

Formulary List of Medications Covered by the Ohio Bureau of Workers' Compensation

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|--|--|
| Acne - Oral | Isotretinoin Cap 25 MG Isotretinoin Cap 30 MG Isotretinoin Cap 35 MG | |
| ADHD - Amphetamines | Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG Amphetamine-Dextroamphetamine Tab 5 MG Amphetamine-Dextroamphetamine Tab 7.5 MG Amphetamine-Dextroamphetamine Tab 10 MG Amphetamine-Dextroamphetamine Tab 12.5 MG Amphetamine-Dextroamphetamine Tab 15 MG Amphetamine-Dextroamphetamine Tab 20 MG Amphetamine-Dextroamphetamine Tab 30 MG Dextroamphetamine Sulfate Cap ER 24HR 10 MG Dextroamphetamine Sulfate Cap ER 24HR 15 MG Dextroamphetamine Sulfate Tab 5 MG Dextroamphetamine Sulfate Tab 10 MG Lisdexamfetamine Dimesylate Cap 10 MG Lisdexamfetamine Dimesylate Cap 20 MG Lisdexamfetamine Dimesylate Cap 30 MG Lisdexamfetamine Dimesylate Cap 40 MG Lisdexamfetamine Dimesylate Cap 50 MG Lisdexamfetamine Dimesylate Cap 60 MG Lisdexamfetamine Dimesylate Cap 70 MG | |
| ADHD - Stimulants – Misc. | Armodafinil Tab 50 MG Armodafinil Tab 150 MG Armodafinil Tab 200 MG Armodafinil Tab 250 MG Dexmethylphenidate HCl Cap ER 24 HR 10 MG Dexmethylphenidate HCl Cap ER 24 HR 15 MG Dexmethylphenidate HCl Cap ER 24 HR 20 MG Dexmethylphenidate HCl Cap ER 24 HR 30 MG Methylphenidate HCl Cap ER 30 MG (CD) Methylphenidate HCl Cap ER 24HR 10 MG (LA) Methylphenidate HCl Cap ER 24HR 20 MG (LA) Methylphenidate HCl Cap ER 24HR 30 MG (LA) Methylphenidate HCl Cap ER 24HR 40 MG (LA) Methylphenidate HCl Cap ER 24HR 60 MG (LA) Methylphenidate HCl Tab 5 MG Methylphenidate HCl Tab 10 MG Methylphenidate HCl Tab 20 MG Methylphenidate HCl Tab ER 10 MG Methylphenidate HCl Tab ER 20 MG Methylphenidate HCl Tab ER Osmotic Release 18 MG Methylphenidate HCl Tab ER Osmotic Release 27 MG Methylphenidate HCl Tab ER Osmotic Release 36 MG Methylphenidate HCl Tab ER Osmotic Release 54 MG Methylphenidate HCl Tab ER Osmotic Release 72 MG Methylphenidate HCl Tab ER 24HR 18 MG Methylphenidate HCl Tab ER 24HR 27 MG Methylphenidate HCl Tab ER 24HR 36 MG Methylphenidate HCl Tab ER 24HR 54 MG Modafinil Tab 100 MG Modafinil Tab 200 MG | |
| ADHD Agents | Atomoxetine HCl Cap 10 MG Atomoxetine HCl Cap 18 MG Atomoxetine HCl Cap 25 MG Atomoxetine HCl Cap 40 MG Atomoxetine HCl Cap 60 MG Atomoxetine HCl Cap 80 MG Atomoxetine HCl Cap 100 MG Guanfacine HCl Tab ER 24HR 3 MG Guanfacine HCl Tab ER 24HR 4 MG | |
| Agents for Chemical Dependency | Acamprosate Calcium Tab Delayed Release 333 MG Disulfiram Tab 250 MG Disulfiram Tab 500 MG | |
| Agents for Opioid Use Disorder | Buprenorphine-Naloxone SL Tab 2-0.5 MG Buprenorphine-Naloxone SL Tab 8-2 MG Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG | Restricted to use in claims with an allowed condition of opioid use disorder or as part of approved treatment under OAC 4123-6-21.8. Maximum dose of 2 tablets or films per day. |
| Alternative Medicine | Glucosamine Sulfate Cap 500 MG Glucosamine Sulfate Tab 500 MG Glucosamine-Chondroitin Cap 500-400 MG Glucosamine-Chondroitin Tab 500-400 MG Glucosamine-Chondroitin Tab 750-600 MG Lutein-Zeaxanthin Cap 6-0.24 MG Lutein-Zeaxanthin Cap 20-0.8 MG Lutein-Zeaxanthin Cap 20-1 MG Lutein-Zeaxanthin Cap 25-5 MG Lutein-Zeaxanthin Cap 45-1.8 MG Melatonin Cap 5 MG Melatonin Cap 10 MG Melatonin Tab 300 MCG Melatonin Tab 1 MG Melatonin Tab 3 MG Melatonin Tab 5 MG Melatonin Tab 10 MG | |
| Amyotrophic Lateral Sclerosis (ALS) Agents | Riluzole Tab 50 MG | |
| Anabolic Steroids | Oxandrolone Tab 2.5 MG Oxandrolone Tab 10 MG | |
| Analgesic Combinations | Acetaminophen-Caffeine Tab 500-65 MG Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG Aspirin-Caffeine Tab 400-32 MG Butalbital-Acetaminophen Tab 50-325 MG Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG Butalbital-Aspirin-Caffeine Cap 50-325-40 MG Butalbital-Aspirin-Caffeine Tab 50-325-40 MG | Reimbursement is restricted to combinations of Butalbital/APAP that contain 325 mg of APAP per dosage form; shall not exceed 4 grams/day of APAP (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim. Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specified as a documented allowance in the claim. |
| Analgesics - Other | Acetaminophen Cap 500 MG Acetaminophen Liquid 160 MG/5ML Acetaminophen Liquid 167 MG/5ML Acetaminophen Suppos 325 MG Acetaminophen Suppos 650 MG Acetaminophen Susp 160 MG/5ML Acetaminophen Tab 325 MG | |

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

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

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|---|---|
| | Dofetilide Cap 125 MCG (0.125 MG) Dofetilide Cap 250 MCG (0.25 MG) Dofetilide Cap 500 MCG (0.5 MG) Dronedaron HCl Tab 400 MG Flecainide Acetate Tab 50 MG Flecainide Acetate Tab 100 MG Flecainide Acetate Tab 150 MG Mexiletine HCl Cap 150 MG Mexiletine HCl Cap 200 MG Propafenone HCl Cap ER 12HR 225 MG Propafenone HCl Cap ER 12HR 325 MG Propafenone HCl Cap ER 12HR 425 MG Propafenone HCl Tab 150 MG Propafenone HCl Tab 225 MG Propafenone HCl Tab 300 MG Quinidine Gluconate Tab ER 324 MG | |
| Antibiotic - Aminoglycosides | Neomycin Sulfate Tab 500 MG Tobramycin Inhal Cap 28 MG Tobramycin Nebu Soln 300 MG/4ML Tobramycin Nebu Soln 300 MG/5ML | |
| Antibiotic - Cephalosporins - 1st Generation | Cefadroxil Cap 500 MG Cefadroxil For Susp 500 MG/5ML Cefadroxil Tab 1 GM Cephalexin Cap 250 MG Cephalexin Cap 500 MG Cephalexin Cap 750 MG Cephalexin For Susp 250 MG/5ML | |
| Antibiotic - Cephalosporins - 2nd Generation | Cefaclor Cap 250 MG Cefaclor Cap 500 MG Cefprozil Tab 250 MG Cefprozil Tab 500 MG Cefuroxime Axetil Tab 250 MG Cefuroxime Axetil Tab 500 MG | |
| Antibiotic - Cephalosporins - 3rd Generation | Cefdinir Cap 300 MG Cefdinir Susp 250 MG/5ML Cefixime Cap 400 MG Cefixime Susp 500 MG/5ML Cefpodoxime Proxetil Tab 100 MG Cefpodoxime Proxetil Tab 200 MG | |
| Antibiotic - Fluoroquinolones | Ciprofloxacin Susp 500 MG/5ML (10%) (10 GM/100ML) Ciprofloxacin HCl Tab 250 MG Ciprofloxacin HCl Tab 500 MG Ciprofloxacin HCl Tab 750 MG Levofloxacin Tab 250 MG Levofloxacin Tab 500 MG Levofloxacin Tab 750 MG Moxifloxacin HCl Tab 400 MG Ofloxacin Tab 300 MG Ofloxacin Tab 400 MG | |
| Antibiotic - Macrolides | Azithromycin Susp 100 MG/5ML Azithromycin Susp 200 MG/5ML Azithromycin Powd Pack Susp 1 GM Azithromycin Tab 250 MG Azithromycin Tab 500 MG Clarithromycin Tab 250 MG Clarithromycin Tab 500 MG Clarithromycin Tab ER 24HR 500 MG Erythromycin Ethylsuccinate Susp 200 MG/5ML Erythromycin Ethylsuccinate Tab 400 MG Erythromycin Stearate Tab 250 MG Erythromycin Tab 250 MG Erythromycin Tab 500 MG Erythromycin Tab Delayed Release 250 MG Erythromycin Tab Delayed Release 333 MG Erythromycin Tab Delayed Release 500 MG Erythromycin w/ Delayed Release Particles Cap 250 MG | |
| Antibiotic - Penicillins | Amoxicillin & K Clavulanate Chew Tab 400-57 MG Amoxicillin & K Clavulanate Susp 250-62.5 MG/5ML Amoxicillin & K Clavulanate Susp 400-57 MG/5ML Amoxicillin & K Clavulanate Susp 600-42.9 MG/5ML Amoxicillin & K Clavulanate Tab 250-125 MG Amoxicillin & K Clavulanate Tab 500-125 MG Amoxicillin & K Clavulanate Tab 875-125 MG Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG Amoxicillin (Trihydrate) Cap 250 MG Amoxicillin (Trihydrate) Cap 500 MG Amoxicillin (Trihydrate) Chew Tab 250 MG Amoxicillin (Trihydrate) Susp 250 MG/5ML Amoxicillin (Trihydrate) Susp 400 MG/5ML Amoxicillin (Trihydrate) Tab 500 MG Amoxicillin (Trihydrate) Tab 875 MG Ampicillin Cap 500 MG Dicloxacillin Sodium Cap 250 MG Dicloxacillin Sodium Cap 500 MG Penicillin V Potassium Soln 250 MG/5ML Penicillin V Potassium Tab 250 MG Penicillin V Potassium Tab 500 MG | |
| Antibiotic - Tetracyclines | Demeclocycline HCl Tab 150 MG Demeclocycline HCl Tab 300 MG Doxycycline Calcium Syrup 50 MG/5ML Doxycycline Hyclate Cap 50 MG Doxycycline Hyclate Cap 100 MG Doxycycline Hyclate Tab 20 MG Doxycycline Hyclate Tab 100 MG Doxycycline Hyclate Tab Delayed Release 50 MG Doxycycline Hyclate Tab Delayed Release 75 MG Doxycycline Hyclate Tab Delayed Release 100 MG Doxycycline Hyclate Tab Delayed Release 150 MG Doxycycline Hyclate Tab Delayed Release 200 MG Doxycycline Monohydrate Cap 50 MG Doxycycline Monohydrate Cap 100 MG Doxycycline Monohydrate Tab 50 MG Doxycycline Monohydrate Tab 100 MG Doxycycline Monohydrate Tab 150 MG Minocycline HCl Cap 50 MG Minocycline HCl Cap 75 MG Minocycline HCl Cap 100 MG Minocycline HCl Tab 100 MG Minocycline HCl Tab ER 24HR 90 MG Tetracycline HCl Cap 250 MG Tetracycline HCl Cap 500 MG | |
| Anti-Cataplectic Agents | Sodium Oxybate Oral Solution 500 MG/ML | |
| Anticoagulants - Coumarin Anticoagulants | | |

