYLATE COMB	ASPIRIN WITH CODEINE	ASPIRIN WITH CODEINE	ORAL	
NARCOTIC ANALGESIC/NSAID COMBO	HYDROCODONE-IBUPROFEN	VICOPROFEN	ORAL	Reimbursement for these products shall not exceed more than five doses per day.
	OXYCODONE-IBUPROFEN	сомвинох	ORAL	Reimbursement for these products shall not exceed more than four doses per day or continue for longer that seven days.
NARCOTIC ANALGESICS				
	ASA-CAFFEINE-DIHYDROCODEINE	SYNALGOS-DC	ORAL	

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	APAP-CAFFEINE-DIHYDROCODEINE	DHC PLUS CAPSULES	ORAL	Reimbursement is restricted to combinations of dihydrocodeine/caffeine/APAP that contain 325mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective April 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	CODEINE SULFATE	CODEINE SULFATE	ORAL	
	FENTANYL CITRATE	ACTIQ	BUCCAL	Claim must be allowed for neoplasm or malignancy (buccal formulations only) .
	FENTANYL CITRATE	FENTORA	BUCCAL	Claim must be allowed for neoplasm or malignancy (buccal formulations only)
	FENTANYL TD	DURAGESIC	TRANSDERM	Reimbursement for all strengths of these products shall be restricted to not more than every 72 hours. Dosing at every 48 hours may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a 72 hours dosing interval and evidence of an escalation of the dose before a reduction in frequency. Effective January 1, 2014, these products will be reimbursed withthout restriction in claims that involve a swallowing or absorption disorder. Otherwise these products can only be used after a documented clinical failure of morphine sulfate sustained release tablets. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	HYDROCODONE-ACETAMINOPHEN	VICODIN	ORAL	Reimbursement is restricted to combinations of Hydrocodone/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective April 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	HYDROCODONE BITRATRATE SUSTAINED RELEASE	ZOHYDRO ER	ORAL	Effective May 1, 2015, the sustained release form of hydrocodone Zoydro ER® will be eligible for reimbursement only after documentation of allergic reaction to, as defined in OAC 4123-6-21(J)(1) and ((J)(2), acetaminophen AND morphine, AND oxycodone. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every twelve hours or a maximum quantity of 60 tablets of any strength or combination of strengths. Coverage will not be permitted for this product concurrenty with any other sustained release opioid.
	HYDROMORPHONE HCL (Immediate Release)	DILAUDID	ORAL	
				Sustained release forms of hydromorphone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC $4123-6-21(J)(1)$ and $((J)(2)$ , sustained release forms of both morphine, oxycodone
	HYDROMORPHONE HCL (Sustained Release)	EXALGO	ORAL	or tapentadol. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every twelve hours. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrenty with any other sustained release opioid.
	HYDROMORPHONE HCL (Sustained Release)  LEVORPHANOL TARTRATE  MEPERIDINE HCL	EXALGO  LEVO-DROMORAN  DEMEROL	ORAL ORAL ORAL	or tapentadol. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every twelve hours. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrenty with any

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	METHADONE HCL	DOLOPHINE	ORAL	
	MORPHINE SULFATE (Immediate Release)	MORPHINE SULFATE	ORAL	
	MORPHINE SULFATE (Sustained Release)	MS CONTIN TABLETS	ORAL	Reimbursement for these products shall be restricted to not more than every 8 hours for all doses below 200mg per unit and not more than every twelve hours for 200mg dosage units. Reimbursement for sustained release dosage forms of morphine is restricted to sustained release morphine sulfate tablets only. Coverage will not be permitted for this product concurrently with any other sustained release opioid
	OPIUM TINCTURE	PAREGORIC	ORAL	
	OXYCODONE HCL (Immediate Release)	OXY IR,	ORAL	
	OXYCODONE HCL (Sustained Release)	OXYCONTIN	ORAL	Sustained release forms of Oxycodone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every eight hours. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrently with any other sustained release opioid
	OXYCODONE W/ ACETAMINOPHEN	PERCOCET	ORAL	Reimbursement is restricted to combinations of Oxycodone/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP.
	OXYCODONE W/ ASPIRIN	PERCODAN	ORAL	
	OXYMORPHONE HCL (Immediate Release)	OPANA	ORAL	
	OXYMORPHONE HCL (Sustained Release)	OPANA ER	ORAL	Sustained release forms of Oxymorphone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine, oxycodone or tapentadol. Prior Authorization is required. Reimbursement for all strengths of this product may not exceed every twelve hours This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrently with any other sustained release opioid
NARCOTIC ANALGESICS (CONT)	BUPRENORPHINE HCL	SUBUTEX	SUBLINGUAL	Restricted to use for addiction treatment only. Claim must be allowed for addiction. This coverage restriction shall apply effective January 1, 2012 for claims in which this drug was reimbursed by BWC prior to September 1, 2011, and September 1, 2011 for all other claims.

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	BUPRENORPHINE	BUTRANS	TRANSDERM	Effective January 1, 2014 for all claims, coverage of this product is only permitted in claims that involve swallowing or absorption disorders or clinical documentation of a therapeutic failure of morphine sulfate sustained release tablets. Effective September 1, 2014 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 20mcg/day. Coverage of this product is limited to only those claims with a daily Morphine Equivalent Dose (MED) requirement of 90mg or less. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	BUPRENORPHINE HCL-NALOXONE HCL	SUBOXONE	SUBLINGUAL	Restricted to use for addiction treatment only. Claim must be allowed for addiction. This coverage restriction shall apply effective January 1, 2012 for claims in which this drug was reimbursed by BWC prior to September 1, 2011, and September 1, 2011 for all other claims.
	BUTORPHANOL TARTRATE	STADOL NASAL	NASAL	
	PENTAZOCINE - ACETAMINOPHEN	TALACEN	ORAL	Reimbursement is restricted to combinations of Pentazocine/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP.
	PENTAZOCINE AND NALOXONE HCL	TALWIN NX	ORAL	
	TAPENTADOL HCL (Immediate Release)	NUCYNTA	ORAL	Reimbursement for this product shall not exceed 600mg per day.
	TAPENTADOL HCL (Extended Release)	NUCYNTA ER		Sustained release forms of tapentadol are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine. Prior Authorization is required. Reimbursement for all sustained release forms of this product shall not exceed 500mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid
	TRAMADOL HCL	ULTRAM	ORAL	All dosage forms of tramadol are covered. Reimbursement for this product shall not exceed 400mg per day for immediate release products and 300mg per day for extended release products.
	TRAMADOL-ACETAMINOPHEN	ULTRACET	ORAL	Reimbursement is restricted to only those combinations of Tramadol/Acetaminophen (APAP) that contain 325mg of APAP. Prescribed dosing of these products may not exceed 4 grams/day of APAP.
NARCOTIC ANTAG, PERIPH-ACTING	METHYLNALTREXONE BROMIDE	RELISTOR	SUB-Q	
NARCOTIC ANTAGONISTS	NALTREXONE HCL	REVIA	ORAL	
	NALOXONE HCL	EVZIO	IV, SUB-Q, IM	Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs.
NARCOTIC+NON-SALIC ANALG COMBO	ACETAMINOPHEN-CODEINE	TYLENOL W/CODEINE NO.3	ORAL	Reimbursement for oral solid dosage forms of Codeine/Acetaminophen (APAP)is restricted to products that contain 300mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP.

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
NARC-SALIC ANLG-BARB-XANTHINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE	FIORINAL WITH CODEINE #3	ORAL	Reimbursement for combinations of butalbital/caffeine/aspirin/codeine shall not exceed 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims. Effective May 1, 2015, reimbursement for combinations of butalbital/aspirin/caffeine w/codeine is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.
