

BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
ABSORBABLE SULFONAMIDES	SULFADIAZINE	SULFADIAZINE	ORAL	
	SULFAMETHOXAZOLE-TRIMETHOPRIM	BACTRIM DS	ORAL	
	SULFASALAZINE	SULFASALAZINE	ORAL	
ACE INHIB/THIAZIDE COMBO	BENAZEPRIL- HCTZ	BENAZEPRIL HCL-HCTZ	ORAL	
	CAPTAPRIL - HCTZ	CAPTAPRIL-HCTZ	ORAL	
	ENALAPRIL MALEATE - HCTZ	ENALAPRIL MALEATE-HCTZ	ORAL	
	FOSINOPRIL SODIUM - HCTZ	FOSINOPRIL- HCTZ	ORAL	
	LISINAPRIL - HCTZ	ZESTORETIC	ORAL	
	MOEXIPRIL-HCTZ	UNIRETIC	ORAL	
	QUINAPRIL-HCTZ	QUINARETIC	ORAL	
ACE INHIB/CAL CHNL BLOCK COMBO	AMLODIPINE BESYLATE-BENAZEPRIL	LOTREL	ORAL	
		TARKA	ORAL	
ACNE AGENTS SYSTEMIC	ISOTRETINOIN	CLARAVIS	ORAL	
ACNE AGENTS TOPICAL	SULFACETAMIDE SODIUM	KLARON	TOPICAL	
ADHD-TX-ALPHA-2A-RECEP-AGONIST	GUANFACINE HCL	INTUNIV	ORAL	
ADRENERGIC AGENTS, AROMATIC,	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	ORAL	
	DEXTROAMPHETAMINE SULFATE	DEXEDRINE	ORAL	
	LISDEXAMFETAMINE DIMESYLATE	VYVANSE	ORAL	
ADRENERGIC INHIBITORS	CARVEDILOL	COREG	ORAL	
	LABETALOL HCL	NORMODYNE	ORAL	
ADRENERGIC VASOPRESSOR AGTS	MIDODRINE HCL	PROAMATINE	ORAL	
ADRENOCORTICOTROPIC HORMONE	CORTICOTROPIN	ACTHAR H.P.	INJECTION	
AGENTS TO TREAT MS	GLATIRAMER ACETATE	COPAXONE	SUB-Q	
	INTERFERON BETA-1A	AVONEX	INTRAMUSC	
	INTERFERON BETA-1A	REBIF	SUB-Q	
ALKYLATING AGENTS	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	ORAL	
ALPHA ADRENERGIC BLOCKING AG	DIBENZYLINE	DIBENZYLINE	ORAL	
	DOXAZOSIN MESYLATE	CARDURA	ORAL	
	PRAZOSIN HCL	MINIPRESS	ORAL	
	TERAZOSIN HCL	TERAZOSIN HCL	ORAL	
ALPHA-2 ANTAGONIST ANTIDEPRESS	MIRTAZAPINE	REMERON	ORAL	
ALZHEIMERS TX-NMDA RECEP ANTAG	MEMANTINE HCL	NAMENDA	ORAL	
AMINOGLYCOSIDES	NEOMYCIN SULFATE	NEOMYCIN SULFATE	ORAL	
	TOBRAMYCIN SULFATE	TOBRAMYCIN NEBU SOLN		
AMMONIA INHIBITORS	ACETOHYDROXAMIC ACID	LITHOSTAT	ORAL	
	LACTULOSE (ENCEPHALOPATHY)	ENULOSE	ORAL	
AMYOTROPHIC LATERAL SCLEROS	RILUZOLE	RILUTEK	ORAL	
		ACETAMINOPHEN	TYLENOL	ORAL
		ACETAMINOPHEN-CAFFEINE	EXCEDRIN TENSION HEADACHE	ORAL
ANALGESICS, NEURONAL-TYPE	ZICONIOTIDE ACETATE	PRIALT	INJECTION	Requires previous approval of intrathecal pain pump.
ANDROGENIC AGENTS				Androgenic Agent Class Restrictions: Effective September 1, 2014 coverage of all testosterone products (oral, topical, parenteral) is limited to only those claims that have allowed medical conditions involving the genitourinary or endocrine systems.