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

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

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|--|---|
| | Fluoxetine HCl Cap 40 MG Fluoxetine HCl Cap Delayed Release 90 MG Fluoxetine HCl Solution 20 MG/5ML Fluvoxamine Maleate Cap ER 24HR 100 MG Fluvoxamine Maleate Cap ER 24HR 150 MG Fluvoxamine Maleate Tab 25 MG Fluvoxamine Maleate Tab 50 MG Fluvoxamine Maleate Tab 100 MG Paroxetine HCl Oral Susp 10 MG/5ML Paroxetine HCl Tab 10 MG Paroxetine HCl Tab 20 MG Paroxetine HCl Tab 30 MG Paroxetine HCl Tab 40 MG Paroxetine HCl Tab ER 24HR 12.5 MG Paroxetine HCl Tab ER 24HR 25 MG Paroxetine HCl Tab ER 24HR 37.5 MG Sertraline HCl Oral Conc 20 MG/ML Sertraline HCl Tab 25 MG Sertraline HCl Tab 50 MG Sertraline HCl Tab 100 MG | |
| Antidepressants - Serotonin Modulators | Nefazodone HCl Tab 50 MG Nefazodone HCl Tab 100 MG Nefazodone HCl Tab 150 MG Nefazodone HCl Tab 200 MG Nefazodone HCl Tab 250 MG Trazodone HCl Tab 50 MG Trazodone HCl Tab 100 MG Trazodone HCl Tab 150 MG Trazodone HCl Tab 300 MG Vilazodone HCl Tab 10 MG Vilazodone HCl Tab 20 MG Vilazodone HCl Tab 40 MG Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG | |
| Antidepressants - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | Desvenlafaxine Succinate Tab ER 24HR 25 MG Desvenlafaxine Succinate Tab ER 24HR 50 MG Desvenlafaxine Succinate Tab ER 24HR 100 MG Desvenlafaxine Tab ER 24HR 50 MG Desvenlafaxine Tab ER 24HR 100 MG Duloxetine HCl Enteric Coated Pellets Cap 20 MG Duloxetine HCl Enteric Coated Pellets Cap 30 MG Duloxetine HCl Enteric Coated Pellets Cap 60 MG Venlafaxine HCl Cap ER 24HR 37.5 MG Venlafaxine HCl Cap ER 24HR 75 MG Venlafaxine HCl Cap ER 24HR 150 MG Venlafaxine HCl Tab 25 MG Venlafaxine HCl Tab 37.5 MG Venlafaxine HCl Tab 50 MG Venlafaxine HCl Tab 75 MG Venlafaxine HCl Tab 100 MG Venlafaxine HCl Tab ER 24HR 37.5 MG Venlafaxine HCl Tab ER 24HR 75 MG Venlafaxine HCl Tab ER 24HR 150 MG Venlafaxine HCl Tab ER 24HR 225 MG | |
| Antidepressants - Tricyclic Agents | Amitriptyline HCl Tab 10 MG Amitriptyline HCl Tab 25 MG Amitriptyline HCl Tab 50 MG Amitriptyline HCl Tab 75 MG Amitriptyline HCl Tab 100 MG Amitriptyline HCl Tab 150 MG Amoxapine Tab 25 MG Amoxapine Tab 50 MG Amoxapine Tab 100 MG Amoxapine Tab 150 MG Clomipramine HCl Cap 25 MG Clomipramine HCl Cap 50 MG Clomipramine HCl Cap 75 MG Desipramine HCl Tab 10 MG Desipramine HCl Tab 25 MG Desipramine HCl Tab 50 MG Desipramine HCl Tab 75 MG Desipramine HCl Tab 100 MG Desipramine HCl Tab 150 MG Doxepin HCl Cap 10 MG Doxepin HCl Cap 25 MG Doxepin HCl Cap 50 MG Doxepin HCl Cap 75 MG Doxepin HCl Cap 100 MG Doxepin HCl Cap 150 MG Doxepin HCl Conc 10 MG/ML Imipramine HCl Tab 10 MG Imipramine HCl Tab 25 MG Imipramine HCl Tab 50 MG Imipramine Pamoate Cap 75 MG Imipramine Pamoate Cap 100 MG Imipramine Pamoate Cap 125 MG Imipramine Pamoate Cap 150 MG Nortriptyline HCl Cap 10 MG Nortriptyline HCl Cap 25 MG Nortriptyline HCl Cap 50 MG Nortriptyline HCl Cap 75 MG Nortriptyline HCl Soln 10 MG/5ML Protriptyline HCl Tab 5 MG Protriptyline HCl Tab 10 MG Trimipramine Maleate Cap 25 MG Trimipramine Maleate Cap 50 MG Trimipramine Maleate Cap 100 MG | |
| Antidiabetic - Alpha-Glucosidase Inhibitors | Acarbose Tab 25 MG Acarbose Tab 50 MG Acarbose Tab 100 MG Miglitol Tab 25 MG Miglitol Tab 50 MG Miglitol Tab 100 MG | |
| Antidiabetic - Amylin Analogs | Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML) Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML) | |
| Antidiabetic - Biguanides | Metformin HCl Tab 500 MG Metformin HCl Tab 850 MG Metformin HCl Tab 1000 MG Metformin HCl Tab ER 24HR 500 MG Metformin HCl Tab ER 24HR 750 MG | |
| Antidiabetic - Diabetic Other | Glucagon (rDNA) For Inj Kit 1 MG Glucagon HCl (rDNA) For Inj 1 MG Glucose Chew Tab 1 GM Glucose Chew Tab 4 GM Glucose Chew Tab 5 GM | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|--|---|
| | Glucose Gel 15 GM/32 ML Glucose Gel 15 GM/33GM Glucose Gel 40% Glucose Gel 77.4% Glucose Oral Liquid 15 GM/59ML Glucose Oral Liquid 15 GM/60ML | |
| Antidiabetic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | Alogliptin Benzoate Tab 6.25 MG Alogliptin Benzoate Tab 12.5 MG Alogliptin Benzoate Tab 25 MG Linagliptin Tab 5 MG Saxagliptin HCl Tab 2.5 MG Saxagliptin HCl Tab 5 MG Sitagliptin Phosphate Tab 25 MG Sitagliptin Phosphate Tab 50 MG Sitagliptin Phosphate Tab 100 MG | |
| Antidiabetic – Incretin Mimetic Agents (GLP-1 Receptor Agonists) | Dulaglutide Soln Pen-injector 0.75 MG/0.5ML Dulaglutide Soln Pen-injector 1.5 MG/0.5ML Dulaglutide Soln Pen-injector 3 MG/0.5ML Exenatide Extended Release for Susp Pen-injector 2 MG Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML Exenatide Soln Pen-injector 5 MCG/0.02ML Exenatide Soln Pen-injector 10 MCG/0.04ML Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML) Lixisenatide Soln Pen-injector 20 MCG/0.2ML (100 MCG/ML) Lixisenatide Pen-inj Starter Kit 10 MCG/0.2ML & 20 MCG/0.2ML Semaglutide Soln Pen-Inj 0.25 or 0.5 MG/Dose (2 MG/1.5ML) Semaglutide Soln Pen-Inj 1 MG/Dose (2 MG/1.5ML) | |
| Antidiabetic - Insulin | Insulin Aspart Inj 100 Unit/ML Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30) Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30) Insulin Aspart Soln Cartridge 100 Unit/ML Insulin Aspart Soln Pen-injector 100 Unit/ML Insulin Degludec Soln Pen-Injector 100 Unit/ML Insulin Degludec Soln Pen-Injector 200 Unit/ML Insulin Detemir Inj 100 Unit/ML Insulin Detemir Soln Pen-injector 100 Unit/ML Insulin Glargine Inj 100 Unit/ML Insulin Glargine Soln Pen-Injector 100 Unit/ML Insulin Glargine Soln Pen-Injector 300 Unit/ML Insulin Glulisine Inj 100 Unit/ML Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML Insulin Lispro Sol Pen-injector 100 Unit/ML (1 Unit Dial) Insulin Lispro (Human) Inj 100 Unit/ML Insulin Lispro (Human) Soln Cartridge 100 Unit/ML Insulin Lispro (Human) Soln Pen-injector 200 Unit/ML Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50) Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25) Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50) Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25) Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30) Insulin NPH (Human) (Isophane) Inj 100 Unit/ML Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30) Insulin Regular (Human) Inj 100 Unit/ML Insulin Regular (Human) Inj 500 Unit/ML Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML | |
| Antidiabetic - Meglitinide Analogues | Nateglinide Tab 60 MG Nateglinide Tab 120 MG Repaglinide Tab 0.5 MG Repaglinide Tab 1 MG Repaglinide Tab 2 MG | |
| Antidiabetic - Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors | Canagliflozin Tab 100 MG Canagliflozin Tab 300 MG Dapagliflozin Propanediol Tab 5 MG Dapagliflozin Propanediol Tab 10 MG Empagliflozin Tab 10 MG Empagliflozin Tab 25 MG Ertugliflozin L-Pyroglyutamic Acid Tab 5 MG Ertugliflozin L-Pyroglyutamic Acid Tab 15 MG | |
| Antidiabetic - Sulfonylurea | Glimepiride Tab 1 MG Glimepiride Tab 2 MG Glimepiride Tab 4 MG Glipizide Tab 5 MG Glipizide Tab 10 MG Glipizide Tab ER 24HR 2.5 MG Glipizide Tab ER 24HR 5 MG Glipizide Tab ER 24HR 10 MG Glyburide Micronized Tab 1.5 MG Glyburide Micronized Tab 3 MG Glyburide Micronized Tab 6 MG Glyburide Tab 1.25 MG Glyburide Tab 2.5 MG Glyburide Tab 5 MG | |
| Antidiabetic - Thiazolidinediones (TZDs) | Pioglitazone HCl Tab 15 MG Pioglitazone HCl Tab 30 MG Pioglitazone HCl Tab 45 MG Rosiglitazone Maleate Tab 2 MG Rosiglitazone Maleate Tab 4 MG | |
| Antidiarrheal Agents - Misc | Bismuth Subsalicylate Chew Tab 262 MG Bismuth Subsalicylate Susp 262 MG/15ML Bismuth Subsalicylate Tab 262 MG Lactobacillus - Packet Lactobacillus Cap Lactobacillus Chew Tab Lactobacillus Rhamnosus (GG) Cap Lactobacillus Tab Probiotic Product - Cap Saccharomyces boulardii Cap 250 MG | |
| Antidotes - Chelating Agents | Succimer Cap 100 MG | |
| Antiemetics | Aprepitant Capsule 80 MG Aprepitant Capsule Therapy Pack 80 & 125 MG Dimenhydrinate Chew Tab 25 MG Dimenhydrinate Chew Tab 50 MG Dimenhydrinate Tab 50 MG | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|--|---|
| | Dronabinol Cap 2.5 MG Dronabinol Cap 5 MG Dronabinol Cap 10 MG Granisetron HCl Tab 1 MG Meclizine HCl Chew Tab 25 MG Meclizine HCl Tab 12.5 MG Meclizine HCl Tab 25 MG Ondansetron HCl Oral Soln 4 MG/5ML Ondansetron HCl Tab 4 MG Ondansetron HCl Tab 8 MG Scopolamine TD Patch 72HR 1 MG/3DAYS Trimethobenzamide HCl Cap 300 MG | Coverage will require a Prior Authorization documenting (a) an allowed condition of chemotherapy induced nausea and vomiting or (b) a previous trial and therapeutic failure (as defined in O.A.C.4123.6.21 (J)) with either promethazine, ondansetron, or meclizine. In claims where the drug was covered in the 60 days prior to October 1, 2017, the medication will continue to be allowed at the current dose. |
| Antifungals | Fluconazole Susp 40 MG/ML Fluconazole Tab 50 MG Fluconazole Tab 100 MG Fluconazole Tab 150 MG Griseofulvin Ultramicronsize Tab 250 MG Isavuconazonium 186 MG Itraconazole Cap 100 MG Itraconazole Oral Soln 10 MG/ML Ketoconazole Tab 200 MG Nystatin Tab 500000 Unit Posaconazole Susp 40 MG/ML Posaconazole Tab Delayed Release 100 MG Terbinafine HCl Tab 250 MG Voriconazole Tab 200 MG | May be reimbursed with prior authorization. Reimbursement will be considered for individuals who are being treated for a fungal infection related to an allowed condition in the claim who have tried and failed at least one antifungal. |
| Antihistamines | Carbinoxamine Maleate Tab 4 MG Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) Cetirizine HCl Tab 5 MG Cetirizine HCl Tab 10 MG Chlorpheniramine Maleate Tab 4 MG Clemastine Fumarate Tab 2.68 MG Cyproheptadine HCl Tab 4 MG Desloratadine Tab 5 MG Diphenhydramine HCl Cap 25 MG Diphenhydramine HCl Cap 50 MG Diphenhydramine HCl Liquid 12.5 MG/5ML Diphenhydramine HCl Tab 25 MG Fexofenadine HCl Tab 60 MG Fexofenadine HCl Tab 180 MG Levocetirizine Dihydrochloride Tab 5 MG Loratadine Syrup 5 MG/5ML Loratadine Tab 10 MG Promethazine HCl Suppos 12.5 MG Promethazine HCl Suppos 25 MG Promethazine HCl Suppos 50 MG Promethazine HCl Syrup 6.25 MG/5ML Promethazine HCl Tab 12.5 MG Promethazine HCl Tab 25 MG Promethazine HCl Tab 50 MG | |
| Antihyperlipidemics - Bile Acid Sequestrants | Cholestyramine Light Powder 4 GM/DOSE Cholestyramine Light Powder Packets 4 GM Cholestyramine Powder 4 GM/DOSE Cholestyramine Powder Packets 4 GM Colesevelam HCl Packet For Susp 3.75 GM Colesevelam HCl Tab 625 MG Colestipol HCl Granule Packets 5 GM Colestipol HCl Tab 1 GM | |
| Antihyperlipidemics - Combinations | Ezetimibe-Simvastatin Tab 10-10 MG Ezetimibe-Simvastatin Tab 10-20 MG Ezetimibe-Simvastatin Tab 10-40 MG Ezetimibe-Simvastatin Tab 10-80 MG | |
| Antihyperlipidemics - Fibric Acid Derivatives | Choline Fenofibrate Cap DR 45 MG Choline Fenofibrate Cap DR 135 MG Fenofibrate Cap 150 MG Fenofibrate Micronized Cap 130 MG Fenofibrate Micronized Cap 134 MG Fenofibrate Micronized Cap 200 MG Fenofibrate Tab 48 MG Fenofibrate Tab 54 MG Fenofibrate Tab 120 MG Fenofibrate Tab 145 MG Fenofibrate Tab 160 MG Gemfibrozil Tab 600 MG | |
| Antihyperlipidemics -HMG CoA Reductase Inhibitors | Atorvastatin Calcium Tab 10 MG Atorvastatin Calcium Tab 20 MG Atorvastatin Calcium Tab 40 MG Atorvastatin Calcium Tab 80 MG Fluvastatin Sodium Tab ER 24 HR 80 MG Lovastatin Tab 10 MG Lovastatin Tab 20 MG Lovastatin Tab 40 MG Lovastatin Tab ER 24HR 60 MG Pravastatin Sodium Tab 10 MG Pravastatin Sodium Tab 20 MG Pravastatin Sodium Tab 40 MG Pravastatin Sodium Tab 80 MG Rosuvastatin Calcium Tab 5 MG Rosuvastatin Calcium Tab 10 MG Rosuvastatin Calcium Tab 20 MG Rosuvastatin Calcium Tab 40 MG Simvastatin Tab 5 MG Simvastatin Tab 10 MG Simvastatin Tab 20 MG Simvastatin Tab 40 MG Simvastatin Tab 80 MG | |
| Antihyperlipidemic - Intestinal Cholesterol Absorption Inhibitors | Ezetimibe Tab 10 MG | |
| Antihyperlipidemic - Lecithin | Lecithin Cap 1200 MG Lecithin Chew Tab 1000 MG | |
| Antihyperlipidemic - Misc. | Omega-3-acid Ethyl Esters Cap 1 GM | |
| Antihyperlipidemic - Nicotinic Acid Derivatives | Niacin Tab ER 500 MG (Antihyperlipidemic) Niacin Tab ER 750 MG (Antihyperlipidemic) Niacin Tab ER 1000 MG (Antihyperlipidemic) | |
| Antihyperlipidemic - Omega-3 Fatty Acids | Omega-3 Fatty Acids Cap 183.33 MG Omega-3 Fatty Acids Cap 150 MG | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|--|---|
| | Omega-3 Fatty Acids Cap 180 MG Omega-3 Fatty Acids Cap 554 MG Omega-3 Fatty Acids Cap 645 MG Omega-3 Fatty Acids Cap 875 MG Omega-3 Fatty Acids Cap 900 MG Omega-3 Fatty Acids Cap 1000 MG Omega-3 Fatty Acids Cap 1200 MG Omega-3 Fatty Acids Cap Delayed Release 332.5 MG Omega-3 Fatty Acids Cap Delayed Release 350 MG Omega-3 Fatty Acids Cap Delayed Release 500 MG Omega-3 Fatty Acids Cap Delayed Release 600 MG Omega-3 Fatty Acids Cap Delayed Release 1400 MG Omega-3 Fatty Acids Chew Tab 240 MG | |
| Antihyperlipidemic - PCSK9 Inhibitors | Alirocumab Subcutaneous Soln Pen-injector 75 MG/ML Alirocumab Subcutaneous Soln Pen-injector 150 MG/ML | |
| Antihypertensive Combinations | Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG Amlodipine Besylate-Benazepril HCl Cap 5-10 MG Amlodipine Besylate-Benazepril HCl Cap 5-20 MG Amlodipine Besylate-Benazepril HCl Cap 5-40 MG Amlodipine Besylate-Benazepril HCl Cap 10-20 MG Amlodipine Besylate-Benazepril HCl Cap 10-40 MG Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG Amlodipine Besylate-Valsartan Tab 5-160 MG Amlodipine Besylate-Valsartan Tab 10-160 MG Amlodipine Besylate-Valsartan Tab 10-320 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG Atenolol & Chlorthalidone Tab 50-25 MG Atenolol & Chlorthalidone Tab 100-25 MG Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG Lisinopril & Hydrochlorothiazide Tab 20-25 MG Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG Metoprolol & Hydrochlorothiazide Tab 50-25 MG Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG Quinapril-Hydrochlorothiazide Tab 20-12.5 MG Quinapril-Hydrochlorothiazide Tab 20-25 MG Telmisartan-Amlodipine Tab 40-5 MG Telmisartan-Amlodipine Tab 80-10 MG Trandolapril-Verapamil HCl Tab ER 2-240 MG Trandolapril-Verapamil HCl Tab ER 4-240 MG Valsartan-Hydrochlorothiazide Tab 80-12.5 MG Valsartan-Hydrochlorothiazide Tab 160-12.5 MG Valsartan-Hydrochlorothiazide Tab 160-25 MG Valsartan-Hydrochlorothiazide Tab 320-12.5 MG Valsartan-Hydrochlorothiazide Tab 320-25 MG | |
| Antihypertensive - ACE Inhibitors | Benazepril HCl Tab 5 MG Benazepril HCl Tab 10 MG Benazepril HCl Tab 20 MG Benazepril HCl Tab 40 MG Captopril Tab 12.5 MG Captopril Tab 25 MG Captopril Tab 50 MG Captopril Tab 100 MG Enalapril Maleate Tab 2.5 MG Enalapril Maleate Tab 5 MG Enalapril Maleate Tab 10 MG Enalapril Maleate Tab 20 MG Fosinopril Sodium Tab 10 MG Fosinopril Sodium Tab 20 MG Lisinopril Tab 2.5 MG Lisinopril Tab 5 MG Lisinopril Tab 10 MG Lisinopril Tab 20 MG Lisinopril Tab 30 MG Lisinopril Tab 40 MG Moexipril HCl Tab 15 MG Quinapril HCl Tab 5 MG Quinapril HCl Tab 10 MG Quinapril HCl Tab 20 MG Quinapril HCl Tab 40 MG Ramipril Cap 1.25 MG Ramipril Cap 2.5 MG Ramipril Cap 5 MG Ramipril Cap 10 MG Trandolapril Tab 1 MG Trandolapril Tab 2 MG | |
| Antihypertensives – Agents for Pheochromocytoma | Phenoxybenzamine HCl Cap 10 MG | |
| Antihypertensives - Angiotensin II Receptor Antagonists | Candesartan Cilexetil Tab 8 MG Candesartan Cilexetil Tab 16 MG Candesartan Cilexetil Tab 32 MG Irbesartan Tab 75 MG Irbesartan Tab 150 MG Irbesartan Tab 300 MG Losartan Potassium Tab 25 MG Losartan Potassium Tab 50 MG Losartan Potassium Tab 100 MG Olmesartan Medoxomil Tab 5 MG Olmesartan Medoxomil Tab 20 MG Olmesartan Medoxomil Tab 40 MG Telmisartan Tab 80 MG Valsartan Tab 40 MG Valsartan Tab 80 MG | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|---|---|
| | Valsartan Tab 160 MG Valsartan Tab 320 MG | |
| Antihypertensives – Antiadrenergic Antihypertensives | Clonidine HCl Tab 0.1 MG Clonidine HCl Tab 0.2 MG Clonidine HCl Tab 0.3 MG Clonidine HCl TD Patch Weekly 0.1 MG/24HR Clonidine HCl TD Patch Weekly 0.2 MG/24HR Clonidine HCl TD Patch Weekly 0.3 MG/24HR Doxazosin Mesylate Tab 1 MG Doxazosin Mesylate Tab 2 MG Doxazosin Mesylate Tab 4 MG Doxazosin Mesylate Tab 8 MG Guanfacine HCl Tab 1 MG Guanfacine HCl Tab 2 MG Prazosin HCl Cap 1 MG Prazosin HCl Cap 2 MG Prazosin HCl Cap 5 MG Terazosin HCl Cap 1 MG Terazosin HCl Cap 2 MG Terazosin HCl Cap 5 MG Terazosin HCl Cap 10 MG | |
| Antihypertensive - Direct Renin Inhibitors | Aliskiren Fumarate Tab 150 MG Aliskiren Fumarate Tab 300 MG | |
| Antihypertensive - Selective Aldosterone Receptor Antagonists (SARAs) | Eplerenone Tab 25 MG Eplerenone Tab 50 MG | |
| Antihypertensive - Vasodilators | Hydralazine HCl Tab 10 MG Hydralazine HCl Tab 25 MG Hydralazine HCl Tab 50 MG Hydralazine HCl Tab 100 MG Minoxidil Tab 2.5 MG Minoxidil Tab 10 MG | |
| Anti-infective Agents – Misc. | Atovaquone Susp 750 MG/5ML Clindamycin HCl Cap 150 MG Clindamycin HCl Cap 300 MG Clindamycin Palmitate HCl For Soln 75 MG/5ML Dapsone Tab 25 MG Dapsone Tab 100 MG Linezolid Susp 100 MG/5ML Linezolid Tab 600 MG Metronidazole Cap 375 MG Metronidazole Tab 250 MG Metronidazole Tab 500 MG Nitazoxanide Tab 500 MG Rifaximin Tab 200 MG Rifaximin Tab 550 MG Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML Sulfamethoxazole-Trimethoprim Tab 400-80 MG Sulfamethoxazole-Trimethoprim Tab 800-160 MG Tinidazole Tab 500 MG Trimethoprim Tab 100 MG Vancomycin HCl Cap 125 MG Vancomycin HCl Cap 250 MG | |
| Antimalarial | Atovaquone-Proguanil HCl Tab 250-100 MG Chloroquine Phosphate Tab 250 MG Hydroxychloroquine Sulfate Tab 200 MG Mefloquine HCl Tab 250 MG Quinine Sulfate Cap 324 MG | |
| Antimanic Agents | Lithium Carbonate Cap 150 MG Lithium Carbonate Cap 300 MG Lithium Carbonate Cap 600 MG Lithium Carbonate Tab 300 MG Lithium Carbonate Tab ER 300 MG Lithium Carbonate Tab ER 450 MG Lithium Oral Solution 8 mEq/5ML | |
| Antimyasthenic/Cholinergic Agents | Pyridostigmine Bromide Tab 60 MG Pyridostigmine Bromide Tab ER 180 MG | |
| Antimycobacterial Agents | Ethambutol HCl Tab 100 MG Ethambutol HCl Tab 400 MG Isoniazid Tab 300 MG Pyrazinamide Tab 500 MG Rifampin Cap 150 MG Rifampin Cap 300 MG | |
| Antineoplastic - Alkylating Agents | Cyclophosphamide Cap 25 MG Cyclophosphamide Cap 50 MG Cyclophosphamide Tab 50 MG | |
| Antineoplastic - Antimetabolites | Capecitabine Tab 500 MG Methotrexate Sodium Tab 2.5 MG | |
| Antineoplastic - Hormonal and Related Agents | Anastrozole Tab 1 MG Exemestane Tab 25 MG Letrozole Tab 2.5 MG Megestrol Acetate Susp 40 MG/ML Megestrol Acetate Tab 20 MG Megestrol Acetate Tab 40 MG Tamoxifen Citrate Tab 20 MG | |
| Antiparkinson Agents | Amantadine HCl Cap 100 MG Amantadine HCl Syrup 50 MG/5ML Amantadine HCl Tab 100 MG Benztropine Mesylate Tab 0.5 MG Benztropine Mesylate Tab 1 MG Benztropine Mesylate Tab 2 MG Bromocriptine Mesylate Cap 5 MG Carbidopa & Levodopa Tab 10-100 MG Carbidopa & Levodopa Tab 25-100 MG Carbidopa & Levodopa Tab 25-250 MG Carbidopa & Levodopa Tab ER 25-100 MG Carbidopa & Levodopa Tab ER 50-200 MG Entacapone Tab 200 MG Pramipexole Dihydrochloride Tab 0.125 MG Pramipexole Dihydrochloride Tab 0.25 MG Pramipexole Dihydrochloride Tab 0.5 MG Pramipexole Dihydrochloride Tab 1 MG Pramipexole Dihydrochloride Tab 1.5 MG Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG Rasagiline Mesylate Tab 1 MG Ropinirole Hydrochloride Tab 0.25 MG | |