NACAL ANTIHICTANAINE	ATELACTINE UC	ACTEUN	NACAL	
NASAL ANTIHISTAMINE NASAL ANTIHISTAMINE	AZELASTINE HCL OLOPATADINE HCL	ASTELIN PATANASE	NASAL NASAL	
NASAL ANTINIS TAIWIINE	OLOT ATABINE TICE	TATANASE	IVASAL	
NASAL MAST CELL STABILIZERS	CROMOLYN SODIUM	NASALCROM	NASAL	
NIACIN PREPARATIONS	NIACIN	NIACIN	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
NITROFURAN DERIVATIVES	NITROFURANTOIN	MACRODANTIN	ORAL	
NON-BARBITURATE, SEDATIVE				NON-BARBITURATE SEDATIVE CLASS SPECIFIC RESTRICTIONS Effective January 1, 2014, 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. Effective June 1, 2014 this coverage restriction shall apply to claims in which non-covered drugs in this class were reimbursed by BWC prior to January 1, 2014.
	CHLORAL HYDRATE	CHLORAL HYDRATE	ORAL	Non-formuary drug effective 1/1/2014
	CHLORAL HYDRATE  CHLORAL HYDRATE	NOCTEC NOCTEC	ORAL	Non-formulary drug effective 1/1/2014  Non-formulary drug effective 1/1/2014
	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	ORAL	Removed from this section effective 1/1/2014
	DOXEPIN HCL	DOXEPIN HCL (SLEEP) TAB	ORAL	Non-formuary drug effective 1/1/2014
-	ESTAZOLAM	PROSOM	ORAL	Non-formuary drug effective 1/1/2014
	ESZOPICLONE	LUNESTA	ORAL	Non-females described 1/4/2014
	FLURAZEPAM HCL TEMAZEPAM	DALMANE RESTORIL	ORAL ORAL	Non-formuary drug effective 1/1/2014
	TRIAZOLAM	HALCION	ORAL	Non-formuary drug effective 1/1/2014
	ZALEPLON	SONATA	ORAL	The terminal y drug crecure by by both
	ZOLPIDEM TARTRATE	AMBIEN	ORAL	Only immediate release and sustained release oral forms of zolpidem are covered
	ZOLPIDEM TARTRATE SL	EDLUAR	SUBLINGUAL	Non-formuary drug effective 1/1/2014
NON MADO ANTITUCO ACTUATO	CAR R DENITA (CILI OS TAN	CAD D DEN TA (CI'' OF TWO	65	
NON-NARC ANTITUSS-ANTIHSTCMB	CAR-B-PEN TA/CHLOR-TAN CHLORPHENIRAMINE-DM	CAR-B-PEN TA/CHLOR-TAN CHLORPHENIRAMINE-DM	ORAL	
			ORAL	
	PROMETHAZINE-DM	DROMETHAZINE-DM	ODVI	
	PROMETHAZINE-DM	PROMETHAZINE-DM	ORAL	
NON-NARC ANTITUSS-DECONG-EXPCT	PROMETHAZINE-DM  PHENYLEPHRINE W/ DM-GG	PROMETHAZINE-DM  ROBITUSSIN COUGH & COLD CF	ORAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
NON-SAL ANALG-BARBITURATE CMB	BUTALBITAL-ACETAMINOPHEN	PHRENILIN	ORAL	Reimbursement is restricted to combinations of Butalbital/APAP that contain 325mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP or 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims. Effective May 1, 2015, reimbursement for combinations of butalbital/Acetaminophen is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.
NON-SAL ANALG-BARBIT-XANTHINE	BUTALBITAL-APAP-CAFFEINE	FIORICET	ORAL	Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP or 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims.  Effective May 1, 2015, reimbursement for combinations of butalbital/APAP/caffeine is restricted to only those claims that have the
				condition of headache specificed as a documented allowance in the claim.
NOREPINEPH/DOPAMINE REUP INHIB	BUPROPION HBR	APLENZIN	ORAL	
	BUPROPION HCL	WELLBUTRIN	ORAL	
NOREPINEPH/DOPAMINE REUP INHIB  NOSE PREPS ANTIBIOTICS				
	BUPROPION HCL	WELLBUTRIN	ORAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM	WELLBUTRIN BACTROBAN NASAL	ORAL NASAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE	WELLBUTRIN BACTROBAN NASAL BECONASE AQ RHINOCORT AQUA OMNARIS	ORAL NASAL NASAL NASAL NASAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE	WELLBUTRIN BACTROBAN NASAL BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE	ORAL NASAL NASAL NASAL NASAL NASAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUTICASONE FUROATE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST	ORAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE	ORAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUTICASONE FUROATE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST	ORAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ	ORAL NASAL	
NOSE PREPS ANTIBIOTICS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE FUROATE MOMETASONE FUROATE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX	ORAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ	ORAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY  NOSE PREPS MISC RX ONLY	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE	ORAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE  OXYMETAZOLINE HCL	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE  12 HOUR NASAL SPRAY	ORAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY  NOSE PREPS MISC RX ONLY	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE	ORAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY  NOSE PREPS MISC RX ONLY	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PROPIONATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE  OXYMETAZOLINE HCL	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE  12 HOUR NASAL SPRAY	ORAL NASAL	
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY  NOSE PREPS MISC RX ONLY  NOSE PREPS VASOCONSTRICTORS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE  OXYMETAZOLINE HCL PHENYLEPHRINE HCL	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE  12 HOUR NASAL SPRAY NEO-SYNEPHRINE	ORAL NASAL	Effective June 1, 2012, reimbusement will not longer be provided for combination non-steroidal anti-inflammatory agents and gastrointestinal protectants. This coverage restriction shall apply effective August 1, 2012 for claims in which such combination drugs
NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY  NOSE PREPS MISC RX ONLY  NOSE PREPS VASOCONSTRICTORS  NSAID & PROSTAGLANDIN COMBO	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PUROATE MOMETASONE FUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE  OXYMETAZOLINE HCL PHENYLEPHRINE HCL  DICLOFENAC W/ MISOPROSTOL	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE  12 HOUR NASAL SPRAY NEO-SYNEPHRINE  ARTHROTEC 50	ORAL NASAL ORSAL NASAL ORSAL ORSAL ORSAL ORSAL ORSAL	Effective June 1, 2012, reimbusement will not longer be provided for combination non-steroidal anti-inflammatory agents and gastrointestinal protectants. This coverage restriction shall apply effective August 1, 2012 for claims in which such combination drugs
NOSE PREPS ANTIBIOTICS  NOSE PREPS ANTIINFLAMMATORY  NOSE PREPS MISC OTC ONLY  NOSE PREPS MISC RX ONLY  NOSE PREPS VASOCONSTRICTORS	BUPROPION HCL MUPIROCIN CALCIUM  BECLOMETHASONE DIPROPIONATE BUDESONIDE CICLESONIDE FLUNISOLIDE FLUNISOLIDE FLUTICASONE FUROATE FLUTICASONE PUROATE TRIAMCINOLONE ACETONIDE  SALINE  IPRATROPIUM BROMIDE  OXYMETAZOLINE HCL PHENYLEPHRINE HCL	WELLBUTRIN BACTROBAN NASAL  BECONASE AQ RHINOCORT AQUA OMNARIS FLUNISOLIDE VERAMYST FLONASE NASONEX NASACORT AQ  SEA SOFT  IPRATROPIUM BROMIDE  12 HOUR NASAL SPRAY NEO-SYNEPHRINE	ORAL NASAL	Effective June 1, 2012, reimbusement will not longer be provided for combination non-steroidal anti-inflammatory agents and gastrointestinal protectants. This coverage restriction shall apply effective August 1, 2012 for claims in which such combination drugs

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	ORAL	Effective May 1, 2015, reimbursement shall no longer be provided for liquid filled capsule forms of oral diclofenac potassium, (e.g. Zipsor®). This change shall not apply to reimbursement for any currently covered immediate release forms of diclofenac potassium nor does it apply to generic forms of oral diclofenac sodium.