	METHYLTESTOSTERONE	ANDROID	ORAL	
	OXANDROLONE	OXANDROLONE	ORAL	
	TESTOSTERONE BUCCAL	STRIANT	BUCCAL	
	TESTOSTERONE TD	ANDRODERM	TRANSDERM	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
ANG REC ANTG II THIAZ COMBO	CANDESARTAN CILEXETIL-HCTZ	ATACAND HCT	ORAL	
	EPROSARTAN MESYLATE-HCTZ	TEVETEN HCT	ORAL	
	IRBESARTAN- HCTZ	AVALIDE	ORAL	
	LOSARTAN POTASSIUM - HCTZ	HYZAAR	ORAL	
	OLMESARTAN MEDOXOMIL-HCTZ	BENICAR HCT	ORAL	
	TELMISARTAN-HCTZ	MICARDIS HCT	ORAL	
	VALSARTAN-HCTZ	DIOVAN HCT	ORAL	
ANGIOTEN-REC ANT/CA-CHBLKR/THZ	AMLODIPINE-VALSARTAN-HCTZ	EXFORGE HCT	ORAL	
	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	AZOR	ORAL	
	AMLODIPINE BESYLATE-VALSARTAN	EXFORGE	ORAL	
ANOREXIC AGENTS	BENZPHETAMINE HCL	BENZPHETAMINE HCL	ORAL	
ANTACIDS				ANTACIDS DRUG CLASS SPECIFIC RESTRICTIONS All combinations and oral dosage forms are covered
	ALUM & MAG HYDROXIDE-SIMETHICONE	RULOX	ORAL	
	ALUMINUM & MAGNESIUM HYDROXIDES	ALAMAG	ORAL	
	ALUMINUM HYDROXIDE	ALTERNAGEL	ORAL	
	ALUMINUM HYDROXIDE-MAGNESIUM TRISILICATE	GAVISCON	ORAL	
	CALCIUM CARBONATE	TUMS	ORAL	
	CALCIUM CARBONATE-MAG HYDROXIDE	MYLANTA ULTRA	ORAL	
	CALCIUM CARBONATE-MAG HYDROXIDE	ROLAIDS	ORAL	
SODIUM BICARBONATE	SODIUM BICARBONATE	ORAL		
ANTHELMINTICS	MEBENDAZOLE	MEBENDAZOLE CHEW TAB	ORAL	
ANTI-ALCOHOLIC PREPARATIONS	ACAMPROSATE CALCIUM	CAMPRAL	ORAL	
	DISULFIRAM	ANTABUSE	ORAL	
ANTIANGINAL ANTI ISCHEMIC DRUG	RANOLAZINE	RANEXA	ORAL	
ANTI-ANXIETY DRUGS				BENZODIAZEPINE ANTI-ANXIETY DRUG CLASS SPECIFIC RESTRICTIONS Effective January 1, 2014, reimbursement is restricted to the maximum daily dose listed with each of the agents below. This restriction shall not apply to claims in which doses above the listed maximum daily dose of covered drugs in this class were reimbursed by BWC prior to December 31, 2013. Claims in which doses exceed the listed maximum daily dose of covered drugs will be covered up to the daily dose as of December 31, 2013. In addition to the maximum daily doses listed below, effective May 1, 2015, reimbursement for all oral benzodiazepine anti-anxiety and anti-convulsant drug class agents will be limited to 60 days unless there is a psychological condition allowed in the claim.