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

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

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

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

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|---|---|
| | Sotalol HCl Tab 160 MG Timolol Maleate Tab 10 MG | |
| Calcium Channel Blockers | Amlodipine Besylate Tab 2.5 MG Amlodipine Besylate Tab 5 MG Amlodipine Besylate Tab 10 MG Diltiazem HCl Cap ER 24HR 120 MG Diltiazem HCl Cap ER 24HR 180 MG Diltiazem HCl Cap ER 24HR 240 MG Diltiazem HCl Coated Beads Cap ER 24HR 120 MG Diltiazem HCl Coated Beads Cap ER 24HR 180 MG Diltiazem HCl Coated Beads Cap ER 24HR 240 MG Diltiazem HCl Coated Beads Cap ER 24HR 300 MG Diltiazem HCl Coated Beads Cap ER 24HR 360 MG Diltiazem HCl Coated Beads Tab ER 24HR 240 MG Diltiazem HCl Coated Beads Tab ER 24HR 360 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG Diltiazem HCl Tab 30 MG Diltiazem HCl Tab 60 MG Diltiazem HCl Tab 90 MG Diltiazem HCl Tab 120 MG Felodipine Tab ER 24HR 5 MG Felodipine Tab ER 24HR 10 MG Nicardipine HCl Cap 20 MG Nifedipine Cap 10 MG Nifedipine Cap 20 MG Nifedipine Tab ER 24HR 30 MG Nifedipine Tab ER 24HR 60 MG Nifedipine Tab ER 24HR 90 MG Nifedipine Tab ER 24HR Osmotic Release 30 MG Nifedipine Tab ER 24HR Osmotic Release 60 MG Nifedipine Tab ER 24HR Osmotic Release 90 MG Nisoldipine Tab ER 24HR 20 MG Nisoldipine Tab ER 24HR 25.5 MG Verapamil HCl Cap ER 24HR 120 MG Verapamil HCl Cap ER 24HR 180 MG Verapamil HCl Cap ER 24HR 240 MG Verapamil HCl Tab 40 MG Verapamil HCl Tab 80 MG Verapamil HCl Tab 120 MG Verapamil HCl Tab ER 120 MG Verapamil HCl Tab ER 180 MG Verapamil HCl Tab ER 240 MG | |
| Cardiac Glycosides | Digoxin Tab 125 MCG (0.125 MG) Digoxin Tab 250 MCG (0.25 MG) | |
| Cardiovascular Agents Misc. - Combinations | Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG Sacubitril-Valsartan Tab 24-26 MG Sacubitril-Valsartan Tab 49-51 MG Sacubitril-Valsartan Tab 97-103 MG | |
| Chelating Agents | Penicillamine Cap 250 MG Penicillamine Tab 250 MG | |
| Chemical | Alcohol, Rubbing 70% | |
| Combination Psychotherapeutics | Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG Chlordiazepoxide-Amitriptyline Tab 10-25 MG Olanzapine-Fluoxetine HCl Cap 3-25 MG Olanzapine-Fluoxetine HCl Cap 6-25 MG Olanzapine-Fluoxetine HCl Cap 6-50 MG Olanzapine-Fluoxetine HCl Cap 12-25 MG Olanzapine-Fluoxetine HCl Cap 12-50 MG Perphenazine-Amitriptyline Tab 2-10 MG Perphenazine-Amitriptyline Tab 2-25 MG Perphenazine-Amitriptyline Tab 4-10 MG Perphenazine-Amitriptyline Tab 4-25 MG Perphenazine-Amitriptyline Tab 4-50 MG | |
| Cough/Cold/Allergy Combinations | Brompheniramine & Phenylephrine Elixir 1-2.5MG/5ML Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG Chlorpheniramine-DM Tab 4-30 MG Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML Dextromethorphan-Guaifenesin Liquid 10-187 MG/5ML Dextromethorphan-Guaifenesin Liquid 10-200 MG/5ML Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML Dextromethorphan-Guaifenesin Liquid 5-50 MG/ML Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML Diphenhydramine-Acetaminophen Tab 12.5-325 MG Fexofenadine-Pseudoephedrine Tab ER 12HR 60-120 MG Fexofenadine-Pseudoephedrine Tab ER 24HR 180-240 MG Guaifenesin-Codeine Soln 100-10 MG/5ML Hydrocod Polst-Chlorphen Polst Cap ER 12HR 10-8 MG Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML Loratadine & Pseudoephedrine Tab ER 12HR 5-120 MG Loratadine & Pseudoephedrine Tab ER 24HR 10-240 MG Phenylephrine w/ Acetaminophen Tab 5-325 MG Phenylephrine w/ DM-GG Liqd 10-18-200 MG/15ML Phenylephrine w/ DM-GG Liqd 2.5-5-100 MG/ML Phenylephrine w/ DM-GG Liqd 5-10-100 MG/5ML Phenylephrine w/ DM-GG Liquid 10-15-350 MG/5ML Phenylephrine w/ DM-GG Tab 10-15-400 MG Phenylephrine w/ DM-GG Tab 5-10-200 MG Phenylephrine-Chlorphen-DM Liquid 10-4-10 MG/5ML Phenylephrine-Chlorphen-DM Tab 10-4-10 MG Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML Promethazine w/ Codeine Syrup 6.25-10 MG/5ML Promethazine-DM Syrup 6.25-15 MG/5ML Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML Pseudoephedrine w/ DM-GG Tab 60-15-400 MG Pseudoephedrine w/ DM-GG Tab 60-20-380 MG Pseudoephedrine-Guaifenesin Tab ER 12HR 120-1200 MG Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG | |
| Cystic Fibrosis Agents | Dornase Alfa Inhal Soln 1 MG/ML | |
| Pulmonary Fibrosis Agents | Nintedanib Esylate Cap 100 MG | May be reimbursed with prior authorization. |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|---|---|
| | Nintedanib Esylate Cap 150 MG | |
| Cytomegalovirus (CMV) Agents | Valganciclovir HCl Tab 450 MG | |
| Diabetic Supplies | Alcohol Sheets Alcohol Swabs Lancet Devices Lancets Misc. Lancets | |
| Diagnostic Test | Glucose Blood Test Strip | |
| Dietary Management Products - L-Methylfolate | L-Methylfolate Cap 15 MG L-Methylfolate Tab 7.5 MG L-Methylfolate Tab 15 MG L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG L-Methylfolate w/ Vit B6-Vit B12 Tab 3-43.75-2.72 MG L-Methylfolate-Algae Cap 15-90.314 MG L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG | |
| Dietary Management Products - Misc | Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG | |
| Digestive Enzymes | Lactase Tab 3000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-63000-84000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit | |
| Diuretics | Acetazolamide Cap ER 12HR 500 MG Acetazolamide Tab 125 MG Acetazolamide Tab 250 MG Amiloride & Hydrochlorothiazide Tab 5-50 MG Amiloride HCl Tab 5 MG Bumetanide Tab 0.5 MG Bumetanide Tab 1 MG Bumetanide Tab 2 MG Chlorthalidone Tab 25 MG Chlorthalidone Tab 50 MG Furosemide Oral Soln 10 MG/ML Furosemide Tab 20 MG Furosemide Tab 40 MG Furosemide Tab 80 MG Hydrochlorothiazide Cap 12.5 MG Hydrochlorothiazide Tab 25 MG Hydrochlorothiazide Tab 50 MG Indapamide Tab 1.25 MG Methazolamide Tab 25 MG Methazolamide Tab 50 MG Metolazone Tab 2.5 MG Metolazone Tab 5 MG Spironolactone Tab 25 MG Spironolactone Tab 50 MG Spironolactone Tab 100 MG Torsemide Tab 10 MG Torsemide Tab 20 MG Torsemide Tab 100 MG Triamterene & Hydrochlorothiazide Cap 37.5-25 MG Triamterene & Hydrochlorothiazide Tab 37.5-25 MG Triamterene & Hydrochlorothiazide Tab 75-50 MG | |
| Eczema Agents | Dupilumab Subcutaneous Soln Pen-injector 300 MG/2ML Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML | Prior authorization is required. Reimbursement is limited to claims in which the following are documented: asthma is an allowed condition, inadequate control of asthma after at least three (3) months of use of an inhaled corticosteroid plus a long-acting beta-agonist, or an inhaled corticosteroid plus a long-acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL within the past 12 months. Initial approval will be no greater than six (6) months. Subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications. |
| Electrolytes - Potassium | Potassium Bicarbonate Effer Tab 25 mEq Potassium Chloride Cap ER 8 mEq Potassium Chloride Cap ER 10 mEq Potassium Chloride MiRoencapsulated ERys ER Tab 10 mEq Potassium Chloride MiRoencapsulated ERys ER Tab 20 mEq Potassium Chloride Oral Soln 10% (20 MEQ/15ML) Potassium Chloride Powder Packet 20 mEq Potassium Chloride Tab ER 8 mEq (600 MG) Potassium Chloride Tab ER 10 mEq Potassium Chloride Tab ER 20 mEq (1500 MG) Potassium Gluconate Tab 80 MG (Elemental Potassium) Potassium Gluconate Tab 550 MG (90 MG Equiv K) | |
| Endocrine - Bone Density Regulators | Alendronate Sodium Oral Soln 70 MG/75ML Alendronate Sodium Tab 5 MG Alendronate Sodium Tab 35 MG Alendronate Sodium Tab 70 MG Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit Calcitonin (Salmon) Nasal Soln 200 Unit/ACT Ibandronate Sodium Tab 150 MG Risedronate Sodium Tab 30 MG Risedronate Sodium Tab 35 MG Risedronate Sodium Tab 150 MG Risedronate Sodium Tab Delayed Release 35 MG Teriparatide (Recombinant) Inj 600 MCG/2.4ML | |
| Endocrine - Corticotropin | Corticotropin Inj Gel 80 Unit/ML | |
| Endocrine - Growth Hormones | Somatropin For Inj 6 MG (18 Unit) | |
| Endocrine - Hormone Receptor Modulators | Raloxifene HCl Tab 60 MG | |
| Endocrine - Metabolic Modifiers | Calcitriol Cap 0.25 MCG Calcitriol Cap 0.5 MCG Cinacalcet HCl Tab 30 MG Doxercalciferol Cap 0.5 MCG Doxercalciferol Cap 2.5 MCG Paricalcitol Cap 1 MCG Paricalcitol Cap 2 MCG | |
| Endocrine - Posterior Pituitary Hormones | Desmopressin Acetate Inj 4 MCG/ML Desmopressin Acetate Nasal Soln 0.01% (Refrigerated) | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|---|---|
| | Desmopressin Acetate Nasal Spray Soln 0.01% Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated) Desmopressin Acetate Tab 0.1 MG Desmopressin Acetate Tab 0.2 MG | |
| Estrogens | Estradiol Tab 0.5 MG | |
| Expectorants | Guaifenesin Liquid 100 MG/5ML Guaifenesin Syrup 100 MG/5ML Guaifenesin Tab 200 MG Guaifenesin Tab 400 MG Guaifenesin Tab ER 12HR 600 MG Guaifenesin Tab ER 12HR 1200 MG | |
| Fibromyalgia Agents | Milnacipran HCl Tab 12.5 MG Milnacipran HCl Tab 25 MG Milnacipran HCl Tab 50 MG Milnacipran HCl Tab 100 MG Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak | |
| G.I. Agent - Antiflatulents | Simethicone Cap 125 MG Simethicone Cap 180 MG Simethicone Chew Tab 80 MG Simethicone Chew Tab 125 MG Simethicone Susp 40 MG/0.6ML | |
| G.I. Agent - Gallstone Solubilizing Agents | Ursodiol Cap 300 MG | |
| G.I. Agent - Gastrointestinal Chloride Channel Activators | Lubiprostone Cap 24 MCG | Reimbursement is limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than three (3) bowel movements per week or two (2) consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least eight (8) weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to two (2) capsules per day. In claims where the drug was covered in the 90 days prior to October 1, 2017, the drug may continue at the current dose. |
| G.I. Agent - Gastrointestinal Stimulants | Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) Metoclopramide HCl Tab 5 MG Metoclopramide HCl Tab 10 MG | |
| G.I. Agent - Inflammatory Bowel Agents | Balsalazide Disodium Cap 750 MG Mesalamine Cap ER 500 MG Mesalamine Cap DR 400 MG Mesalamine Enema 4 GM Mesalamine Suppos 1000 MG Mesalamine Tab Delayed Release 800 MG Mesalamine Tab Delayed Release 1.2 GM Olsalazine Sodium Cap 250 MG Sulfasalazine Tab 500 MG Sulfasalazine Tab Delayed Release 500 MG | |
| G.I. Agent - Intestinal Acidifiers | Lactulose (Encephalopathy) Solution 10 GM/15ML | |
| G.I. Agent - Peripheral Opioid Receptor Antagonists | Naldemedine Tosylate Tab 0.2 MG Naloxegol Oxalate Tab 12.5 MG Naloxegol Oxalate Tab 25 MG | Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day. |
| Genitourinary - Alkalinizers | Potassium Citrate Tab ER 5 MEQ (540 MG) Potassium Citrate Tab ER 10 MEQ (1080 MG) | |
| Genitourinary Irrigants | Acetic Acid Irrigation Soln 0.25% Citric Acid & D-Gluconic Acid Soln | |
| Glucocorticosteroids | Cortisone Acetate Tab 25 MG Dexamethasone Conc 1 MG/ML Dexamethasone Elixir 0.5 MG/5ML Dexamethasone Soln 0.5 MG/5ML Dexamethasone Tab 0.5 MG Dexamethasone Tab 0.75 MG Dexamethasone Tab 1 MG Dexamethasone Tab 1.5 MG Dexamethasone Tab 2 MG Dexamethasone Tab 4 MG Dexamethasone Tab 6 MG Dexamethasone Tab Therapy Pack 1.5 MG (21) Dexamethasone Tab Therapy Pack 1.5 MG (35) Dexamethasone Tab Therapy Pack 1.5 MG (51) Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML Dexamethasone Sodium Phosphate Inj 4 MG/ML Dexamethasone Sodium Phosphate Inj 10 MG/ML Dexamethasone Sodium Phosphate Inj 20 MG/5ML Dexamethasone Sodium Phosphate Inj 120 MG/30ML Dexamethasone Sodium Phosphate Inj 100 MG/10ML Hydrocortisone Tab 5 MG Hydrocortisone Tab 10 MG Hydrocortisone Tab 20 MG Methylprednisolone Acetate Inj Susp 40 MG/ML Methylprednisolone Acetate Inj Susp 80 MG/ML Methylprednisolone Acetate PF Inj Susp 40 MG/ML Methylprednisolone Acetate PF Inj Susp 80 MG/ML Methylprednisolone Sod Succ For Inj 125 MG Methylprednisolone Tab 2 MG Methylprednisolone Tab 4 MG Methylprednisolone Tab 8 MG Methylprednisolone Tab 16 MG Methylprednisolone Tab 32 MG Methylprednisolone Tab Therapy Pack 4 MG (21) Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base) Prednisolone Sod Phosphate Oral Soln 15 MG/5ML Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq) Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent) Prednisolone Tab 5 MG Prednisolone Tab Therapy Pack 5 MG (21) Prednisolone Tab Therapy Pack 5 MG (48) Prednisone Oral Soln 5 MG/5ML Prednisone Tab 1 MG Prednisone Tab 2.5 MG Prednisone Tab 5 MG Prednisone Tab 10 MG Prednisone Tab 20 MG Prednisone Tab 50 MG Prednisone Tab Therapy Pack 5 MG (21) Prednisone Tab Therapy Pack 5 MG (48) Prednisone Tab Therapy Pack 10 MG (21) Prednisone Tab Therapy Pack 10 MG (48) Triamcinolone Acetonide Inj Susp 40 MG/ML | |
| Gout Agents | | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|---|---|
| | Allopurinol Tab 100 MG Allopurinol Tab 300 MG Colchicine Cap 0.6 MG Colchicine Tab 0.6 MG Febuxostat Tab 40 MG Febuxostat Tab 80 MG | |
| Hematopoietic Agents - Cobalamins | Cyanocobalamin Cap 1000 MCG Cyanocobalamin Cap 3000 MCG Cyanocobalamin Cap 5000 MCG Cyanocobalamin Tab 500 MCG Cyanocobalamin Tab 1000 MCG Cyanocobalamin Tab 2500 MCG Cyanocobalamin SL Tab 500 MCG Cyanocobalamin SL Tab 1000 MCG Cyanocobalamin SL Tab 2500 MCG Cyanocobalamin SL Tab 3000 MCG Cyanocobalamin SL Tab 5000 MCG Cyanocobalamin SL Tab 6000 MCG | |
| Hematopoietic Agents - Folic Acid/Folates | Folic Acid Tab 800 MCG Folic Acid Tab 1 MG | |
| Hematopoietic Agents - Iron | Carbonyl Iron Tab 45 MG (Elemental Iron) Ferrous Fumarate Tab CR 50 MG (Fe Equivalent) Ferrous Gluconate Tab 239 MG (27 MG Fe Equivalent) Ferrous Gluconate Tab 324 MG (38 MG Elemental Iron) Ferrous Sulfate Dried Tab ER 160 MG (50 MG Fe Equivalent) Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe) Ferrous Sulfate Syrup 300 MG/5ML (60 MG/5ML Elemental Fe) Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) Ferrous Sulfate Tab ER 142 MG (45 MG Fe Equivalent) Ferrous Sulfate Tab ER 143 MG (45 MG Fe Equivalent) Ferrous Sulfate Tab ER 47.5 MG (Elemental Fe) Ferrous Sulfate Tab EC 324 MG (65 MG Fe Equivalent) Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent) Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent) Polysaccharide Iron Complex Cap 391.3 MG (180 MG Elem Fe) | |
| Hematopoietic Growth Factors | Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML Epoetin Alfa Inj 40000 Unit/ML Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML | |
| Hematopoietic Mixtures | Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-FA Cap Fe Asparto Gly-Succ Ac-C-Threonic Ac-B12-Des Stom Tab Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG Iron Polysacch Complex-VitB12-FA Cap 150-0.025-1 MG | |
| Hemato rheologic Agents | Pentoxifylline Tab ER 400 MG | |
| Hemostatics - Systemic | Aminocaproic Acid Oral Soln 0.25 GM/ML Aminocaproic Acid Tab 500 MG Aminocaproic Acid Tab 1000 MG | |
| Hepatitis Agents | Elbasvir-Grazoprevir Tab 50-100 MG Glecaprevir-Pibrentasvir Tab 100-40 MG Ledipasvir-Sofosbuvir Tab 90-400 MG Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML Ribavirin Cap 200 MG Ribavirin Tab 200 MG Sofosbuvir Tab 400 MG Sofosbuvir-Velpatasvir Tab 400-100 MG | |
| Herpes Agents | Acyclovir Cap 200 MG Acyclovir Susp 200 MG/5ML Acyclovir Tab 400 MG Acyclovir Tab 800 MG Famciclovir Tab 125 MG Famciclovir Tab 250 MG Famciclovir Tab 500 MG Valacyclovir HCl Tab 500 MG Valacyclovir HCl Tab 1 GM | |
| Hypnotics - Antihistamine | Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep) Ibuprofen-Diphenhydramine Citrate Tab 200-38 MG | |
| Hypnotics - Barbiturate | Phenobarbital Elixir 20 MG/5ML Phenobarbital Tab 15 MG Phenobarbital Tab 16.2 MG Phenobarbital Tab 30 MG Phenobarbital Tab 32.4 MG Phenobarbital Tab 60 MG Phenobarbital Tab 64.8 MG Phenobarbital Tab 97.2 MG | |
| Hypnotics - Non-Barbiturate | Eszopiclone Tab 1 MG Eszopiclone Tab 2 MG Eszopiclone Tab 3 MG Temazepam Cap 7.5 MG Temazepam Cap 15 MG Temazepam Cap 22.5 MG Temazepam Cap 30 MG Zaleplon Cap 5 MG Zaleplon Cap 10 MG Zolpidem Tartrate Tab 5 MG Zolpidem Tartrate Tab 10 MG Zolpidem Tartrate Tab ER 6.25 MG Zolpidem Tartrate Tab ER 12.5 MG | Reimbursement for eszopiclone, zaleplon, zolpidem, zolpidem ER is restricted to a total of a 30-day supply without prior authorization. Prior authorization is required beyond 30 days. Reimbursement for these drugs will be considered for acute care only and not in combination with opioids or stimulants. |
| Immunomodulators | Lenalidomide Caps 2.5 MG Lenalidomide Cap 5 MG Lenalidomide Cap 10 MG Lenalidomide Cap 20 MG | |
| Immunosuppressive Agents | Azathioprine Tab 50 MG Cyclosporine Cap 100 MG Cyclosporine Modified Cap 25 MG Cyclosporine Modified Cap 100 MG Cyclosporine Modified Oral Soln 100 MG/ML Cyclosporine Oral Soln 100 MG/ML Everolimus Tab 0.25 MG Everolimus Tab 0.5 MG Everolimus Tab 0.75 MG Everolimus Tab 1 MG | |