	DICLOFENAC SODIUM	DICLOFENAC SODIUM	ORAL	
	ETODOLAC	ETODOLAC	ORAL	
	FENOPROFEN CALCIUM	FENOPROFEN CALCIUM NALFON	ORAL	
	FENOPROFEN CALCIUM FLURBIPROFEN	FLURBIPROFEN	ORAL ORAL	
	IBUPROFEN	MOTRIN	ORAL	
	INDOMETHACIN	INDOMETHACIN	ORAL	
	KETOPROFEN	KETOPROFEN	ORAL	
	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	ORAL	Quantity shall not exceed 20 units or a 5 day supply, whichever is less, during a rolling 12 month period
	MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	ORAL	
	NABUMETONE	NABUMETONE	ORAL	
	NAPROXEN SODIUM	NAPROXEN	ORAL	Effective May 1, 2015, reimbursement shall no longer be provided for sustained release forms of naproxen sodium, (e.g. Naprelan®). This change shall not apply to reimbursement for any currently covered immediate release forms of naproxen or naproxen sodium nor does it apply to generic forms of sustained release naproxen.
	NAPROXEN-ESOMEPRAZOLE MAGNESIUM	VIMOVO	ORAL	Effective June 1, 2012, reimbusement will not longer be provided for combination non- steroidal anti-inflammatory agents and gastrointestinal protectants. This coverage restriction shall apply effective August 1, 2012 for claims in which such combination drugs were reimbursed by BWC prior to June 1, 2012, and June 1, 2012 for all other claims.
	PIROXICAM	PIROXICAM	ORAL	
	SULINDAC TOLMETIN SODIUM	SULINDAC TOLMETIN SODIUM	ORAL ORAL	
NSAIDS (CONT-A)	MEFENAMIC ACID	MEFENAMIC ACID	ORAL	
NSAIDS (CONT A)	MEFENAMIC ACID	PONSTEL	ORAL	
	OXAPROZIN	OXAPROZIN	ORAL	
NSAIDS (CONT-B)	MELOXICAM	MOBIC	ORAL	
OINTMENT/CREAM BASES	EMOLLIENT	DIABETIDERM	TOPICAL	
OINTMENT/CREAM BASES	VASELINE PETROLEUM	VASELINE PETROLEUM	TOPICAL	
OPHTH ANTI-INFLAM IMMUNOMODULA	CYCLOSPORINE (OPHTH)	RESTASIS	OPHTHALMIC	
OPHTHALMIC MAST CELL STAB	CROMOLYN SODIUM	CROMOLYN SODIUM	OPHTHALMIC	
ORAL ANTICOAGULANTS, COUMARINS	WARFARIN SODIUM	COUMADIN	ORAL	
ORAL ANTICOAGULANTS, DIRECT THROMBIN INHIBITORS	DABIGATRAN EXTILATE	PRADAXA	ORAL	
ORAL ANTICOAGULANTS, DIRECT FACTOR Xa INHIRITORS	RIVAROXABAN	XARELTO	ORAL	
ORAL MUCOSITIS/STOMATITIS AG	POVIDONE-SODIUM HYALURONATE-GLYCYRRHETINIC ACID	GELCLAIR	MUCOUS MEM	
		1	1	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
OXAZOLDINONES	LINEZOLID	ZYVOX	ORAL	
OXIDIZING AGENTS	DAKIN'S SOLUTION	DAKIN'S	MISCELL	
OXIDIZING AGENTS	HYDROGEN PEROXIDE	HYDROGEN PEROXIDE	MISCELL	
OXYTOCICS	METHYLERGONOVINE MALEATE	METHERGINE	ORAL	
				PANCREATIC ENZYMES CLASS SPECIFIC RESTRICTIONS
PANCREATIC ENZYMES				All oral formulations of these drugs are covered for allowed conditions
	AMY-LIP-PROT	PANCREASE MT 10	ORAL	
	AMY-LIP-PROT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP	ORAL	
	PANCRELIPASE (LIP-PROT-AMYL)	CREON	ORAL	
	.,	oneon ·	011712	
PARASYMPATHETIC AGENTS	BETHANECHOL CHLORIDE	URECHOLINE	ORAL	
	CEVIMELINE HCL PILOCARPINE HCL	EVOXAC PILOCAR	ORAL ORAL	
	PILOCARPINE HCL	PILOCAR	URAL	
PEDIATRIC VITAMIN PREPARE	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW	CEROVITE JR	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
PENICILLINS	AMOXICILLIN	AMOXICILLIN	ORAL	
	AMOXICILLIN & K CLAVULANATE	AUGMENTIN	ORAL	
	AMOXICILLIN (TRIHYDRATE)	MOXATAG	ORAL	
	AMPICILLIN TRIHYDRATE	AMPICILLIN TRIHYDRATE	ORAL	
	DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM	ORAL	
	PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	ORAL	
TETRACYCLINES	DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	ORAL	
PERIODONTIAL COLL INHIBITORS	ISOXSUPRINE HCL	VASODILAN	ORAL	
PERIPHERAL VASODILATORS	PAPAVERINE HCL	PAVABID	ORAL	
	POTASSIUM & SODIUM PHOSPHATES	NEUTRA-PHOS	ORAL	
	ASPIRIN-DIPYRIDAMOLE	AGGRENOX	ORAL	
PHOSPATE REPLACMENT	CILOSTAZOL	CILOSTAZOL	ORAL	
PLATELET AGGREGATION INHIBIT	CLOPIDOGREL BISULFATE	PLAVIX	ORAL	
PEATELLY AGGREGATION INTIBIT	DIPYRIDAMOLE	DIPYRIDAMOLE	ORAL	
	PERSANTINE	PERSANTINE	ORAL	
	TICLOPIDINE HCL	TICLOPIDINE HCL	ORAL	
PLUM ANTIHYPERTEN ENDO REC ANT	AMBRISENTAN	LETAIRIS	ORAL	
TEGM / WITH EN	BOSENTAN	TRACLEER	ORAL	
	EPLERENONE	INSPRA	ORAL	
				POTASSIUM REPLACEMENT CLASS SPECIFIC RESTRICTIONS
POTASSIUM REPLACEMENT				All notassium salts, and oral dosage forms are covered for allowed conditions
	POTASSIUM BICARBONATE EFFER	KLOR-CON-EF	ORAL	WELL THE
	POTASSIUM CHLORIDE	KLOR-CON	ORAL	
POTASSIUM SPARING DIURETICS	AMILORIDE HCL	AMILORIDE HCL	ORAL	
TO THE STORY OF ARRIVO DIONETICS	AMILORIDE HCL-HCTZ	AMILORIDE HCL-HCTZ	ORAL	
			SINIE	
POTASSIUM SPARING DIURETICS	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	ALDACTAZIDE	ORAL	
	SPIRONOLACTONE-HCTZ	SPIRONOLACTONE-HCTZ	ORAL	
	SPIRONOLACTONE TRIAMTERENE & HYDROCHLOROTHIAZIDE	ALDACTONE DYAZIDE	ORAL ORAL	
	TRIAMTERENE & HYDROCHLOROTHIAZIDE TRIAMTERENE W/HCTZ	TRIAMTERENE W/HCTZ	ORAL	
			210.00	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
PRENATAL VITAMIN PREPARATION				PRENATAL VITAMIN PREPARATION CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	PRENATAL VIT W/ DSS-FE FUMARATE-FA	PRENATAL 19	ORAL	
	PRENATAL VIT W/ FE FUMARATE-FA	PRENATAL PLUS	ORAL	
PROGESTATIONAL AGENTS	MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE	ORAL	
PROTECTIVES	ALUMINUM HYDROXIDE	DERMAGRAN	TOPICAL	
PROTECTIVES	DERMATOLOGICAL PRODUCTS MISC	TETRIX	TOPICAL	
	DIMETHICONE	PROSHIELD PLUS	TOPICAL	
	DIMETHICONE	PACQUIN MEDICATED	TOPICAL	
	HYALURONATE SODIUM HYALURONATE SODIUM (EMOLLIENT)	BIONECT HYLIRA	TOPICAL TOPICAL	
	MENTHOL-ZINC OXIDE	CALMOSEPTINE	TOPICAL	
	PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	
	SKIN PROTECTANTS MISC	PELEVERUS GOLD	TOPICAL	