	ALPRAZOLAM	XANAX	ORAL	Maximum dose of four (4) milligrams per day
	BUSPIRONE HCL	BUSPAR	ORAL	No restriction on maximum daily dose
	CHLORDIAZEPOXIDE HCL	LIBRIUM	ORAL	Maximum dose of two hundred (200) milligrams per day
	CLONAZEPAM	KLONIPIN	ORAL	Maximum dose of 4 (4) milligrams per day
	CLORAZEPATE DIPOTASSIUM	TRANXENE	ORAL	Maximum dose of eighty (80) milligrams per day
	CLORAZEPATE DIPOTASSIUM	TRANXENE T-TAB	ORAL	Maximum dose of eighty (80) milligrams per day
	DIAZEPAM	VALIUM	ORAL	Maximum dose of forty (40) milligrams per day
	LORAZEPAM	ATIVAN	ORAL	Maximum dose of eight (8) milligrams per day
	MEPROBAMATE	MILTOWN	ORAL	No restriction on maximum daily dose
	OXAZEPAM	SERAX	ORAL	Maximum dose of one hundred eighty (180) milligrams per day
	ANTIARRHYTHMICS	AMIODARONE HCL	PACERONE	ORAL
DOFETILIDE		TIKOSYN	ORAL	
FLECAINIDE ACETATE		TAMBOCOR	ORAL	
MEXILETINE HCL		MEXILETINE HCL	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	PROPAFENONE HCL	RYTHMOL	ORAL	
	PROPAFENONE HCL	RYTHMOL SR	ORAL	
	QUINIDINE GLUCONATE	QUINIDINE GLUCONATE	ORAL	
ANTIARRHYTHMICS	DRONEDARONE	MULTAQ	ORAL	
ANTIARTHRICS FOLATE ANTAG AGT	METHOTREXATE SODIUM	RHEUMATREX	ORAL	
ANTIARTHRITIC/CHELATING AGENTS	PENICILLAMINE	CUPRIMINE	ORAL	
ANTIARTHRITICS AGENTS MISC.	GLUCOSAMINE SULFATE	GLUCOSAMINE SULFATE	ORAL	
	GLUCOSAMINE-CHONDROITIN	ARTHX DS	ORAL	
ANTICHOLINERGICS, ANTISPASMO	DICYCLOMINE HCL	BENTYL	ORAL	
ANTICHOLINERGICS, QUANTERNAR	CHLORDIAZEPOXIDE-CLIDINIUM	LIBRAX	ORAL	
	GLYCOPYRROLATE	ROBINUL	ORAL	
	PROPANTHELINE BROMIDE	PRO-BANTHINE	ORAL	
ANTICONVULSANTS	CARBAMAZEPINE	TEGRETOL	ORAL	
	CLONAZEPAM	KLONOPIN	ORAL	Benzodiazepine drug class restrictions apply. Maximum dose of 4 (4) milligrams per day. In addition to the maximum daily dose listed above, effective May 1, 2015, reimbursement for all benzodiazepine anti-anxiety and anti-convulsant drug class agents will be limited to 60 days unless there is a psychological condition allowed in the claim.
	DIAZEPAM	DIASAT ACUDIAL	RECTAL	
	DIVALPROEX SODIUM	DEPAKOTE	ORAL	
	ETHOSUXIMIDE	ZARONTIN	ORAL	
	FELBAMATE	FELBATOL	ORAL	
	LAMOTRIGINE	LAMICTAL	ORAL	
	MEPHOBARBITAL	MEBARAL	ORAL	
	OXCARBAZEPINE	TRILEPTAL	ORAL	
	PHENYTOIN SODIUM	DILANTIN	ORAL	
	PRIMIDONE	MYSOLINE	ORAL	
	TOPIRAMATE	TOPAMAX	ORAL	
	VALPROIC ACID	STAVZOR	ORAL	
	GABAPENTIN (IMMEDIATE RELEASE)	NEURONTIN	ORAL	
	GABAPENTIN (SUSTAINED RELEASE)			Gabapentin Sustained Release product class restriction: Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trail and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time. .