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

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

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

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

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---------------------------------|--|---|
| | Sumatriptan Succinate Inj 6 MG/0.5ML | Max 10 units per 30 days |
| | Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML | Max 8 units per 30 days |
| | Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML | Max 10 units per 30 days |
| | Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML | Max 8 units per 30 days |
| | Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML | Max 10 units per 30 days |
| | Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML | Max 10 units per 30 days |
| | Sumatriptan Succinate Tab 25 MG | Max 18 tab per 30 days |
| | Sumatriptan Succinate Tab 50 MG | Max 9 tab per 30 days |
| | Sumatriptan Succinate Tab 100 MG | Max 9 tab per 30 days |
| | Zolmitriptan Nasal Spray 2.5 MG/Spray Unit | Max 12 units per 30 days |
| | Zolmitriptan Nasal Spray 5 MG/Spray Unit | Max 12 units per 30 days |
| | Zolmitriptan Orally Disintegrating Tab 2.5 MG | Max 12 tab per 30 days. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications |
| | Zolmitriptan Orally Disintegrating Tab 5 MG | Max 6 tab per 30 days. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications |
| | Zolmitriptan Tab 2.5 MG | Max 12 tab per 30 days |
| | Zolmitriptan Tab 5 MG | Max 6 tab per 30 days |
| Mineralocorticoids | Fludrocortisone Acetate Tab 0.1 MG | |
| Minerals - Calcium | <p>Calcium & Phosphorus w/ Vit D Chew Tab 200 MG-96.6 MG-200 Unit</p> <p>Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-100 MG-500 Unit</p> <p>Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-115 MG-250 Unit</p> <p>Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-107 MG-500 Unit</p> <p>Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-135 MG-200 Unit</p> <p>Calcium Acetate Tab 668 MG (169 MG Elemental Ca)</p> <p>Calcium Cap 250 MG</p> <p>Calcium Carb-Magnesium Oxide-Vit C Tab 400-116.7-166.7 MG</p> <p>Calcium Carbonate Chewable Wafer 500 MG (200 MG Calcium)</p> <p>Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca)</p> <p>Calcium Carbonate Tab 600 MG</p> <p>Calcium Carbonate-Cholecalciferol Cap 600 MG-100 Unit</p> <p>Calcium Carbonate-Cholecalciferol Cap 600 MG-400 Unit</p> <p>Calcium Carbonate-Cholecalciferol Cap 600 MG-2500 Unit</p> <p>Calcium Carbonate-Cholecalciferol Chew Tab 500 MG-100 Unit</p> <p>Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-400 Unit</p> <p>Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-800 Unit</p> <p>Calcium Carbonate-Cholecalciferol Liquid 500-400 MG-UNIT/5ML</p> <p>Calcium Carbonate-Cholecalciferol Tab 250 MG-125 Unit</p> <p>Calcium Carbonate-Cholecalciferol Tab 500 MG-200 Unit</p> <p>Calcium Carbonate-Cholecalciferol Tab 500 MG-400 Unit</p> <p>Calcium Carbonate-Cholecalciferol Tab 500 MG-600 Unit</p> <p>Calcium Carbonate-Cholecalciferol Tab 600 MG-200 Unit</p> <p>Calcium Carbonate-Cholecalciferol Tab 600 MG-400 Unit</p> <p>Calcium Carbonate-Cholecalciferol Tab 600 MG-800 Unit</p> <p>Calcium Carbonate-Ergocalciferol Tab 500MG-200 Unit</p> <p>Calcium Carbonate-Vitamin D Tab 250 MG-125 Unit</p> <p>Calcium Carbonate-Vitamin D Tab 500 MG-200 Unit</p> <p>Calcium Carbonate-Vitamin D Tab 500 MG-400 Unit</p> <p>Calcium Carbonate-Vitamin D Tab 600 MG-125 Unit</p> <p>Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit</p> <p>Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit</p> <p>Calcium Carb-Vit D w/ Minerals Chew Tab 600 MG-800 Unit</p> <p>Calcium Carb-Vit D w/ Minerals Tabs 600 MG-800 Unit</p> <p>Calcium Citrate Cap 150 MG</p> <p>Calcium Citrate Malate-Cholecalciferol Tab 250 MG-100 Unit</p> <p>Calcium Citrate Tab 200 MG</p> <p>Calcium Citrate Tab 333 MG (Elemental Ca)</p> <p>Calcium Citrate Tab 950 MG (200 MG Elemental Ca)</p> <p>Calcium Citrate-Vit D Liqd 1000 MG/30ML-400 Unit/30ML</p> <p>Calcium Citrate-Vit D-Vit K w/ Minerals Tabs 200 MG</p> <p>Calcium Citrate-Vitamin D Chew Tab 500 MG-333 Unit</p> <p>Calcium Citrate-Vitamin D Chew Tab 500 MG-500 Unit</p> <p>Calcium Citrate-Vitamin D Tab 200 MG-250 Unit (Elemental Ca)</p> <p>Calcium Citrate-Vitamin D Tab 250 MG-200 Unit (Elemental Ca)</p> <p>Calcium Gluconate Cap 500 MG</p> <p>Calcium Phosphate-Cholecalciferol Chew Tab 200 MG-200 Unit</p> <p>Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-100 Unit</p> <p>Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-350 Unit</p> <p>Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-400 Unit</p> <p>Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-500 Unit</p> <p>Calcium w/ Magnesium Cap 70-83 MG</p> <p>Calcium w/ Magnesium Tab 166.67-83.33 MG</p> <p>Calcium w/ Magnesium Tab 200-50 MG</p> <p>Calcium w/ Vitamin D & K Chew Tab 500 MG-1000 Unit-40 MCG</p> <p>Calcium w/ Vitamin D & K Tab 500 MG-200 Unit-90 MCG</p> <p>Calcium w/ Vitamin D & K Tab 600 MG-1000 Unit-90 MCG</p> <p>Calcium w/ Vitamin D Tab 500 MG-125 Unit</p> <p>Calcium w/ Vitamin D Tab 600 MG-200 Unit</p> <p>Calcium-Cholecalciferol Tab 200 MG-250 Unit</p> <p>Calcium-Cholecalciferol Tab 500 MG-200 Unit</p> <p>Calcium-Ergocalciferol Tab 250 MG-100 Unit</p> <p>Calcium-Ergocalciferol Tab 500 MG-200 Unit</p> <p>Calcium-Magnesium w/ Vit D Tab ER 24HR 600 MG-40 MG-500 Unit</p> <p>Calcium-Magnesium w/ Vitamin D Chew Tab 300MG-20MG-200 Unit</p> <p>Calcium-Magnesium w/ Vitamin D Tab 300 MG-150 MG-400 Unit</p> <p>Calcium-Magnesium W/ Vitamin D Wafer 250 MG-125 MG-200 UNIT</p> <p>Calcium-Phosphorus-D-Mag Tab 333.3MG-80MG-133.3Unit-133.3MG</p> <p>Calc-Phosphorus-Vit D-Mag Tab 600 MG-280 MG-500 Unit-50 MG</p> <p>Oyster Shell Calcium Tab 500 MG</p> | |
| Minerals - Magnesium | <p>Magnesium Bisglycinate Tab 100 MG (Elemental Mg)</p> <p>Magnesium Cap 125 MG</p> <p>Magnesium Cap 400 MG</p> <p>Magnesium Carbonate Oral Powder 250 MG/GM (Elemental Mg)</p> <p>Magnesium Chewable Tab 200 MG</p> <p>Magnesium Chloride Tab DR 64 MG (Elemental Mg)</p> <p>Magnesium Chloride-Calcium Tab DR 64-106 MG</p> <p>Magnesium Citrate Cap 125 MG (Elemental Mg)</p> <p>Magnesium Citrate Tab 100 MG</p> <p>Magnesium Citrate Tab 200 MG (Elemental Mg)</p> <p>Magnesium Cl-Ca Carbonate Tab DR 71.5-119 MG (Elemental)</p> <p>Magnesium Gluconate Tab 27.5 MG (Elemental Mg)</p> <p>Magnesium Gluconate Tab 500 MG</p> <p>Magnesium Gluconate Tab 500 MG (27 MG Elemental Mg)</p> <p>Magnesium Lactate Tab ER 84 MG (Elemental Mg) (7 MEQ)</p> <p>Magnesium Malate Tab 1250 MG (141.7 MG Magnesium Equivalent)</p> <p>Magnesium Oral Powder</p> <p>Magnesium Oxide Cap 400 MG (Elemental Mg) (Mg Supplement)</p> <p>Magnesium Oxide Powder (Mg Supplement)</p> <p>Magnesium Oxide Tab 250 MG (Mg Supplement)</p> <p>Magnesium Oxide Tab 400 MG (240 MG Elemental Mg)</p> <p>Magnesium Oxide Tab 400 MG (241.3 MG Elemental Mg)</p> <p>Magnesium Tab 250 MG</p> <p>Magnesium Tab 400 MG</p> | |
| Minerals - Mineral Combinations | Multiple Minerals w/ Vitamins Liquid | |
| Minerals - Zinc | <p>Zinc Gluconate Tab 50 MG (Elemental Zn)</p> <p>Zinc Sulfate Cap 50 MG (Elemental Zn)</p> <p>Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)</p> | |