	SKIN PROTECTANTS MISC SODIUM HYALURONATE	ALOE VESTA SODIUM HYALURONATE	TOPICAL TOPICAL	
	TALC TOPICAL POWDER	TALC TOPICAL POWDER	TOPICAL	
	WOUND CLEANSERS	PELEVERUS	TOPICAL	
PROTECTIVES	BENZOIN PETROLATUM-ZINC OXIDE	BENZOIN SENSI-CARE	TOPICAL TOPICAL	
	TINCTURE OF BENZOIN	TINCTURE OF BENZOIN	TOPICAL	
	ZINC OXIDE	DESITIN	TOPICAL	
	ZINC OXIDE	BOUDREAUXS	TOPICAL	
PROTON PUMP INHIBITORS				PROTON PUMP INHIBITOR CLASS SPECIFIC RESTRICTIONS  Effective September 1, 2014, 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 prduct.  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 (gastrointestional esophageal reflux disease)
	LANSOPRAZOLE	PREVACID	ORAL	Covered as described in Proton Pump Inhibitor class specific restrictions
	OMEPRAZOLE	PRILOSEC	ORAL	Covered as described in Proton Pump Inhibitor class specific restrictions
PULMONARY ANTIHYPERTENSIVES	SILDENAFIL CITRATE (Pulmonary)	REVATIO	ORAL	
PURINE INHIBITORS	ALLOPURINOL	ALLOPURINOL	ORAL	
-	FEBUXOSTAT	ULORIC	ORAL	
DVDIA ALDINIC CVALTUESIS IN U.S.T.	LECTURIONAIDE	LEGUINOMICS	004:	
PYRIMIDINE SYNTHESIS INHIBITR	LEFLUNOMIDE	LEFLUNOMIDE	ORAL	
QUINOLONES	CIPROFLOXACIN HCL	CIPRO	ORAL	
	GEMIFLOXACIN MESYLATE	FACTIVE	ORAL	
	LEVOFLOXACIN	LEVAQUIN	ORAL	
	MOXIFLOXACIN HCL NORFLOXACIN	AVELOX NOROXIN	ORAL ORAL	
	OFLOXACIN OFLOXACIN	OFLOXACIN	ORAL	
			210.00	

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SALICYLATE—BARBITURATE XANTHINE ANALGESIC COMBINATIONS  BUTAISTAL—ASPRIN CAFFEINE  BUTAISTAL—ASPRIN CAFFEINE  BUTAISTAL—ASPRIN CAFFEINE  BUTAISTAL—ASPRIN CAFFEINE  FIORMAL  BUTAISTAL—ASPRIN CAFFEINE  FIORMAL  ORAL  2014, and january 1, 2014 for all other claims. Effective May 1, 2015. relmbursement for combinations of butaiblinal aspstin/caffeine is restricted only those claims that have the condition of headashe specificed as a documented allowance in the claim.  NON-HARCOTIC SALICYLATE ANALGESIC  COMBINATIONS  DURABAC  ASPRIN W/ANTACID  ORAL  ASPRIN W/ANTACID  ORAL  ASPRIN W/ANTACID  ORAL  ASPRIN W/ANTACID  ORAL  ASCRIPTIN  ORAL  ASCRIPTIN  ORAL  ASCRIPTIN  ORAL  ASCRIPTIN  ORAL  DURAGESIC  ORAL  SALIVA SUBSTITUTE AGENTS  ARTIFICIAL SALIVA  ARTIFICAL SALIVA  ARTIFICA	Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
SECTIAL LOWER SOWICE 26FF	RECTAL PREPARATIONS	HYDROCORTISONE ACETATE W/ PRAMOXINE	PROCTOFOAM-HC	RECTAL	
RECEAL ORSE ROWLE PREP   MOSCORTSONS ACTIVE   CORTISONS   RECEAL    FORM SHARIFFEADOR DUBLITIC   SUPPRIANCE   TOTAL HAND HET    FORM SHARIFFEADOR DUBLITIC   SUPPRIANCE   SUPPRIANCE    FORM SHARIFFEADOR DUBLITIC   SUPPRIANCE   SUPPRIANCE    FORM SHARIFFEADOR DUBLITIC   SUPPRIANCE   SUPPRIANCE    FORM SHARIFFEADOR SHARIFFEADOR SHARIFFEADOR    FORMAN   SUPPRIANCE    FORMAN     FORMAN    SUP	RECTAL PREPARATIONS	STARCH	TUCKS	RECTAL	
MICHAL LOWING ROME, PREP   MOSCORT SORR ACTATA   CORTEGINA NOT TO THE ACT   CORE	DECTAL LOWER DOWEL DRED	HYDDOCODTISONE	COLOCORT	DECTAL	
ELMIN ANIMETOR, DRICCT  AUSCREAF FLAMMART  ETHURNA  AUSCRIAF ANTHON  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA ANAMEN  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA ANAMEN  BERANTCHARREASTERNS 95 AGT  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA ANAMEN  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA AGENTS  ACENTISALOCUL ACID  ASPRINN  ACENTISALOCUL ACID  BUTALETTAL ASPRINN-CAFEINE  BUTALETA				1	
ELMIN ANIMETOR, DRICCT  AUSCREAF FLAMMART  ETHURNA  AUSCRIAF ANTHON  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA ANAMEN  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA ANAMEN  BERANTCHARREASTERNS 95 AGT  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA ANAMEN  BERANTCHARREASTERNS 95 AGT  AUSCRIAFA AGENTS  ACENTISALOCUL ACID  ASPRINN  ACENTISALOCUL ACID  BUTALETTAL ASPRINN-CAFEINE  BUTALETA	RENIN INHIB/THIAZIDE DIURETIC	ALISKIREN-HCTZ	TEKTURNA HCT	ORAL	
SEMINANDINGSTREAMERCANT			TEKTURNA	ORAL	
REPARACIONS PROPERTY AND ADDRESS OF THE CONTROL OF					
ASSICHATE AGENTS ACCTYLSALICYLE ACID  ASPIRN  ACTYLSALICYLE ACID  ASPIRN  ORAL, RECTAL  Beimbursement for combinations of butalbital/Aspirn/caffeire it restricted to 24 doses per calendar month. This overage restriction shall apply effective for 1, 2014 for claims in which this drug was reimbursed by BWC prior to Jaurany  COMEMBATIONS  BUTALISTAL ASPIRIN CAFFEINE  FORMAL  FORMAL  ORAL  O	RENIN-INH/ANGIOTENSIN-REC-ANT	ALISKIREN-VALSARTAN	VALTURNA	ORAL	
SALICYLATE AGENTS  ACTYLSALICYLIC ACID  ASPIRIN  DRAL, RECTAL  Reimbursement for combinations of butabita/aspirin/raffeine is restricted to 24 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar month. This coverage restriction shall apply effective to 15 does per calendar properties of the shall apply effective to 15 does per calendar properties to 15 does per calendar properti	RIFAMYCINS/RELATED ANTIBIOTICS	RIFAXIMIN	XIFAXAN	ORAL	
SALCY ATE-BARBTURATE XANTHINE ANALGESC COMBINATIONS  SUTABITAL ASPRIN-CAFFEINE  SALCY ATE-BARBTURATE XANTHINE ANALGESC COMBINATIONS  SALCY ATE-BARBTURATE XANTHINE ANALGESC COMBINATIONS  SUTABITAL ASPRIN-CAFFEINE  FIGRINAL  FIGRINAL  SALCY ATE-BARBTURATE XANTHINE ANALGESC COMBINATIONS  SUTABITAL ASPRIN-CAFFEINE  FIGRINAL  FIGRINAL  SUTABITAL ASPRIN-CAFFEINE  FIGRINAL  SUTABITAL A	ROSACEA AGENTS, TOPICAL	METRONIDAZOLE	METROGEL	TOPICAL	
SALICY, ATE-BARBTURATE XANTHINE ANALGESIC COMBINATIONS  SALICY, ATE-BARBTURATE ANALGESIC COMBINATIONS  SALICY, ATE-BARBTURATE ANALGESIC COMBINATIONS  SALICY, ATE-BARBTURATE ANALGESIC COMBINATIONS  SALICY, ATE-BARBTURATE ANALGESIC COMBINATIONS  SALICY, ATERBAR THE ANALGESIC COMBINATIONS  SALICY, ATERBAR  SALIC					