		GRALISE	ORAL	See Gabapentin Sustained Release class restriction
		HORIZANT	ORAL	See Gabapentin Sustained Release class restriction
ANTICONVULSANTS	LACOSAMIDE	VIMPAT	ORAL	
	LEVETIRACETAM	KEPPRA	ORAL	
	PREGABALIN	LYRICA	ORAL	
	TIAGABINE HCL	GABITRIL	ORAL	
	ZONISAMIDE	ZONEGRAN	ORAL	
ANTIDIARRHEAL MICRO AGENTS	LACTOBACILLUS	BACID	ORAL	
	LACTOBACILLUS	LACTINEX	ORAL	
	LACTOBACILLUS RHAMNOSUS (GG)	CULTURELLE	ORAL	
	PROBIOTIC PRODUCT	ALIGN	ORAL	
	PROBIOTIC PRODUCT	RISAQUAD	ORAL	
	SACCHAROMYCES BOULARDII	FLORASTOR	ORAL	
ANTIDIARRHEALS	BISMUTH SUBSALICYLATE	PEPTO-BISMOL	ORAL	
	DIFENOXIN W/ ATROPINE	MOTOFEN	ORAL	
	DIPHENOXYLATE W/ ATROPINE	LOMOTIL	ORAL	
	LOPERAMIDE	IMODIUM A-D	ORAL	
	PAREGORIC	PAREGORIC	ORAL	
ANTIDIURETIC AND VASOPRESSOR	DESMOPRESSIN ACETATE	DDAVP	INJECTION	
ANTI-EMETICS	APREPITANT	EMEND	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	DIMENHYDRINATE	DRAMAMINE	ORAL	
	DOLASETRON MESYLATE	ANZEMET	ORAL	
	DRONABINOL	MARINOL	ORAL	
	GRANISETRON HCL	KYTRIL	ORAL	
	MECLIZINE HCL	ANTIVERT	ORAL	
	ONDANSETRON HCL	ZOFRAN	ORAL	
	PROCHLORPERAZINE MALEATE	COMPAZINE	ORAL	
	PROCHLORPERAZINE MALEATE	COMPAZINE	RECTAL	
	PROMETHAZINE HCL	PHENERGAN	ORAL	
	PROMETHAZINE HCL	PHENERGAN	RECTAL	
	SCOPOLAMINE HYDROBROMIDE	SCOPACE	ORAL	
	SCOPOLAMINE TD	TRANSDERM-SCOP	TRANSDERM	
	TRIMETHOBENZAMIDE HCL	TIGAN	ORAL	
ANTIFIBRINOLYTIC AGENTS	AMINOCAPROIC ACID	AMINOCAPROIC ACID	ORAL	
ANTIFLATULENTS	SIMETHICONE	SIMETHICONE	ORAL	
ANTIFUNGAL AGENTS	CLOTRIMAZOLE	CLOTRIMAZOLE	MUCOUS MEM	
	CLOTRIMAZOLE	MYCELEX	MUCOUS MEM	
	KETOCONAZOLE	KETOCONAZOLE	ORAL	
ANTIFUNGAL AGENTS	FLUCONAZOLE	FLUCONAZOLE	ORAL	
	ITRACONAZOLE	SPORANOX	ORAL	
	TERBINAFINE HCL	LAMISIL	ORAL	
ANTIFUNGAL AGENTS	POSACONAZOLE	NOXAFIL	ORAL	
		VFEND	ORAL	
ANTIFUNGAL ANTIBIOTICS	GRISEOFULVIN	GRIFULVIN V	ORAL	
	MEFLOQUINE HCL	MEFLOQUINE HCL	ORAL	
	NYSTATIN	NYSTATIN	ORAL	
ANTIHIIST/DECONG COMBINATION	ACRIVASTINE & PSEUDOEPHEDRINE	SEMPREX-D	ORAL	
	CETIRIZINE-PSEUDOEPHEDRINE	CETIRIZINE-PSEUDOEPHEDRINE	ORAL	
	CETIRIZINE-PSEUDOEPHEDRINE	ZYRTEC-D	ORAL	
	DESLOMATADINE & PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	ORAL	
	FEXOFENADINE-PSE ER	FEXOFENADINE-PSE ER	ORAL	
	FEXOFENADINE-PSEUDOEPHEDRINE	ALLEGRA-D 12 HOUR	ORAL	
	LORATADINE	ALAVERT	ORAL	
	LORATADINE & PSEUDOEPHEDRINE	LORATA-D	ORAL	
ANTIHIIST/DECONG COMBINATION	BROMPHENIRAMINE & PHENYLEPHRINE	RESPAHIST-II	ORAL	