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

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

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|--|---|
| | Ibuprofen Tab 600 MG Ibuprofen Tab 800 MG Indomethacin Cap 25 MG Indomethacin Cap 50 MG Indomethacin Cap ER 75 MG Ketorolac Tromethamine Tab 10 MG Ketorolac Tromethamine IM Inj 60 MG/2ML Ketorolac Tromethamine Inj 15 MG/ML Ketorolac Tromethamine Inj 30 MG/ML Meloxicam Tab 7.5 MG Meloxicam Tab 15 MG Nabumetone Tab 500 MG Nabumetone Tab 750 MG Naproxen Sodium Tab 220 MG Naproxen Sodium Tab 275 MG Naproxen Sodium Tab 550 MG Naproxen Susp 125 MG/5ML Naproxen Tab 250 MG Naproxen Tab 375 MG Naproxen Tab 500 MG Naproxen Tab EC 375 MG Naproxen Tab EC 500 MG Oxaprozin Tab 600 MG Piroxicam Cap 10 MG Piroxicam Cap 20 MG Sulindac Tab 150 MG Sulindac Tab 200 MG | Quantity shall not exceed 20 units or a 5-day supply, whichever is less, during a rolling 12-month period. |
| Ophthalmic Adrenergic Agents | Apraclonidine HCl Ophth Soln 0.5% Brimonidine Tartrate Ophth Soln 0.1% Brimonidine Tartrate Ophth Soln 0.15% Brimonidine Tartrate Ophth Soln 0.2% | |
| Ophthalmic Anti-infectives | Azithromycin Ophth Soln 1% Bacitracin Ophth Oint 500 Unit/GM Bacitracin-Polymyxin B Ophth Oint Besifloxacin HCl Ophth Susp 0.6% Ciprofloxacin HCl Ophth Oint 0.3% Ciprofloxacin HCl Ophth Soln 0.3% Erythromycin Ophth Oint 5 MG/GM Ganciclovir Ophth Gel 0.15% Gatifloxacin Ophth Soln 0.5% Gentamicin Sulfate Ophth Oint 0.3% Gentamicin Sulfate Ophth Soln 0.3% Levofloxacin Ophth Soln 0.5% Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily) Moxifloxacin HCl Ophth Soln 0.5% Natamycin Ophth Susp 5% Neomycin-Bacitracin-Zn-Polymyx 5(3.5)MG-400Unit-10000Unit Op Oin Neomycin-Polymyx-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML Ofloxacin Ophth Soln 0.3% Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1% Sulfacetamide Sodium Ophth Soln 10% Tobramycin Ophth Oint 0.3% Tobramycin Ophth Soln 0.3% Trifluridine Ophth Soln 1% | |
| Ophthalmic Artificial Tears and Lubricants | Artificial Tear Ophth Insert Artificial Tear Ophth Ointment Artificial Tear Ophth Solution Carboxymethylcell-Glycerin-Polysorb 80 Ophth Soln 0.5-1-0.5% Carboxymethylcell-Glyc-Polysorb 80 (PF) Ophth Sol 0.5-1-0.5% Carboxymethylcellulose Sodium Ophth Gel 1% Carboxymethylcellulose Sodium (PF) Ophth Gel 1% Carboxymethylcellulose Sodium Ophth Liquid 0.7% Carboxymethylcellulose Sodium Ophth Soln 0.25% Carboxymethylcellulose Sodium (PF) Ophth Soln 0.25% Carboxymethylcellulose Sodium Ophth Soln 0.5% Carboxymethylcellulose Sodium (PF) Ophth Soln 0.5% Carboxymethylcellulose Sodium Ophth Soln 1% Carboxymethylcellulose Sodium (PF) Ophth Soln 1% Carboxymethylcellulose-Glycerin Ophth Gel 1-0.9% Carboxymethylcellulose-Glycerin Ophth Soln 0.5-0.9% Carboxymethylcellulose-Glycerin (PF) Ophth Soln 0.5-0.9% Carboxymethylcellulose-Hypromellose Gel 0.25-0.3% Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.2-1% Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.36-1% Glycerin (Ophth Lubricant) Soln 0.25% (PF) Hypromellose Ophth Gel 0.3% Hypromellose Ophth Soln 0.3% Hypromellose Ophth Soln 0.4% Hypromellose Ophth Soln 0.5% Light Mineral Oil-Mineral Oil Ophth Emulsion 0.5-0.5% Polyethylene Glycol-Propylene Glycol Ophth Gel 0.4-0.3% Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3% Polyethylene Glycol-Propylene Glycol PF Op Soln 0.4-0.3% Polysorbate 80 Ophth Soln 1% Polyvinyl Alcohol Ophth Soln 1.4% Polyvinyl Alcohol-Povidone Ophth Soln 1.4-0.6% Polyvinyl Alcohol-Povidone (PF) Ophth Soln 1.4-0.6% Polyvinyl Alcohol-Povidone Ophth Soln 2.7-2% Polyvinyl Alcohol-Povidone Ophth Soln 5-6 MG/ML (0.5-0.6%) Propylene Glycol Ophth Soln 0.6% Propylene Glycol-Glycerin Ophth Soln 0.6-0.6% Propylene Glycol-Glycerin Ophth Soln 1-0.3% White Petrolatum-Mineral Oil Ophth Ointment | |
| Ophthalmic Beta-blockers | Betaxolol HCl Ophth Susp 0.25% Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5% Carteolol HCl Ophth Soln 1% Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML Levobunolol HCl Ophth Soln 0.5% Timolol Maleate Ophth Gel Forming Soln 0.25% Timolol Maleate Ophth Gel Forming Soln 0.5% Timolol Maleate Ophth Soln 0.25% Timolol Maleate Ophth Soln 0.5% Timolol Maleate Ophth Soln 0.5% (Once-Daily) Timolol Maleate Preservative Free Ophth Soln 0.25% Timolol Maleate Preservative Free Ophth Soln 0.5% Timolol Ophth Soln 0.25% Timolol Ophth Soln 0.5% | |
| Ophthalmic Cycloplegic Mydratics | Atropine Sulfate Ophth Oint 1% Atropine Sulfate Ophth Soln 1% Cyclopentolate HCl Ophth Soln 1% Cyclopentolate HCl Ophth Soln 2% Homatropine HBr Ophth Soln 5% | |
| Ophthalmic Decongestants | Naphazoline w/ Pheniramine Ophth Soln 0.025-0.3% | |
| Ophthalmic Immunomodulators | | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|-------------------------------------|--|---|
| | Cyclosporine (Ophth) Emulsion 0.05% | |
| Ophthalmic Integrin Antagonists | Lifitegrast Ophth Soln 5% | |
| Ophthalmic Miotics | Pilocarpine HCl Ophth Soln 1% Pilocarpine HCl Ophth Soln 2% Pilocarpine HCl Ophth Soln 4% | |
| Ophthalmic Prostaglandins | Bimatoprost Ophth Soln 0.01% Bimatoprost Ophth Soln 0.03% Latanoprost Ophth Soln 0.005% Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free) | |
| Ophthalmic Steroids | Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1% Dexamethasone Ophth Susp 0.1% Dexamethasone Sodium Phosphate Ophth Soln 0.1% Difluprednate Ophth Emulsion 0.05% Fluorometholone Acetate Ophth Susp 0.1% Fluorometholone Ophth Oint 0.1% Fluorometholone Ophth Susp 0.1% Fluorometholone Ophth Susp 0.25% Gentamicin-Prednisolone Ace Ophth Susp 0.3-1% Loteprednol Etabonate Ophth Gel 0.5% Loteprednol Etabonate Ophth Oint 0.5% Loteprednol Etabonate Ophth Susp 0.2% Loteprednol Etabonate Ophth Susp 0.5% Loteprednol Etabonate-Tobramycin Ophth Susp 0.5-0.3% Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1% Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1% Neomycin-Polymyxin-HC Ophth Susp Prednisolone Acetate Ophth Susp 0.12% Prednisolone Acetate Ophth Susp 1% Prednisolone Sodium Phosphate Ophth Soln 1% Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2% Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)% Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2% Tobramycin-Dexamethasone Ophth Oint 0.3-0.1% Tobramycin-Dexamethasone Ophth Susp 0.3-0.05% Tobramycin-Dexamethasone Ophth Susp 0.3-0.1% | |
| Ophthalmics - Misc | Azelastine HCl Ophth Soln 0.05% Brinzolamide Ophth Susp 1% Bromfenac Sodium Ophth Soln 0.07% Bromfenac Sodium Ophth Soln 0.09% (Once-Daily) Cromolyn Sodium Ophth Soln 4% Diclofenac Sodium Ophth Soln 0.1% Dorzolamide HCl Ophth Soln 2% Epinastine HCl Ophth Soln 0.05% Flurbiprofen Sodium Ophth Soln 0.03% Ketorolac Tromethamine Ophth Soln 0.4% Ketorolac Tromethamine (PF) Ophth Soln 0.45% Ketorolac Tromethamine Ophth Soln 0.5% Ketotifen Fumarate Ophth Soln 0.025% Nepafenac Ophth Susp 0.1% Olopatadine HCl Ophth Soln 0.1% Olopatadine HCl Ophth Soln 0.2% Sodium Chloride Hypertonic Ophth Oint 5% Sodium Chloride Hypertonic Ophth Soln 2% Sodium Chloride Hypertonic Ophth Soln 5% | |
| Opioid Agonists - Immediate Release | ALL Opioid Immediate Release products | Immediate Release Opioid Dose Formulations Restrictions: initial coverage of any immediate release opioid in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations. Concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization. A quantity limit of 6 doses per day for any immediate release opioid will be implemented in all claims. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. |
| | Codeine Sulfate Tab 15 MG Codeine Sulfate Tab 30 MG Codeine Sulfate Tab 60 MG | |
| | Fentanyl Citrate Buccal Tab 100 MCG Fentanyl Citrate Buccal Tab 200 MCG Fentanyl Citrate Buccal Tab 400 MCG Fentanyl Citrate Buccal Tab 600 MCG Fentanyl Citrate Buccal Tab 800 MCG Fentanyl Citrate Lozenge on a Handle 200 MCG Fentanyl Citrate Lozenge on a Handle 400 MCG Fentanyl Citrate Lozenge on a Handle 600 MCG Fentanyl Citrate Lozenge on a Handle 800 MCG Fentanyl Citrate Lozenge on a Handle 1200 MCG Fentanyl Citrate Lozenge on a Handle 1600 MCG | Claim must be allowed for neoplasm or malignancy for reimbursement. |
| | Hydromorphone HCl Liqd 1 MG/ML Hydromorphone HCl Suppos 3 MG Hydromorphone HCl Tab 2 MG Hydromorphone HCl Tab 4 MG Hydromorphone HCl Tab 8 MG Meperidine HCl Oral Soln 50 MG/5ML Meperidine HCl Tab 50 MG Meperidine HCl Tab 100 MG | |
| | Morphine Sulfate Oral Soln Products Morphine Sulfate Oral Soln 10 MG/5ML Morphine Sulfate Oral Soln 20 MG/5ML Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML) | Reimbursement shall be restricted to not exceed a total dose of 400 mg per day |
| | Morphine Sulfate Tab 15 MG Morphine Sulfate Tab 30 MG Oxycodone HCl Cap 5 MG Oxycodone HCl Conc 100 MG/5ML (20 MG/ML) Oxycodone HCl Soln 5 MG/5ML Oxycodone HCl Tab 5 MG Oxycodone HCl Tab 10 MG Oxycodone HCl Tab 15 MG Oxycodone HCl Tab 20 MG Oxycodone HCl Tab 30 MG Oxymorphone HCl Tab 5 MG Oxymorphone HCl Tab 10 MG | |
| | Tapentadol HCl Tab 50 MG Tapentadol HCl Tab 75 MG Tapentadol HCl Tab 100 MG | Reimbursement shall not exceed 600 mg per day. Coverage will not be permitted for this product concurrently with sustained release tapentadol products |
| | Tramadol HCl Tab 50 MG | Reimbursement shall not exceed 8 tablets (400 mg) per day |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. | |
|--|---|--|---|
| Opioid Agonists - Sustained Release | ALL Opioid Sustained Release products | Sustained Release Opioid Dosage Form Class Restrictions: Coverage will not be permitted for concurrent treatment with multiple sustained release opioids (Including methadone); concurrent use of any sustained release opioid, oral or transdermal, with any parenteral pain management medications (e.g. IM, SC, IV, IT analgesic medications) will not be covered.; sustained release opioids will not be covered in post operative conditions unless the injured worker was being treated with the sustained release drug prior to surgery. | |
| | Fentanyl TD Patch 72HR 12 MCG/HR Fentanyl TD Patch 72HR 25 MCG/HR Fentanyl TD Patch 72HR 50 MCG/HR Fentanyl TD Patch 72HR 75 MCG/HR Fentanyl TD Patch 72HR 100 MCG/HR | Tier 2 sustained release opioid. Prior authorization is required to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), morphine sulfate sustained release tablets, Embeda or Hysingla ER or a documented inability to swallow or absorb oral medications. Reimbursement restricted to not more than 1 patch every 72 hours dosing frequency. Dosing at every 48 hours may be reimbursed upon submission of documentation that supports clinical failure of a 72 hours dosing interval and evidence of an escalation of the dose before a reduction in frequency. | |
| | Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG | Tier 1 sustained release opioid. Reimbursement for all strengths of this product shall not exceed one tablet per day of any strength or combination of strengths. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed. | |
| | Hydromorphone HCl Tab ER 24HR Deter 8 MG Hydromorphone HCl Tab ER 24HR Deter 12 MG Hydromorphone HCl Tab ER 24HR Deter 16 MG Hydromorphone HCl Tab ER 24HR Deter 32 MG | Tier 3 sustained release opioid. Prior authorization is required to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed one tablet per day. Prior authorization is required for reimbursement of doses above this limit. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. | |
| | Methadone HCl Tab 5 MG Methadone HCl Tab 10 MG Methadone HCl Soln 5 MG/5ML Methadone HCl Soln 10 MG/5ML | Tier 2 sustained release opioid. All oral forms of methadone shall be considered to be long-acting opioids and will be subject to the Opioid Agonists- Sustained release restrictions above. Oral methadone will be eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), sustained release forms of morphine or hydrocodone. Prior Authorization is required. Initial coverage of oral methadone requires documentation of a 12-lead electrocardiogram within the previous 6 months. Ongoing coverage of oral methadone requires the documentation of an annual 12 lead electrocardiogram. Reimbursement for this product may not exceed a maximum dose of 90 mg per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. | |
| | Morphine Sulfate Tab ER 15 MG Morphine Sulfate Tab ER 30 MG Morphine Sulfate Tab ER 60 MG Morphine Sulfate Tab ER 100 MG Morphine Sulfate Tab ER 200 MG | Reimbursement shall be restricted to not exceed 3 tablets per day for doses less than 200 mg per tablet and 2 tablets per day for doses of 200 mg per tablet. Prior Authorization is required for reimbursement for any doses above this level. | |
| | Oxycodone Cap ER 12hr Abuse-Deterrent 27 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 13.5 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 9 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 36 Mg Oxycodone Cap ER 12hr Abuse-Deterrent 18 Mg | Tier 2 sustained release opioid. Reimbursement will be limited to claims where documentation of treatment with an immediate release form of oxycodone for at least 60 days or allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), sustained release forms of morphine or hydrocodone. Reimbursement for all strengths of this product shall not exceed every 12 hours or two doses per day. | |
| | Oxymorphone HCl Tab ER 12HR 5 MG Oxymorphone HCl Tab ER 12HR 7.5 MG Oxymorphone HCl Tab ER 12HR 10 MG Oxymorphone HCl Tab ER 12HR 15 MG Oxymorphone HCl Tab ER 12HR 20 MG Oxymorphone HCl Tab ER 12HR 30 MG Oxymorphone HCl Tab ER 12HR 40 MG | Tier 3 sustained release opioid. Prior authorization is required showing documentation of allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed two tablets per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. | |
| | Tapentadol HCl Tab ER 12HR 50 MG Tapentadol HCl Tab ER 12HR 100 MG Tapentadol HCl Tab ER 12HR 150 MG Tapentadol HCl Tab ER 12HR 200 MG Tapentadol HCl Tab ER 12HR 250 MG | Reimbursement shall not exceed 500 mg per day. Coverage will not be permitted for this product concurrently with immediate release tapentadol products. | |
| | Tramadol HCl Tab ER 24HR 100 MG Tramadol HCl Tab ER 24HR 200 MG Tramadol HCl Tab ER 24HR 300 MG Tramadol HCl Tab ER 24HR Biphasic Release 100 MG Tramadol HCl Tab ER 24HR Biphasic Release 200 MG Tramadol HCl Tab ER 24HR Biphasic Release 300 MG | Reimbursement for this product shall not exceed 300 mg per day. | |