SALICYLATE—BARBITURATE XANTHINE ANALGESIC COMMINATIONS  BUTABITIAL-ASPIRIN-CAFFEINE  BUTABITIAL-ASPIRIN-CAFFEINE  FIGRINAL  FI	SALICYLATE AGENTS	ACETYLSALICYLIC ACID	ASPIRIN	ORAL, RECTAL	
SALICYLATE—BARBITURATE XANTHINE ANALGESIC COMMINATIONS  BUTABITIAL-ASPIRIN-CAFFEINE  BUTABITIAL-ASPIRIN-CAFFEINE  FIGRINAL  FI					
DURABAC   ORAL		BUTALBITAL-ASPIRIN-CAFFEINE	FIORINAL	ORAL	reimbursement for combinations of butalbital/aspirin/caffeine is restricted to only those claims that have the condition of headache specificed as a
DURABAC   ORAL	NON-NARCOTIC SALICYLATE ANALGESIC				
BUFFERIN ORAL	COMBINATIONS		DURARAC	ORAL	
EXCEPTIN   ORAL					
ASCRIPTIN					
LEVACET ORAL ANACIN ORAL ANACIN ORAL TRILISATE ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL					
TRILISATE ORAL DOLOBID ORAL DOLOBID ORAL DOLOBID ORAL DISALCID ORAL DISALCID ORAL SALIVA SUBSTITUTE AGENTS ARTIFICIAL SALIVA AQUORAL MISC THROAT PRODUCTS OASIS MUCOUS MEM MISC THROAT PRODUCTS OASIS MUCOUS MEM SEL ESTROGEN RECEPT MODULATORS TAMOXIFEN CITRATE TAMOXIFEN CITRATE ORAL SECONIN-2 ANTAG/REUP INHIB NEFAZODONE HCL NEFAZODONE HCL ORAL TRAZADONE HCL TRAZADONE HCL ORAL SECOTIONIN-NOREPINEPH REUP INHI DESVENLAFAXINE SUCCINATE PRISTIQ ORAL SECOTIONIN-NOREPINEPH REUP INHI OLOSYMEM OULOWETINE HCL CYMBALTA ORAL SECOTIONIN-NOREPINEPH REUP INHI OLOSYMEM OULOWETINE HCL CYMBALTA ORAL SERTONIN-SECREUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL SERTONIN SPECREUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL					
DOLOBID DOLOBID DOLOBID DOLOBID DORAL DORAL DORAL DISALCID DISALCID DISALCID DISALCID DISALCID DORAL D					
EQUAGESIC ORAL  DISALCID ORAL  SALIVA SUBSTITUTE AGENTS ARTIFICIAL SALIVA AQUORAL MUCOUS MEM MISC THROAT PRODUCTS OASIS MUCOUS MEM  SEL ESTROGEN RECEPT MODULATORS TAMOXIFEN CITRATE TAMOXIFEN CITRATE ORAL  SEROTONIN-2 ANTAG/REUP INHIB TRAZADONE HCL TRAZDONE HCL TRAZDONE HCL TRAZDONE HCL TRAZDONE HCL TRAZDONE HCL TRAZDONE HCL ORAL  SEROTONIN-NOREPINEPH REUP INHI DESVENLAFAXINE SUCCINATE PRISTIQ DULOXETINE HCL CYMBALTA ORAL  SEROTONIN-NOREPINEPH REUP INHI DESVENLAFAXINE HCL EFFEXOR ORAL  SEROTONIN-SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL  SEROTONIN-SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL  SEROTONIN-SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE  EQUAGESIC ORAL  ORAL  ORAL  ORAL  ORAL  SEROTONIN-SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE  EQUAGESIC ORAL  ORAL  ORAL  SEROTONIN-SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE  EQUAGESIC ORAL  ORAL  ORAL  ORAL  ORAL  ORAL					
DISALCID ORAL  DISALC					
MISC THROAT PRODUCTS OASIS MUCOUS MEM SEL ESTROGEN RECEPT MODULATORS TAMOXIFEN CITRATE TAMOXIFEN CITRATE SEROTONIN-2 ANTAG/REUP INHIB TRAZADONE HCL TRAZADONE HCL TRAZADONE HCL TRAZADONE HCL TRAZADONE HCL TRAZODONE HCL TRAZODON					
MISC THROAT PRODUCTS OASIS MUCOUS MEM SEL ESTROGEN RECEPT MODULATORS TAMOXIFEN CITRATE TAMOXIFEN CITRATE SEROTONIN-2 ANTAG/REUP INHIB TRAZADONE HCL TRAZADONE HCL TRAZADONE HCL TRAZADONE HCL TRAZADONE HCL TRAZODONE HCL TRAZODON	SALIVA SUBSTITUTE AGENTS	ARTIFICIAL SALIVA	AOUORAI	MUCOUS MEM	
SEROTONIN-2 ANTAG/REUP INHIB NEFAZODONE HCL NEFAZODONE HCL ORAL TRAZADONE HCL TRAZODONE HCL ORAL SEROTONIN-NOREPINEPH REUP INHI DESVENLAFAXINE SUCCINATE PRISTIQ ORAL DULOXETINE HCL CYMBALTA ORAL VENLAFAXINE HCL EFFEXOR ORAL SERTONIN SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL					
TRAZADONE HCL TRAZODONE HCL ORAL  SEROTONIN-NOREPINEPH REUP INHI  DESVENLAFAXINE SUCCINATE PRISTIQ CYMBALTA CYM	SEL ESTROGEN RECEPT MODULATORS	TAMOXIFEN CITRATE	TAMOXIFEN CITRATE	ORAL	
SEROTONIN-NOREPINEPH REUP INHI DESVENLAFAXINE SUCCINATE PRISTIQ ORAL DULOXETINE HCL CYMBALTA ORAL VENLAFAXINE HCL EFFEXOR ORAL SERTONIN SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL	SEROTONIN-2 ANTAG/REUP INHIB				
DULOXETINE HCL CYMBALTA ORAL VENLAFAXINE HCL EFFEXOR ORAL SERTONIN SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL		TRAZADONE HCL	TRAZODONE HCL	ORAL	
DULOXETINE HCL CYMBALTA ORAL VENLAFAXINE HCL EFFEXOR ORAL SERTONIN SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL	SEROTONIN-NOREPINEPH REUP INHI	DESVENLAFAXINE SUCCINATE	PRISTIQ	ORAL	
SERTONIN SPEC REUP INHIB-SSRI CITALOPRAM HYDROBROMIDE CELEXA ORAL					
		VENLAFAXINE HCL	EFFEXOR	ORAL	
	SERTONIN SPEC REUP INHIB-SSRI	CITALOPRAM HYDROBROMIDE	CELEXA	ORAL	
FLUOXETINE HCL PROZAC ORAL		ESCITALOPRAM OXALATE	LEXAPRO	ORAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	FLUVOXAMINE MALEATE	LUVOX CR	ORAL	
	PAROXETINE HCL	PAXIL	ORAL	
	PAROXETINE MESYLATE SERTRALINE HCL	PEXEVA ZOLOFT	ORAL	
	VILAZADONE HCL	VIIBRYD	ORAL ORAL	
SHAMPOOS	INFANT CARE PRODUCTS	BABY SHAMPOO	TOPICAL	
SKELETAL MUSCLE RELAXANTS				SKELETAL MUSCLE RELAXANT CLASS SPECIFIC RESTRICTIONS  Excluding the use of Baclofen , Dantrolene, and Tizanidine to treat allowed conditions involving spasticity, all covered agents in this class are restricted to coverage for 90 days from first prescription plus one additional 30 day prescription per rolling 12 months. Prior authorizaton request is required for the additional 30 days of coverage. All covered agents in this class are eligible for reimbursement for up to one year of additional coverage for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain, with prior authorization upon submission of supporting clinical documentation.