	BROMPHENIRAMINE & PSEUDOEPHEDRINE	BROVEX SR	ORAL	
	CHLORPHENIRAMINE -PHENYLEPHRINE TAN	DALLERGY-JR	ORAL	
	CHLORPHENIRAMINE/ PSEUDOEPHEDRINE	WAL-FINATE-D	ORAL	
	DIPHENHYDRAMINE TAN-PHENYLEPHRINE TAN	DIPHENMAX D	ORAL	
	PROMETHAZINE & PHENYLEPHRINE	PROMETHAZINE VC	ORAL	
	PYRILAMINE-PHENYLEPHRINE	POLY HIST FORTE	ORAL	
ANTIHIISTAMINES - 1ST GENERATIO	BROMPHENIRAMINE & PSEUDOEPHEDRINE	LODRANE	ORAL	
	BROMPHENIRAMINE MALEATE	LOHIST 12HR	ORAL	
	CARBINOXAMINE MALEATE	CARBINOXAMINE MALEATE	ORAL	
	CARBINOXAMINE MALEATE	PALGIC	ORAL	
	CLEMASTINE FUMARATE	CLEMASTINE FUMARATE	ORAL	
	CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	ORAL	
	DIPHENHYDRAMINE HCL	BENADRYL	ORAL	
	DIPHENHYDRAMINE TANNATE	DIPHENMAX	ORAL	
	HYDROXYZINE HCL	HYDROXYZINE HCL	ORAL	
	PROMETHAZINE HCL	PHENERGAN	ORAL	
ANTIHIISTAMINES - 2ND GENERATIO	CETIRIZINE HCL	ZYRTEC	ORAL	
	DESLOMATADINE	CLARINEX	ORAL	
	DIPHENHYDRAMINE HCL	ALLERGY RELIEF	ORAL	
	FEXOFENADINE HCL	ALLEGRA	ORAL	
	LEVOCETIRIZINE DIHYDROCHLORIDE	XYZAL	ORAL	
	LORATADINE	CLEAR-ATADINE	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
ANTI-HIST-ANALGESIC, NON-SAL	DIPHENHYDRAMINE W/ APAP TAB	EXCEDRIN P.M.	ORAL	
	PHENYLTOLOXAMINE W/ APAP	FLEXTRA-650	ORAL	
ANTI-HIST-DECONG-ANTICHOLIN-CMB	CHLORPHEN-PSE-ATROPINE-HYOS-SCOPOL TAB SR	RU-TUSS	ORAL	
	PE-METHSCOP TAB	ALLERX PE	ORAL	
ANTIHYPERGLY, DPP4 INHIB+BIGUAN	SITAGLIPTIN-METFORMIN	JANUMET	ORAL	
ANTIHYPERGLYCEMIC DPP-4 INHIB	SITAGLIPTIN PHOSPHATE	JANUVIA	ORAL	
ANTI-HYPERGLYIC, INCRETIN-MIMT	EXENATIDE	BYETTA	SUB-Q	
	LIRAGLUTIDE	LIRAGLUTIDE INJ	SUB-Q	
ANTI-HYPERGLYIC-AMYLIN-ANALOG	PRAMLINTIDE ACETATE	SYMLIN	SUB-Q	
ANTILEPTOTICS	DAPSONE	DAPSONE	ORAL	
ANTIMALARIAL DRUGS	CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	ORAL	
	HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE SULFATE	ORAL	
	QUININE SULFATE	QUAQUIN	ORAL	
ANTI-MANIA DRUGS	CARBAMAZEPINE	TEGRETOL	ORAL	
	LITHIUM CARBONATE	ESKALITH	ORAL	
	LITHIUM CITRATE	CIBALITH-S	ORAL	
ANTIMETABOLITES	CAPECITABINE	XELODA	ORAL	
	METHOTREXATE	METHOTREXATE	ORAL	
ANTIMIGRAINE PREPARATIONS	ALMOTRIPTAN MALATE	AXERT	ORAL	12 units per 30 days
	APAP-ISOMETHEPTENE-DICHLORAL	EPIDRIN	ORAL	
	DIHYDROERGOTAMINE MESYLATE	MIGRANAL	NASAL	
	ELETRIPTAN HYDROBROMIDE	RELPAX	ORAL	6 units per 30 days
	ERGOTAMINE TARTRATE	ERGOMAR	SUBLINGUAL	
	ERGOTAMINE-CAFFEINE	ERGOTAMINE-CAFFEINE	ORAL	
	FROVATRIPTAN SUCCINATE	FROVA	ORAL	9 units per 30 days