| | Opioid Antagonists | Naloxone HCl Nasal Spray 4 MG/0.1ML | Reimbursement is restricted to only those claims in which a prior authorization or prescription history look-back has documented that BWC is currently or has recently been reimbursing for opioid drugs. |
| | | Naltrexone HCl Tab 50 MG | Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs. |
| Naltrexone IM Extended Release Susp 380 MG | | Restricted to use in claims with an allowed condition of opioid use disorder or as part of approved treatment under OAC 4123-6-21.8. | |
| Opioid Combinations | ALL Opioid combination products | Immediate Release Opioid Dose Formulations Restrictions: initial coverage of any immediate release opioid in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations. Concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization. A quantity limit of 6 doses per day for any immediate release opioid will be implemented in all claims. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4213-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. | |
| | Acetaminophen w/ Codeine Soln 120-12 MG/5ML Acetaminophen w/ Codeine Tab 300-15 MG Acetaminophen w/ Codeine Tab 300-30 MG Acetaminophen w/ Codeine Tab 300-60 MG Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG Hydrocodone-Acetaminophen Tab 5-325 MG Hydrocodone-Acetaminophen Tab 7.5-325 MG Hydrocodone-Acetaminophen Tab 10-325 MG Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML Hydrocodone-Acetaminophen Soln 10-325 MG/15ML Hydrocodone-Ibuprofen Tab 5-200 MG Hydrocodone-Ibuprofen Tab 7.5-200 MG Hydrocodone-Ibuprofen Tab 10-200 MG Oxycodone w/ Acetaminophen Tab 2.5-325 MG Oxycodone w/ Acetaminophen Tab 5-325 MG Oxycodone w/ Acetaminophen Tab 7.5-325 MG | Reimbursement shall not exceed 4 grams/day of APAP (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim. Reimbursement shall not exceed 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim. Reimbursement shall not exceed 180 ml/ day (4 grams/day of APAP). Reimbursement for these products shall not exceed more than five tablets per day. | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|---|--|
| | Oxycodone w/ Acetaminophen Tab 10-325 MG Oxycodone-Aspirin Tab 4.8355-325 MG Tramadol-Acetaminophen Tab 37.5-325 MG | |
| Opioid Partial Agonists - Immediate Release | Butorphanol Tartrate Nasal Soln 10 MG/ML Pentazocine w/ Naloxone Tab 50-0.5 MG | |
| Opioid Partial Agonists - Sustained Release | Buprenorphine HCl Buccal Film 75 MCG Buprenorphine HCl Buccal Film 150 MCG Buprenorphine HCl Buccal Film 300 MCG Buprenorphine HCl Buccal Film 450 MCG Buprenorphine HCl Buccal Film 600 MCG Buprenorphine HCl Buccal Film 750 MCG Buprenorphine HCl Buccal Film 900 MCG | Tier 1 sustained release opioid. Reimbursement for this product shall not exceed 2 films per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid or opioid partial agonist. This product will not be covered in the post-operative period unless routinely prescribed pre-operatively. |
| | Buprenorphine TD Patch Weekly 5 MCG/HR Buprenorphine TD Patch Weekly 7.5 MCG/HR Buprenorphine TD Patch Weekly 10 MCG/HR Buprenorphine TD Patch Weekly 15 MCG/HR Buprenorphine TD Patch Weekly 20 MCG/HR | Tier 1 sustained release opioid. Coverage is limited to a maximum quantity of 4 patches of any strength per 28 days. The maximum daily dose covered for this product is 20 mcg/day. Coverage of this product is limited to only those claims with a daily Morphine Equivalent Dose (MED) requirement of 90 mg or less. Coverage will not be permitted for this product concurrently with any other sustained release opioid or opioid partial agonist. This product will not be covered in the post-operative period unless routinely prescribed pre-operatively. |
| Otic Agents - Misc | Acetic Acid Otic Soln 2% | |
| Otic Anti-infective/Steroid | Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1% Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1% Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML Neomycin-Polymyxin-HC Otic Soln 1% Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1% | |
| Otic Anti-infectives | Ofloxacin Otic Soln 0.3% | |
| Otic Steroids | Fluocinolone Acetonide (Otic) Oil 0.01% Hydrocortisone w/ Acetic Acid Otic Soln 1-2% | |
| Oxytocics | Methylergonovine Maleate Tab 0.2 MG | |
| Phosphate Binder Agents | Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca) Lanthanum Carbonate Chew Tab 500 MG (Elemental) Lanthanum Carbonate Chew Tab 750 MG (Elemental) Lanthanum Carbonate Chew Tab 1000 MG (Elemental) Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental) Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental) Sevelamer Carbonate Packet 2.4 GM Sevelamer Carbonate Tab 800 MG Sevelamer HCl Tab 800 MG | |
| Platelet Aggregation Inhibitors | Aspirin-Dipyridamole Cap ER 12HR 25-200 MG Cilostazol Tab 50 MG Cilostazol Tab 100 MG Clopidogrel Bisulfate Tab 75 MG Dipyridamole Tab 25 MG Dipyridamole Tab 50 MG Dipyridamole Tab 75 MG Prasugrel HCl Tab 10 MG Ticagrelor Tab 90 MG | |
| Postherpetic Neuralgia (PHN) Agents | Gabapentin (Once-Daily) Tab 300 MG Gabapentin (Once-Daily) Tab 600 MG | Gabapentin Sustained Release product class restriction: Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30-day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2)) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time. |
| Potassium Removing Agents | Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML Sodium Polystyrene Sulfonate Powder | |
| Progestins | Medroxyprogesterone Acetate Tab 10 MG Megestrol Acetate Susp 625 MG/5ML | |
| Prostatic Hypertrophy Agents | Alfuzosin HCl Tab ER 24HR 10 MG Dutasteride Cap 0.5 MG Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG Finasteride Tab 5 MG Silodosin Cap 4 MG Silodosin Cap 8 MG Tamsulosin HCl Cap 0.4 MG | |
| Pseudobulbar Affect (PBA) Agents | Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG | |
| Pulmonary Hypertension – Endothelin Receptor Antagonists | Ambrisentan Tab 10 MG | |
| Pulmonary Hypertension – Phosphodiesterase Inhibitors | Sildenafil Citrate Tab 20 MG | |
| Pyrimidine Synthesis Inhibitors | Leflunomide Tab 10 MG Leflunomide Tab 20 MG | |
| Rectal - Intrarectal Steroids | Hydrocortisone Enema 100 MG/60ML | |
| Rectal - Local Anesthetics | Dibucaine Rectal Ointment 1% Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1% Lidocaine Anorectal Cream 5% Lidocaine Anorectal Gel 5% Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5% Phenylephrine-Shark Liver Oil-MO-Pet Oint 0.25-3-14-71.9% Phenyleph-Shark Liver Oil-Cocoa Butter Suppos 0.25-3-85.5% Pramoxine HCl Rectal Foam 1% Pramox-PE-Glycerin-Petrolatum Rectal Cream 1-0.25-14.4-15% | |
| Rectal - Steroids | Hydrocortisone Rectal Cream 1% Hydrocortisone Rectal Cream 2.5% | |
| Respiratory - Antiasthmatic - Monoclonal Antibodies | Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML Omalizumab For Inj 150 MG | Prior authorization is required. Reimbursement is limited to claims in which the following are documented: asthma is an allowed condition, inadequate control of asthma after at least three months of use of an inhaled corticosteroid plus a long-acting beta-agonist, or, an inhaled corticosteroid plus a long acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL in the past 12 months. Initial approval will be no greater than six months, and subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications. |
| Respiratory - Anticholinergics | Aclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT Glycopyrrolate Inhal Cap 15.6 MCG Glycopyrrolate Inhal Solution 25 MCG/ML Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT Ipratropium Bromide Inhal Soln 0.02% Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT Tiotropium Bromide Monohydrate Inhal Cap 18 MCG Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH | |
| Respiratory - Anti-Inflammatory Agents | Cromolyn Sodium Soln Nebu 20 MG/2ML | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|---|---|
| Respiratory - Leukotriene Modulators | Montelukast Sodium Chew Tab 5 MG Montelukast Sodium Tab 10 MG Zafirlukast Tab 20 MG Zileuton Tab ER 12HR 600 MG | |
| Respiratory – Selective Phosphodiesterase 4 (PDE4) Inhibitors | Roflumilast Tab 250 MCG Roflumilast Tab 500 MCG | |
| Respiratory - Steroid Inhalants | Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated) Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated) Budesonide Inhalation Susp 0.25 MG/2ML Budesonide Inhalation Susp 0.5 MG/2ML Budesonide Inhalation Susp 1 MG/2ML Ciclesonide Inhal Aerosol 80 MCG/ACT Ciclesonide Inhal Aerosol 160 MCG/ACT Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve) Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve) Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve) Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated) Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated) | |
| Respiratory - Sympathomimetics | Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv) Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv) Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML) Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML) Albuterol Sulfate Soln Nebu 0.63 MG/3ML Albuterol Sulfate Soln Nebu 1.25 MG/3ML Albuterol Sulfate Syrup 2 MG/5ML Albuterol Sulfate Tab 2 MG Albuterol Sulfate Tab 4 MG Albuterol Sulfate Tab ER 12HR 4 MG Albuterol Sulfate Tab ER 12HR 8 MG Arformoterol Tartrate Soln Nebu 15 MCG/2ML Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH Fluticasone-Umeclidinium-Vilanterol AEPB 200-62.5-25 MCG/INH Formoterol Fumarate Soln Nebu 20 MCG/2ML Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT Indacaterol-Glycopyrrolate Inhal Cap 27.5-15.6 MCG Indacaterol Maleate Inhal Powder Cap 75 MCG Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML Levalbuterol HCl Soln Nebu 0.31 MG/3ML Levalbuterol HCl Soln Nebu 0.63 MG/3ML Levalbuterol HCl Soln Nebu 1.25 MG/3ML Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT Racipinephrine HCl Soln Nebu 2.25% Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE Terbutaline Sulfate Tab 2.5 MG Terbutaline Sulfate Tab 5 MG Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH | |
| Respiratory - Xanthines | Theophylline Cap ER 24HR 100 MG Theophylline Cap ER 24HR 200 MG Theophylline Cap ER 24HR 300 MG Theophylline Cap ER 24HR 400 MG Theophylline Tab ER 12HR 300 MG Theophylline Tab ER 24HR 400 MG Theophylline Tab ER 24HR 600 MG | |
| Respiratory Inhalants - Misc | Camphor-Eucalyptus-Menthol - Oint Sodium Chloride Aero Soln 0.9% Sodium Chloride Soln Nebu 0.9% Sodium Chloride Soln Nebu 3% | |
| Restless Leg Syndrome (RLS) Agents | Gabapentin Enacarbil Tab ER 300 MG Gabapentin Enacarbil Tab ER 600 MG | Coverage of Gabapentin Extended Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time. Effective June 1, 2019, gabapentin will be a tier 1 medication, requiring titration up to 900 mg per day (in divided doses) over 60 days. |
| Rosacea Agents - Oral | Doxycycline (Rosacea) Cap Delayed Release 40 MG | |
| Salicylates | Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 500 MG Aspirin Chew Tab 81 MG Aspirin Tab 325 MG Aspirin Tab 500 MG Aspirin Tab Delayed Release 81 MG Aspirin Tab Delayed Release 325 MG Aspirin Tab Delayed Release 500 MG Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 325 MG Diflunisal Tab 500 MG Salsalate Tab 500 MG Salsalate Tab 750 MG | |
| Sympathomimetic Decongestants | Oxymetazoline HCl Nasal Soln 0.05% Phenylephrine HCl Tab 10 MG Pseudoephedrine HCl Liq 30 MG/5ML Pseudoephedrine HCl Tab 30 MG Pseudoephedrine HCl Tab 60 MG Pseudoephedrine HCl Tab ER 12HR 120 MG Pseudoephedrine HCl Tab ER 24HR 240 MG | |
| Thyroid Hormones | Levothyroxine Sodium Tab 25 MCG | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|---|--|
| | Levothyroxine Sodium Tab 50 MCG Levothyroxine Sodium Tab 75 MCG Levothyroxine Sodium Tab 88 MCG Levothyroxine Sodium Tab 100 MCG Levothyroxine Sodium Tab 112 MCG Levothyroxine Sodium Tab 125 MCG Levothyroxine Sodium Tab 137 MCG Levothyroxine Sodium Tab 150 MCG Levothyroxine Sodium Tab 175 MCG Levothyroxine Sodium Tab 200 MCG Levothyroxine Sodium Tab 300 MCG Liothyronine Sodium Tab 5 MCG Liothyronine Sodium Tab 25 MCG Liothyronine Sodium Tab 50 MCG Thyroid Tab 30 MG (1/2 Grain) Thyroid Tab 60 MG (1 Grain) Thyroid Tab 81.25 MG Thyroid Tab 90 MG (1 1/2 Grain) Thyroid Tab 113.75 MG Thyroid Tab 162.5 MG (2 1/2 Grain) Thyroid Tab 146.25 MG | |
| TNF - Anti-TNF-alpha - Monoclonal Antibodies | Adalimumab Pen-Injector Kit 40 MG/0.4ML Adalimumab Pen-injector Kit 40 MG/0.8ML Adalimumab Prefilled Syringe Kit 40 MG/0.4ML Adalimumab Prefilled Syringe Kit 40 MG/0.8ML | |
| | Certolizumab Pefo For Inj Kit 2x200 MG Certolizumab Pefo Inj Kit 2x200 MG/ML Certolizumab Pefo Inj Kit 6x200 MG/ML Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML Golimumab Subcutaneous Soln Auto-injector 100 MG/0.5ML Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/0.5ML | Prior authorization required. Authorization will only be granted if rheumatoid arthritis is an allowed condition in the claim. |
| TNF - Soluble Tumor Necrosis Factor Receptor Agents | Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML Etanercept Subcutaneous Solution Auto-injector 50 MG/ML Etanercept Subcutaneous Solution Cartridge 50 MG/ML | |
| Topical - Acne Products | Benzoyl Peroxide-Erythromycin Gel 5-3% Clindamycin Phosphate Foam 1% Clindamycin Phosphate Gel 1% Clindamycin Phosphate Lotion 1% Clindamycin Phosphate Soln 1% Clindamycin Phosphate Swab 1% Erythromycin Gel 2% Erythromycin Soln 2% Sulfacetamide Sodium w/ Sulfur Cream 10-5% Sulfacetamide Sodium w/ Sulfur Emulsion 10-1% Sulfacetamide Sodium w/ Sulfur Emulsion 10-5% Sulfacetamide Sodium w/ Sulfur Foam 10-5% Sulfacetamide Sodium w/ Sulfur Lotion 10-5% Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4% | |
| Topical - Agents for External Genital and Perianal Warts | Sinecatechins Oint 15% | |
| Topical - Analgesics | Menthol Aerosol 10.5% Menthol Aerosol Powder 1% Menthol Cream 7.5% Menthol Cream 16% Menthol Gel 2% Menthol Gel 2.5% Menthol Gel 3.1% Menthol Gel 3.5% Menthol Gel 3.7% Menthol Gel 4% Menthol Gel 4.5% Menthol Gel 5% Menthol Gel 6% Menthol Gel 7% Menthol Gel 10% Menthol Gel 16% Menthol Liquid 2.5% Menthol Liquid 3.5% Menthol Liquid 3.7% Menthol Liquid 8% Menthol Liquid 10% Menthol Liquid 16% Menthol Lotion 0.1% Menthol Lotion 7.5% Menthol Lotion 8.5% Menthol Patch 5% Menthol Patch 7.5% Menthol Roll 7.5% Menthol Sleeve 16% | |