	BACLOFEN	BACLOFEN	ORAL	
	CHLORZOXAZONE	PARAFON FORTE DSC	ORAL	
	CYCLOBENZAPRINE HCL IMMEDIATE RELEASE TABLETS	FLEXERIL	ORAL	
	CYCLOBENZAPRINE HCL SUSTAINED RELEASE CAPSULES	AMRIX	ORAL	In addition to being restricted as described in the Skeletal Muscle Relaxant Class Specific Restrictions, effective May 1, 2015 cyclobenzaprine Sustained Release capsules will only be covered after a 14 day trial of another covered skeletal muscle relaxant which resulted in a therapeutic failure due to clinically documented drug specific side effects.
	DANTROLENE SODIUM	DANTRIUM	ORAL	
	METAXALONE	SKELAXIN	ORAL	In addition to being restricted as described in the Skeletal Muscle Relaxant Class Specific Restrictions, effective January 1, 2014 metaxalone will only be covered after a 14 day trial of another covered skeletal muscle relaxant which resulted in a therapeutic failure or clinically documented drug specific side effects.
	METHOCARBAMOL	ROBAXIN	ORAL	
	ORPHENADRINE CITRATE	NORFLEX	ORAL	
	TIZANIDINE HCL	ZANAFLEX	ORAL	Restricted as described in Skeletal Muscle Relaxant Class Restriction except in claims with documented conditions of spasticity.
SOLVENTS	MINERAL OIL RUBBING ALCOHOL	MINERAL OIL RUBBING ALCOHOL	MISCELL MISCELL	
SSRI/ANTIPSYCHOTIC, COMBINATIO	OLANZAPINE-FLUOXETINE HCL	SYMBYAX	ORAL	
STEROID ANTINEOPLASTICS	MEGESTROL ACETATE	MEGESTROL ACETATE	ORAL	
SUNSCREENS	SUNSCREEN LOTION	TOTAL BLOCK	TOPICAL	
SYMPATHOMIMETIC AGENTS	PHENYLEPHRINE HCL	NEO-SYNEPHRINE	ORAL	
	PSEUDOEPHEDRINE HCL	SUDAFED	ORAL	
TCA/BENZODIAZEPINE COMBIN	AMITRIPTYLINE-CHLORDIAZEPOXIDE	AMITRIPTYLINE-CHLORDIAZEPOXIDE	ORAL	
TCA/PHENOTHIAZINE COMBINATION	PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE	ORAL	

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
TETRACYLINES	DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	ORAL	
	DOXYCYCLINE	DOXYCYCLINE	ORAL	
	DOXYCYCLINE (ROSACEA)	ORACEA	ORAL	
	DOXYCYCLINE HYCLATE DOXYCYCLINE MONOHYDRATE	DORYX DOXYCYCLINE MONOHYDRATE	ORAL ORAL	
	MINOCYCLINE HCL	SOLODYN	ORAL	
	TETRACYCLINE HCL	TETRACYCLINE HCL	ORAL	
THIAZIDE DIURETICS	CHLOROTHIAZIDE HYDROCHLOROTHIAZIDE	CHLOROTHIAZIDE HYDROCHLOROTHIAZIDE	ORAL ORAL	
	INDAPAMIDE	INDAPAMIDE	ORAL	
	METOLAZONE	METOLAZONE	ORAL	
THYROID HORMONES	LEVOTHYROXINE SODIUM	SYNTHROID	ORAL	
	LIOTHYRONINE SODIUM THYROID	CYTOMEL ARMOUR THYROID	ORAL ORAL	
	IIIINOID	Author Hillor	ONAL	
TOPICAL ANTIBACTERIALS	CADEXOMER IODINE	IODOSORB	TOPICAL	
	CHLORHEXIDINE GLUCONATE	BETASEPT	TOPICAL	
	CLIOQUINOL-HYDROCORTISONE HEXACHLOROPHENE	CLIOQUINOL-HYDROCORTISONE	TOPICAL	
	HYDROCORTISONE-IODOQUINOL	PHISOHEX HYDROCORTISONE-IODOQUINOL	TOPICAL TOPICAL	
	IODOQUINOL-HYDROCORTISONE-ALOE POLYSACCHARIDE	ALCORTIN A	TOPICAL	
	POVIDONE-IODINE	BETADINE	TOPICAL	
	ZEPHIRAN CHLORIDE	ZEPHIRAN CHLORIDE	TOPICAL	
TOPICAL ANTIBIOTICS	BACITRACIN ZINC	BACITRACIN	TOPICAL	
TOPICAL AIVIIBIOTICS	BACITRACIN ZINC  BACITRACIN-POLYMYXIN B	POLYSPORIN	TOPICAL	
	CLINDAMYCIN PHOSPHATE	CLEOCIN-T	TOPICAL	
	ERYTHROMYCIN ERYTHROMYCIN-BENZOYL PEROXIDE	ERYTHROMYCIN-BENZOYL PEROXIDE	TOPICAL TOPICAL	
	GENTAMICIN SULFATE	GENTAMICIN SULFATE	TOPICAL	
	MUPIROCIN CALCIUM	BACTROBAN	TOPICAL	
	NEOMYCIN-BACITRACIN-POLYMYXIN W/ LIDOCAINE	NEOSPORIN PLUS	TOPICAL	
	NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	
TOPICAL ANTIBIOTICS STEROID	NEOMYCIN-POLYMYXIN-HC	CORTISPORIN	TOPICAL	
TOPICAL ANTIFUNGALS	BUTENAFINE HCL	MENTAX	TOPICAL	
	CICLOPIROX	LOPROX	TOPICAL	
	CLOTRIMAZOLE	LOTRIMIN AF	TOPICAL	
	CLOTRIMAZOLE W/ BETAMETHASONE	LOTRISONE	TOPICAL	
	ECONAZOLE NITRATE GENTIAN VIOLET	ECONAZOLE NITRATE GENTIAN VIOLET	TOPICAL TOPICAL	
	KETOCONAZOLE	EXTINA	TOPICAL	
	MICONAZOLE NITRATE	MICATIN	TOPICAL	
	MICONAZOLE NITRATE	ZEASORB-AF	TOPICAL	
	MICONAZOLE-ZINC OXIDE- PETROLATUM	VUSION	TOPICAL	
	NAFTIFINE HCL NYSTATIN	NAFTIN MYCOSTATIN	TOPICAL TOPICAL	
	NYSTATIN NYSTATIN-TRIAMCINOLONE	MYCOLOG II	TOPICAL	
	OXICONAZOLE NITRATE	OXISTAT	TOPICAL	
	SALICYLIC ACID & BENZOIC ACID	BENSAL HP	TOPICAL	
	SERTACONAZOLE NITRATE	ERTACZO	TOPICAL	
	SULCONAZOLE NITRATE	EXELDERM	TOPICAL	
	TERBINAFINE HCL TOLNAFTATE	LAMISIL AT TINACTIN	TOPICAL TOPICAL	
	TOLIVALIATE	THACTIN	TOPICAL	
	DICLOFENAC SODIUM GEL 1%	VOLTAREN GEL 1%	TOPICAL	T

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Therapeutic Class Description	Generic Name	Representative brand name (If one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21. Prior Authorization requirements for individual drugs are available on the BWC website. They can be found with the formulary look up tool located in the Medical Providers section.