| Topical - Antibiotics | Bacitracin Oint 500 Unit/GM Bacitracin Zinc Oint 500 Unit/GM Bacitracin-Polymyxin B Oint Bacitracin-Polymyxin-Neomycin HC Oint 1% Gentamicin Sulfate Cream 0.1% Gentamicin Sulfate Oint 0.1% Mupirocin Calcium Cream 2% Mupirocin Oint 2% Neomycin-Bacitracin-Polymyxin Oint Neomycin-Bacitracin-Polymyxin-Pradoxine Oint 1% Neomycin-Polymyxin w/ Pradoxine Cream 1% Neomycin-Polymyxin-HC Crm 3.5 MG/GM-10000 UNT/GM-0.5% Retapamulin Oint 1% | |
| Topical - Antifungals | Butenafine HCl Cream 1% Ciclopirox Gel 0.77% Ciclopirox Olamine Cream 0.77% Ciclopirox Olamine Susp 0.77% Ciclopirox Shampoo 1% Ciclopirox Solution 8% Clotrimazole Cream 1% Clotrimazole Ointment 1% Clotrimazole Soln 1% Clotrimazole w/ Betamethasone Cream 1-0.05% Clotrimazole w/ Betamethasone Lotion 1-0.05% Econazole Nitrate Cream 1% Gentian Violet Soln 1% Ketoconazole Cream 2% Ketoconazole Foam 2% Ketoconazole Shampoo 2% Miconazole Nitrate Cream 2% Miconazole Nitrate Ointment 2% Miconazole Nitrate Powder 2% Miconazole Nitrate Soln 2% Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35% | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|--|--|
| | Naftifine HCl Cream 1% Naftifine HCl Gel 1% Nystatin Cream 100000 Unit/GM Nystatin Oint 100000 Unit/GM Nystatin Topical Powder 100000 Unit/GM Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-% Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-% Oxiconazole Nitrate Cream 1% Oxiconazole Nitrate Lotion 1% Sertaconazole Nitrate Cream 2% Sulconazole Nitrate Cream 1% Terbinafine HCl Cream 1% Tolnaftate Aerosol Pow 1% Tolnaftate Cream 1% Tolnaftate Powder 1% Tolnaftate Soln 1% | |
| Topical - Antihistamines | Diphenhydramine HCl Cream 2% | |
| Topical - Anti-inflammatory Agents | Diclofenac Sodium Gel 1% Diclofenac Sodium Soln 1.5% Diclofenac Epolamine Patch 1.3% | Reimbursement will be provided only in claims with osteoarthritis of the knee as an allowed condition. This drug may be reimbursed with prior authorization when medical documentation shows contraindication, intolerance, or clinical failure to at least 2 other non-steroidal anti-inflammatory drugs on the formulary. Reimbursement is limited to the first 12 weeks following the date of injury and may not exceed two (2) patches per day. BWC will not reimburse for concurrent use with other non-steroidal anti-inflammatory drugs. |
| Topical - Antineoplastic or Premalignant Lesion Agents | Diclofenac Sodium (Actinic Keratosis) Gel 3% Fluorouracil Cream 0.5% Fluorouracil Cream 4% Fluorouracil Cream 5% | ONLY reimbursed in claims with Actinic Keratosis allowed. |
| Topical - Antipruritics | Camphor & Menthol Gel 0.2-3.5% Camphor & Menthol Lotion 0.5-0.5% Doxepin HCl Cream 5% | |
| Topical - Antipsoriatics | Calcipotriene Cream 0.005% Calcipotriene Soln 0.005% (50 MCG/ML) Tazarotene Cream 0.1% | |
| Topical - Antivirals | Acyclovir Cream 5% Acyclovir Oint 5% Penciclovir Cream 1% | |
| Topical - Burn Products | Mafenide Acetate Cream 85 MG/GM Mafenide Acetate Packet For Topical Soln 5% (50 GM) Silver Sulfadiazine Cream 1% | |
| Topical - Cauterizing Agents | Silver Nitrate-Potassium Nitrate Applicator 75-25% | |
| Topical - Corticosteroids | Alclometasone Dipropionate Cream 0.05% Alclometasone Dipropionate Oint 0.05% Amcinonide Cream 0.1% Amcinonide Oint 0.1% Betamethasone Dipropionate Augmented Cream 0.05% Betamethasone Dipropionate Augmented Gel 0.05% Betamethasone Dipropionate Augmented Lotion 0.05% Betamethasone Dipropionate Augmented Oint 0.05% Betamethasone Dipropionate Cream 0.05% Betamethasone Dipropionate Lotion 0.05% Betamethasone Dipropionate Oint 0.05% Betamethasone Valerate Aerosol Foam 0.12% Betamethasone Valerate Cream 0.1% Betamethasone Valerate Lotion 0.1% Betamethasone Valerate Oint 0.1% (Salt Equivalent) Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064% Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064% Clobetasol Propionate Cream 0.05% Clobetasol Propionate Emollient Base Cream 0.05% Clobetasol Propionate Emulsion Foam 0.05% Clobetasol Propionate Foam 0.05% Clobetasol Propionate Gel 0.05% Clobetasol Propionate Lotion 0.05% Clobetasol Propionate Oint 0.05% Clobetasol Propionate Shampoo 0.05% Clobetasol Propionate Soln 0.05% Clobetasol Propionate Spray 0.05% Clcortolone Pivalate Cream 0.1% Desonide Cream 0.05% Desonide Foam 0.05% Desonide Gel 0.05% Desonide Lotion 0.05% Desonide Oint 0.05% Desoximetasone Cream 0.05% Desoximetasone Cream 0.25% Desoximetasone Gel 0.05% Desoximetasone Oint 0.25% Diflorasone Diacetate Cream 0.05% Diflorasone Diacetate Emollient Base Cream 0.05% Diflorasone Diacetate Oint 0.05% Fluocinolone Acetonide Cream 0.01% Fluocinolone Acetonide Cream 0.025% Fluocinolone Acetonide Oil 0.01% (Body Oil) Fluocinolone Acetonide Oil 0.01% (Scalp Oil) Fluocinolone Acetonide Oint 0.025% Fluocinolone Acetonide Shampoo 0.01% Fluocinolone Acetonide Soln 0.01% Fluocinonide Cream 0.05% Fluocinonide Cream 0.1% Fluocinonide Emulsified Base Cream 0.05% Fluocinonide Gel 0.05% Fluocinonide Oint 0.05% Fluocinonide Soln 0.05% Flurandrenolide Cream 0.05% Flurandrenolide Tape 4 MCG/SQCM Fluticasone Propionate Cream 0.05% Fluticasone Propionate Lotion 0.05% Fluticasone Propionate Oint 0.005% Halcinonide Cream 0.1% Halcinonide Oint 0.1% Halobetasol Propionate Cream 0.05% Halobetasol Propionate Oint 0.05% Hydrocortisone Butyrate Cream 0.1% Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1% | Reimbursement for covered drugs in this class is only permitted when they are prescribed for an allowed dermatological condition. Topical corticosteroids will not be approved for the treatment of pain. |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|--|--|
| | Hydrocortisone Butyrate Lotion 0.1% Hydrocortisone Butyrate Oint 0.1% Hydrocortisone Butyrate Soln 0.1% Hydrocortisone Cream 0.5% Hydrocortisone Cream 1% Hydrocortisone Cream 2.5% Hydrocortisone Gel 1% Hydrocortisone Lotion 1% Hydrocortisone Lotion 2.5% Hydrocortisone Oint 0.5% Hydrocortisone Oint 1% Hydrocortisone Oint 2.5% Hydrocortisone Probutate Cream 0.1% Hydrocortisone Valerate Cream 0.2% Hydrocortisone Valerate Oint 0.2% Hydrocortisone-Aloe Vera Cream 1% Mometasone Furoate Cream 0.1% Mometasone Furoate Oint 0.1% Mometasone Furoate Solution 0.1% (Lotion) Prednicarbate Oint 0.1% Triamcinolone Acetonide Cream 0.1% Triamcinolone Acetonide Cream 0.5% Triamcinolone Acetonide Lotion 0.025% Triamcinolone Acetonide Lotion 0.1% Triamcinolone Acetonide Oint 0.025% Triamcinolone Acetonide Oint 0.05% Triamcinolone Acetonide Oint 0.1% | |
| Topical - Emollient/Keratolytic Agents | Urea Lotion 10% | |
| Topical - Emollients | Emollient - Cream** Emollient - Lotion** Emollient - Ointment** Hyaluronate Sodium (Emollient) Gel 0.2% Lactic Acid (Ammonium Lactate) Cream 12% Lactic Acid (Ammonium Lactate) Lotion 12% Lactic Acid (Ammonium Lactate) Lotion 5% Vitamins A & D Cream** Vitamins A & D Oint** | |
| Topical - Enzymes | Collagenase Oint 250 Unit/GM | |
| Topical - Hair Growth Agents (Eye Lash) | Bimatoprost Soln 0.03% | |
| Topical - Immunomodulating Agents | Imiquimod Cream 3.75% Imiquimod Cream 5% Pimecrolimus Cream 1% Tacrolimus Oint 0.1% | |
| Topical - Liniments | Camphor-Menthol-Capsicum Topical Patch 80-24-16 MG Camphor-Menthol-Methyl Salicylate Cream 3-5-15% Camphor-Menthol-Methyl Salicylate Cream 4-10-30% Camphor-Menthol-Methyl Salicylate Gel 0.2-4-8% Camphor-Menthol-Methyl Salicylate Gel 3.1-16-10% Camphor-Menthol-Methyl Salicylate Liquid 4-10-30% Camphor-Menthol-Methyl Salicylate Ointment 4-10-30% Camphor-Menthol-Methyl Salicylate Topical Patch 1.2-5.7-6.3% Capsaicin-Menthol-Methyl Salicylate Cream 0.025-1-12% Capsaicin-Menthol-Methyl Salicylate Cream 0.035-10-25% Liniments & Rubs - Cream Liniments & Rubs - Gel Liniments & Rubs - Lotion Menthol-Camphor Cream 10-11% Menthol-Camphor Cream 11-11% Menthol-Camphor Cream 16-11% Menthol-Camphor Gel 3-3% Menthol-Camphor Gel 3.5-0.8% Menthol-Camphor Lotion 16-4% Menthol-Camphor Ointment 5.1-5.1% Menthol-Camphor Patch 70-230 MG Menthol-Methyl Salicylate Cream Menthol-Methyl Salicylate Gel Menthol-Methyl Salicylate Liquid Menthol-Methyl Salicylate Lotion Menthol-Methyl Salicylate Ointment Menthol-Methyl Salicylate Patch Menthol-Methyl Salicylate Stick Methyl Salicylate Lotion 10% Trolamine Salicylate Cream 10% Trolamine Salicylate Lotion 10% | |
| Topical - Local Anesthetics | Capsaicin Cream 0.025% Capsaicin Cream 0.033% Capsaicin Cream 0.035% Capsaicin Cream 0.075% Capsaicin Cream 0.1% Capsaicin in Lidocaine Vehicle Cream 0.25% Capsaicin Liquid 0.15% Capsaicin Lotion 0.035% Capsaicin Pad 0.025% Capsaicin-Menthol Gel 0.025-10% Capsaicin-Menthol Topical Patch 0.05-5% Dibucaine Oint 1% Ethyl Chloride Aerosol Spray Lidocaine Cream 4% Lidocaine Gel 4% Lidocaine Solution 4% Lidocaine HCl Cream 3% Lidocaine HCl Gel 2% Lidocaine HCl Gel 2.5% Lidocaine Oint 5% Lidocaine Patch 4% Lidocaine Patch 5% Lidocaine-Prilocaine Cream 2.5-2.5% Pentafluoropropane-Tetrafluoroethane Aero Spray Pramoxine HCl Lotion 1% Pramoxine-Benzyl Alcohol Gel 1-10% Pramoxine-Zinc Acetate Lotion 1-0.1% | Prior Authorization will be required and documentation of a trial and therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) with a lidocaine 4% topical product will be required. In claims where lidocaine 5% ointment was covered in the 60 days prior to 10/1/2017, the drug will continue to be covered. ONLY reimbursed in claims with post herpetic neuralgia allowed. |
| Topical - Misc. | Aloe Vera Liquid Aloe Vera Lotion Aluminum Acetate Soln Aluminum Chloride Soln 20% Aluminum Hydroxide Oint Benzoin Tincture Dimethicone Cream 1% Dimethicone-Petrolatum Cream 3-30% | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|---|---|--|
| | Menthol-Zinc Oxide Oint 0.44-20.6% Menthol-Zinc Oxide Oint 0.44-20.625% Petrolatum-Zinc Oxide Oint 49-15% Skin Protectants Misc - Cream Skin Protectants Misc - Ointment Skin Protectants Misc - Paste Sodium Chloride External Soln 0.9% Talc Topical Powder Witch Hazel-Glycerin Cleansing Pads Zinc Oxide Cream 13% Zinc Oxide Oint 12.8% Zinc Oxide Oint 20% Zinc Oxide Oint 40% | |
| Topical – Misc. Dermatological Products | Dermatological Products Misc. - Cream Dermatological Products Misc. - Emulsion | |
| Topical - Rosacea Agents | Metronidazole Cream 0.75% Metronidazole Gel 0.75% Metronidazole Gel 1% | |
| Topical - Scabicides & Pediculicides | Crotamiton Lotion 10% Lindane Shampoo 1% Malathion Lotion 0.5% Permethrin Cream 5% Permethrin Lotion 1% Pyrethrins-PiperonylButoxide Liq 0.33-4% Pyrethrins-PiperonylButoxide Shampoo 0.33-4% | |
| Topical - Scar Treatment | Scar Treatment Products - Cream Scar Treatment Products - Gel | |
| Topical - Wound Care | Becaplermin Gel 0.01% Hyaluronate Sodium Gel 0.2% Lidocaine HCl-Collagen-Aloe Vera Gel 2% Wound Cleansers - Liquid Wound Dressings - Emulsion Wound Dressings - Gel | |
| Ulcer Drugs - Antispasmodics | Belladonna Alkaloids & Opium Suppos 16.2-30 MG Belladonna Alkaloids & Opium Suppos 16.2-60 MG Dicyclomine HCl Cap 10 MG Dicyclomine HCl Oral Soln 10 MG/5ML Dicyclomine HCl Tab 20 MG Glycopyrrolate Oral Soln 1 MG/5ML Glycopyrrolate Tab 1 MG Glycopyrrolate Tab 2 MG Hyoscyamine Sulfate Tab ER 0.375 MG (0.125 MG IR/0.25 MG ER) Hyoscyamine Sulfate Tab ER 12HR 0.375 MG Methscopolamine Bromide Tab 2.5 MG Methscopolamine Bromide Tab 5 MG Propantheline Bromide Tab 15 MG | |
| Ulcer Drugs - H-2 Antagonists | Famotidine Tab 10 MG Famotidine Tab 20 MG Famotidine Tab 40 MG | Reimbursement is only permitted when they are prescribed as gastrointestinal protectants during recurrent oral steroid or non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease) |
| Ulcer Drugs – Misc. | Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack Metronidaz Tab-Tetracyc Cap-Bis Subsal Chew Tab Therapy Pack Sucralfate Susp 1 GM/10ML Sucralfate Tab 1 GM | |
| Ulcer Drugs - Prostaglandins | Misoprostol Tab 100 MCG Misoprostol Tab 200 MCG | |
| Ulcer Drugs - Proton Pump Inhibitors | Lansoprazole Cap Delayed Release 15 MG Lansoprazole Cap Delayed Release 30 MG Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG Esomeprazole Magnesium Tab Delayed Release 20 MG Omeprazole Cap Delayed Release 10 MG Omeprazole Cap Delayed Release 20 MG Omeprazole Cap Delayed Release 40 MG Omeprazole Magnesium Delayed Release Tab 20 MG Pantoprazole Sodium EC Tab 20 MG Pantoprazole Sodium EC Tab 40 MG | Reimbursement is only permitted when they are prescribed for the following: Gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy, treatment of an allowed condition that involves a gastrointestinal disorder such as ulcer or gastrointestinal esophageal reflux disease, or to prevent gastrointestinal bleeding during antiplatelet drug therapy. Maximum quantity of two per day. Orally disintegrating formulations require prior authorization documenting inability to use standard tablet and capsule formulations. |
| Urinary Analgesics | Phenazopyridine HCl Tab 100 MG Phenazopyridine HCl Tab 200 MG | |
| Urinary Anti-infectives | Fosfomycin Tromethamine Powd Pack 3 GM Methenamine Hippurate Tab 1 GM Methenamine Mandelate Tab 1 GM Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG Nitrofurantoin Macrocrystalline Cap 100 MG Nitrofurantoin Macrocrystalline Cap 50 MG Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG | |
| Urinary Antispasmodic | Bethanechol Chloride Tab 5 MG Bethanechol Chloride Tab 10 MG Bethanechol Chloride Tab 25 MG Bethanechol Chloride Tab 50 MG Darifenacin Hydrobromide Tab ER 24HR 7.5 MG Darifenacin Hydrobromide Tab ER 24HR 15 MG Fesoterodine Fumarate Tab ER 24HR 4 MG Fesoterodine Fumarate Tab ER 24HR 8 MG Flavoxate HCl Tab 100 MG Mirabegron Tab ER 24 HR 25 MG Mirabegron Tab ER 24 HR 50 MG Oxybutynin Chloride Syrup 5 MG/5ML Oxybutynin Chloride Tab 5 MG Oxybutynin Chloride Tab ER 24HR 5 MG Oxybutynin Chloride Tab ER 24HR 10 MG Oxybutynin Chloride Tab ER 24HR 15 MG Oxybutynin Chloride TD Gel 10% Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR Solifenacin Succinate Tab 5 MG Solifenacin Succinate Tab 10 MG Tolterodine Tartrate Cap ER 24HR 2 MG Tolterodine Tartrate Cap ER 24HR 4 MG Tolterodine Tartrate Tab 1 MG Tolterodine Tartrate Tab 2 MG Trospium Chloride Cap ER 24HR 60 MG Trospium Chloride Tab 20 MG | |
| Urinary Stone Agents | Acetohydroxamic Acid Tab 250 MG | |
| Vaccines | Zoster Vaccine Live for Subcutaneous Susp 19400 Unit/0.65ML Zoster Vaccine Recombinant Adjuvanted For IM Inj 50 MCG | |