	DICLOFENACE SODIUM LIQUID 1.5%	PENNSAID 1.5%	TOPICAL	For claims allowed after May 1, 2015, reimbursement will be provided only for topical liquid diclofenac products in the 1.5% concentration and only in claims with osteoarthritis of the knee as an allowed condition.
TOPICAL ANTINEOPLASTICS	DICLOFENAC SODIUM GEL 3%	SOLARAZE 3%	TOPICAL	Claim must be allowed for Actinic Keratoses
	FLUOROURACIL	CARAC	TOPICAL	
TOPICAL ANTINFLAMMATORY PREP	ALCLOMETASONE DIPROPIONATE	ACLOVATE	TOPICAL	
TOPICAL ANTINFLAWIWIATORY PREP	AMCINONIDE	AMCINONIDE	TOPICAL	
	BETAMETHASONE DIPROPIONATE	DIPROLENE	TOPICAL	
	BETAMETHASONE VALERATE	LUXIQ	TOPICAL	
	CLOBETASOL PROPIONATE CLOBETASOL PROPIONATE	OLUX CLOBEX	TOPICAL TOPICAL	
	CLOCORTOLONE PIVALATE	CLODERM	TOPICAL	
	DESONIDE	VERDESO	TOPICAL	
	DESOXIMETASONE	TOPICORT	TOPICAL	
	DIFLORASONE DIACETATE FLUOCINOLONE ACETONIDE	APEXICON E DERMA-SMOOTHE-FS	TOPICAL TOPICAL	
	FLUOCINOLONE ACETONIDE  FLUOCINONIDE	VANOS	TOPICAL	
	FLURANDRENOLIDE	CORDRAN	TOPICAL	
	FLUTICASONE PROPIONATE	CUTIVATE	TOPICAL	
	HALCINONIDE	HALOG	TOPICAL	
	HALOBETASOL PROPIONATE HYDROCORTISONE	ULTRAVATE CORTIZONE 10	TOPICAL TOPICAL	
	HYDROCORTISONE ACETATE	HYDROCORTISONE	TOPICAL	
	HYDROCORTISONE BUTYRATE	CORTAID	TOPICAL	
	HYDROCORTISONE BUTYRATE HYDROPHILIC	LOCOID LIPOCREAM	TOPICAL	
	HYDROCORTISONE PROBUTATE HYDROCORTISONE VALERATE	PANDEL VALISONE	TOPICAL TOPICAL	
	HYDROCORTISONE-ALOE VERA	HYDROCORTISONE-ALOE VERA CREAM	TOPICAL	
	MOMETASONE FUROATE	ELOCON	TOPICAL	
	PREDNICARBATE	DERMATOP	TOPICAL	
	TRIAMCINOLONE ACETONIDE	KENALOG	TOPICAL	
TOPICAL ANTIPARASITICS	CROTAMITON	EURAX	TOPICAL	
	LINDANE	LINDANE	TOPICAL	
	MALATHION	OVIDE	TOPICAL	
	PERMETHRIN PYRETHRINS-PIPERONYL BUTOXIDE	ACTICIN RID	TOPICAL TOPICAL	
	THETHING THE ENGINE BOTOMBE	MB	TOTTOTE	
TOPICAL ANTIVIRALS	ACYCLOVIR	ZOVIRAX	TOPICAL	
TOPICAL ANTIVIRALS	PENCICLOVIR	DENAVIR	TOPICAL	
TOPICAL ANTISEPT DRYING AGENTS	FORMALDEHYDE	FORMALAZ	TOPICAL	
TOPICAL HYPERPIGMENTATION AG	METHOXSALEN	OXSORALEN	TOPICAL	
TOPICAL HYPERTRICHOTC-EYELASH	BIMATOPROST	LATISSE	TOPICAL	
	5	W 11100 L	IOTICAL	
TOPICAL IMMUNOSUPPRESSIVE AGT	PIMECROLIMUS	ELIDEL	TOPICAL	
TOPICAL IMMUNOSUPPRESSIVE AGT	TACROLIMUS	PROTOPIC	TOPICAL	
TOPICAL LOCAL ANESTHETICS	BENZOCAINE	BENZOCAINE AEROSOL 10%	TOPICAL	
	BUTAMBEN-TETRACAINE-BENZOCAINE	CETACAINE  CETACAINE	TOPICAL	
	DIBUCAINE	DIBUCAINE	TOPICAL	
	ETHYL CHLORIDE	ETHYL CHLORIDE	TOPICAL	
	HYDROCORTISONE -PRAMOXINE-ALOE LIDOCAINE	NOVACORT ANECREAM	TOPICAL TOPICAL	
	LIDOCAINE LIDOCAINE HCL	REGENECARE HA	TOPICAL	
	LIDOCAINE PATCH	LIDODERM	TOPICAL	Claim must be allowed for post herpetic neuralgia
<del></del>	LIDOCAINE-HYDROCORTISONE ACETATE	LIDAMANTLE HC	TOPICAL	

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	LIDOCAINE-PRILOCAINE	EMLA	TOPICAL	
	LIDOCAINE-TETRACAINE PATCH	SYNERA	TOPICAL	
	PENTAFLUOROPROPANE-TETRAFLUOROETHANE AERO	PENTAFLUOROPROPANE- TETRAFLUOROFTHANE AFRO	TOPICAL	
	PRAMOXINE HCL	SARNA SENSITIVE	TOPICAL	
	PRAMOXINE HCL-HYDROCORTISONE	PRAMOSONE	TOPICAL	
TOPICAL PLEUROMUTILIN DERIV.	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	ALTABAX	TOPICAL	
TOPICAL PREPARATIONS, MISC	EMOLLIENT	CETAPHIL	TOPICAL	
	SODIUM CHLORIDE	SODIUM CHLORIDE EXTERNAL SOLN 0.9%	TOPICAL	
TOPICAL SULFONAMIDES	MAFENIDE ACETATE	SULFAMYLON	TOPICAL	
	SILVER SULFADIAZINE	SILVADENE	TOPICAL	
	SULFACETAMIDE SODIUM W/ SULFUR	ROSADERM	TOPICAL	
TOPICAL VIT D ANALOG/STEROID	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	TACLONEX	TOPICAL	
TOPICAL/MUCOUS MEMBRANCE/SUB	COLLAGENASE	SANTYL	TOPICAL	
TOPICAL/IVIOCOUS IVIEIVIBRANCE/SOB	PAPAIN-UREA	ALLANENZYME	TOPICAL	
	PAPAIN-UREA	KOVIA OINTMENT	TOPICAL	
	PAPAIN-UREA-CHLOROPHYLLIN	ALLANFILLENZYME	TOPICAL	
	TRYPSIN	TRYPSIN	TOPICAL	
	TRYPSIN W/ CASTOR OIL & PERUVIAN BALSAM	GRANULEX	TOPICAL	
TRICHOMONACIDES	METRONIDAZOLE	FLAGYL ER	ORAL	
TRICYCLIC ANTIDEPRESS RELATED	AMITRIPTYLINE HCL	ELAVIL	ORAL	
	AMOXAPINE	ASCENDIN	ORAL	
	CLOMIPRAMINE HCL	CLOMID	ORAL	
	DESIPRAMINE HCL	NORPRAMINE	ORAL	
	DOXEPIN HCL IMIPRAMINE HCL	SINEQUAN TOFRANIL	ORAL ORAL	
	IMIPRAMINE PAMOATE	TOFRANIL-PM	ORAL	
	MAPROTILINE HCL	LUDIOMIL	ORAL	
	NORTRIPTYLINE HCL	PAMELOR	ORAL	
	PROTRIPTYLINE HCL	VIVACTIL	ORAL	
	TRIMIPRAMINE MALEATE	SURMONTIL	ORAL	
TUMOR NECROSIS FACTOR INHIBIT	ADALIMUMAB	HUMIRA	SUB-Q	
	ETANERCEPT	ENBREL	SUB-Q	
TX FOR ATTN DEF-ADHD, NRI-TYPE	ATOMOXETINE HCL	STRATTERA	ORAL	
UNIARY TRACT ANTISPASMODIC	FESOTERODINE FUMARATE	TOVIAZ	ORAL	
UNIARY TRACT ANTISPASMODIC	FLAVOXATE HCL	FLAVOXATE HCL	ORAL	
UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE	DITROPAN XL	ORAL	
UNIARY TRACT ANTISPASMODIC UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE OXYBUTYNIN CHLORIDE TD	OXYBUTYNIN CHLORIDE GELNIQUE	ORAL TRANSDERM	
UNIARY TRACT ANTISPASMODIC UNIARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE TD OXYBUTYNIN TD PATCH	OXYTROL	TRANSDERM	
UNIARY TRACT ANTISPASMODIC	TOLTERODINE TARTRATE	DETROL	ORAL	
UNIARY TRACT ANTISPASMODIC	TROSPIUM CHLORIDE	SANCTURA	ORAL	
URINARY ANESTHETICS	PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	ORAL	
URINARY ANALGESIC AGENTS	PENTOSAN POLYSULFATE SODIUM	ELMIRON	ORAL	
URINARY PH MODIFIERS	CITRIC ACID & D-GLUCONIC ACID POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS	RENACIDIN K-PHOS NEUTRAL	IRRIGATION ORAL	
	POTASSIUM & SODIUM ACID PHOSPHATES	K-PHOS M.F.	ORAL	
	POTASSIUM CITRATE	UROCIT-K	ORAL	

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	POTASSIUM CITRATE & CITRIC ACID	CYTRA-K	ORAL	
	SODIUM CITRATE & CITRIC ACID	CYTRA-2	ORAL	
LIBINIA DVEDA CE ANITICO AC ANIZICEI	DARIFENACIN HYDROBROMIDE	FNADLEY	0041	
URINARYTRACT ANTISPAS-M(3)SEL	SOLIFENACIN HYDROBROMIDE SOLIFENACIN SUCCINATE	VESICARE	ORAL ORAL	
	SOLIT ETWICHT SOCIETY TE	VESTORINE	OTOTE	
VAGINAL ANTIBIOTICS	METRONIDAZOLE	VANDAZOLE	VAGINAL	
VAGINAL ANTIFUNGALS	MICONAZOLE NITRATE	MONISTAT 3	VAGINAL	
VAGINAL ANTII ONGALS	TERCONAZOLE	TERZOL	VAGINAL	
VAGINAL ANTISEPTICS	OXYQUINOLONE SULFATE-PH 4	TRIMO-SAN	VAGINAL	
VACINAL ESTROGEN DREDARATION	ESTRADIO	ESTRADIOL VACINAL	VACINAL	
VAGINAL ESTROGEN PREPARATION	ESTRADIOL	ESTRADIOL VAGINAL	VAGINAL	
VAGINAL SULFONAMIDES	SULFANILAMIDE	AVC	VAGINAL	
VANCOMYCIN AND DERIVATIVES	VANCOCIN HCL	VANCOCIN HCL	ORAL	
VASODILATORS, COMBINATION	ISOSORBIDE DINITRATE-HYDRALAZINE HCL	BIDIL	ORAL	
VASOBILATORS, COMBINATION	13030KBIDE DINTRATE ITT DRAEAZINE TICE	BIBIE	ONAL	
VEHICLES	COCOA BUTTER	COCOA BUTTER	TOPICAL	
VELHCLEC	CORDITO	CORDITOL	MICCELL	
VEHICLES	SORBITOL	SORBITOL	MISCELL	
VITAMIN A PREPARATIONS	VITAMIN A	VITAMIN A	ORAL	
VITAMIN B PREPARATIONS	B-COMPLEX W/ C & FOLIC ACID	NEPHROCAPS	ORAL	VITAMIN B PREPARATIONS CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID	DIATX ZN	ORAL	
	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLBIC	ORAL	
	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLTX	ORAL	
	FOLIC ACID-VITAMIN B6-VITAMIN B12	FOLGARD RX	ORAL	
	L-METHYLFOLATE W/ VIT B12-VIT B6-VIT B2 L-METHYLFOLATE W/ VIT B6-VIT B12	CEREFOLIN METANX	ORAL ORAL	
	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST			
	L-IVIETHTLFOLATE-IVIETHTLCOBALAIVIIN-ACETTLCTST	CEREFOLIN NAC	ORAL	
	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	L-METHYLFOLATE-METHYLCOBALAMIN- ACFTYLCYST	ORAL	
	POTASSIUM AMINOBENZOATE	AMINOBENZOATE POTASSIUM	ORAL	
	POTASSIUM AMINOBENZOATE VITAMINS W/ LIPOTROPICS	POTABA BALANCED B-100	ORAL ORAL	
	VITAWING W/ EN GINGINGS	BALL WELD B 100	OTOTE	
VITAMIN B1 PREPARATIONS	THIAMINE HCL	B-1	ORAL	
VITAMIN B12 PREPARATIONS	CYANOCOBALAMIN	VITAMIN B-12	ORAL	
VITAMIN B2 PREPARATIONS	RIBOFLAVIN	VITAMIN B-2	ORAL	
VITAMIN B6 PREPARATIONS	PYRIDOXINE	VITAMIN B-6	ORAL	
VITAMIN C PREPARATIONS	ASCORBIC ACID	VITAMIN C	ORAL	
VITAMIN D PREPARATIONS	ERGOCALCIFEROL	CALCIFEROL	ORAL	
WITANAIN E DDEDADATICAS	D COMPLEYAN/ C D E . TH	7.050	02.11	
VITAMIN E PREPARATIONS	B-COMPLEX W/ C & E + ZN VITAMIN E	Z-GEN VITAMIN E	ORAL ORAL	
	VITAIVIIIV	VITAIVIIIV	UNAL	
VITAMIN K PREPARATIONS	PHYTONADIONE	MEPHYTON	ORAL	
XANTHINES	AMINOPHYLLINE	AMINOPHYLLINE	ORAL	
WALLITINGS	THEOPHYLLINE	THEOPHYLLINE	ORAL	
	THEOPHYLLINE ELIXIR	ELIXOPHYLLIN	ORAL	

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ZINC REPLACEMENT	ZINC SULFATE	ORAZINC	ORAL	All zinc salts and oral dosage forms are covered for allowed conditions

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