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

| Drug Class Name | Drug Generic Name | Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. |
|--|--|---|
| Vaginal Anti-infectives | Metronidazole Vaginal Gel 0.75% Miconazole Nitrate Vaginal Cream 2% Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM) Terconazole Vaginal Cream 0.8% | |
| Vaginal Estrogens | Estradiol Vaginal Cream 0.1 MG/GM Estradiol Vaginal Tab 10 MCG | |
| Vasopressors | Midodrine HCl Tab 2.5 MG Midodrine HCl Tab 5 MG Midodrine HCl Tab 10 MG | |
| Vitamins - B-Complex w/ C | B-Complex w/ C & E + Zn Tab B-Complex w/ C Tab | |
| Vitamins - B-Complex w/ Folic Acid | B-Complex w/ C & Folic Acid Cap 1 MG B-Complex w/ C & Folic Acid Tab 0.8 MG B-Complex w/ C & Folic Acid Tab B-Complex w/ C-Biotin-Vit E & Folic Acid Tab 0.4 MG B-Complex w/Biotin & Folic Acid Tab ER | |
| Vitamins - Multiple Vitamins w/ Iron | Multiple Vitamins w/ Iron Tab | |
| Vitamins - Multiple Vitamins w/ Minerals | Multiple Vitamins w/ Calcium Cap Multiple Vitamins w/ Calcium Chew Tab Multiple Vitamins w/ Calcium Tab Multiple Vitamins w/ Minerals & FA Cap 0.5 MG Multiple Vitamins w/ Minerals Cap Multiple Vitamins w/ Minerals EC Tab Multiple Vitamins w/ Minerals Effer Tab Multiple Vitamins w/ Minerals Liquid Multiple Vitamins w/ Minerals Tab | |
| Vitamins - Multivitamins | Multiple Vitamin Liquid Multiple Vitamin Tab | |
| Vitamins - Oil Soluble Vitamins | Cholecalciferol Cap 400 Unit Cholecalciferol Cap 1000 Unit Cholecalciferol Cap 2000 Unit Cholecalciferol Cap 5000 Unit Cholecalciferol Cap 10000 Unit Cholecalciferol Cap 50000 Unit Cholecalciferol Chewable Wafer 50000 Unit Cholecalciferol Tab 400 Unit Cholecalciferol Tab 1000 Unit Cholecalciferol Tab 2000 Unit Cholecalciferol Tab 10000 Unit Ergocalciferol Cap 50000 Unit Ergocalciferol Soln 8000 Unit/ML Ergocalciferol Tab 2000 Unit Phytonadione Tab 5 MG Vitamin A Tab 8000 Unit Vitamin E Cap 1000 Unit | |
| Vitamins - Vitamin Mixtures | Cholecalciferol-Vitamin C Cap 1000 Unit-500 MG Niacinamide w/ Zn-Cu-Methylfolate Tab 750-25-1.5-0.5 MG Niacinamide w/ Zn-Cu-Methylfol-Se-Cr Tab 750-27-2-0.5 MG Vit C-Cholecalciferol-Rose Hips Cap 500 MG-1000 Unit-20 MG Vitamin A-Vitamin D-Minerals Cap Vitamin C-Vitamin D-Zinc Tab Vitamin D & K Cap Vitamins A & C Chew Tab Vitamins A & D Cap | |
| Vitamins - Water Soluble Vitamins | Ascorbic Acid Cap ER 500 MG Ascorbic Acid Chew Tab 250 MG Ascorbic Acid Chew Tab 500 MG Ascorbic Acid Chew Tab 1000 MG Ascorbic Acid Liquid 500 MG/5ML Ascorbic Acid Tab 250 MG Ascorbic Acid Tab 500 MG Ascorbic Acid Tab 1000 MG Ascorbic Acid Tab ER 500 MG Ascorbic Acid Tab Disint 60 MG Niacin Tab ER 250 MG Niacin Tab ER 750 MG Pyridoxine HCl Tab 50 MG Pyridoxine HCl Tab 100 MG Riboflavin Tab 100 MG Thiamine HCl Tab 50 MG Thiamine HCl Tab 100 MG Thiamine Mononitrate Tab 100 MG | |