	ISOMETH-D-CHLORALPHENAZ-APAP	MIDRIN	ORAL	
	NARATRIPTAN HCL	AMERGE	ORAL	9 units per 30 days
	RIZATRIPTAN BENZOATE	MAXALT	ORAL	12 units per 30 days
	RIZATRIPTAN BENZOATE	MAXALT MLT	ORAL	12 units per 30 days
	SUMATRIPTAN	IMITREX	ORAL	9 units per 30 days
	SUMATRIPTAN	IMITREX	NASAL	9 units per 30 days
	SUMATRIPTAN	IMITREX	SUB-Q	9 units per 30 days
	SUMATRIPTAN-NAPROXEN	TREXIMET	ORAL	9 units per 30 days
	ZOLMITRIPTAN	ZOMIG 2.5 MG	ORAL	12 units per 30 days
	ZOLMITRIPTAN	ZOMIG 5.0 MG	ORAL	6 units per 30 days
ZOLMITRIPTAN	ZOMIG	NASAL	12 units per 30 days	
ZOLMITRIPTAN	ZOMIG ZMT 2.5 MG	ORAL	12 units per 30 days	
ZOLMITRIPTAN	ZOMIG ZMT 5 MG	ORAL	6 units per 30 days	
ANTI-NARCOLEPSY/ANTI-CATAPLEXY	SODIUM OXYBATE	XYREM	ORAL	
ANTI-NARCOLEPSY/ANTI-HYPER				ANTI-NARCOLEPSY/ANTI-HYPER DRUG CLASS SPECIFIC RESTRICTIONS All oral formulations and strengths of listed agents are covered for allowed conditions.
	ARMODAFINIL	NUVIGIL	ORAL	
	DEXMETHYLPHENIDATE HCL	FOCALIN	ORAL	
	METHYLPHENIDATE HCL	RITALIN	ORAL	
	METHYLPHENIDATE HCL	CONCERTA	ORAL	
	MODAFINIL	PROVIGIL	ORAL	
ANTINEOPL IMMUNODULATOR AGT	LENALIDOMIDE	REVLIMID	ORAL	
ANTINEOPLASTIC-AROMATASE INHIB	ANASTROZOLE	ARIMIDEX	ORAL	
	EXEMESTANE	AROMASIN	ORAL	
	LETROZOLE	FEMARA	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
ANTIOXIDANT AGENTS	LUTEIN-ZEAXANTHIN	LUTEIN	ORAL	
ANTIPARASITICS	NITAZOXANIDE	ALINIA	ORAL	
ANTIPARKINSONISM DRUGS, ANTI	BENZTROPINE MESYLATE	COGENTIN	ORAL	
ANTIPARKINSONISM DRUGS, ANTI	TRIHEXYPHENIDYL HCL	ARTANE	ORAL	
ANTIPARKINSONISM DRUGS, OTHE	AMANTADINE HCL	SYMMETREL	ORAL	
	BROMOCRIPTINE MESYLATE	PARLODEL	ORAL	
	CARBIDOPA-LEVODOPA	SINEMET	ORAL	
	CARBIDOPA-LEVODOPA-ENTACAPONE	STALEVO 150	ORAL	
	ENTACAPONE	COMTAN	ORAL	
	PERGOLIDE MESYLATE	PERMAX	ORAL	
	PRAMIPEXOLE DIHYDROCHLORIDE	MIRAPEX	ORAL	
	RASAGILINE MESYLATE	AZILECT	ORAL	
	ROPINIROLE HCL	ROPINIROLE HCL	ORAL	
	ROPINIROLE HYDROCHLORIDE	REQUIP	ORAL	
ANTIPERSPIRANTS	ALUMINUM CHLORIDE	DRYSOL	TOPICAL	
ANTIPROTOZOAL-ANTIBACT - 3rd GEN	TINIDAZOLE	TINDAMAX	ORAL	
ANTIPRURITICS, TOPICAL	DIPHENHYDRAMINE HCL	BENADRYL ITCH STOPPING	TOPICAL	
	DOXEPIN HCL	PRUDOXIN	TOPICAL	
	PRAMOXINE-BENZYL ALCOHOL	ITCH-X	TOPICAL	
	PRAMOXINE-ZINC ACETATE	CALADRYL CLEAR	TOPICAL	
ANTIPSORIATIC AGENT SYSTEMIC	ACITRETIN	SORIATANE	ORAL	
ANTIPSORIATICS AGENTS	CALCIPOTRIENE	DOVONEX	TOPICAL	
ANTIPSORIATICS AGENTS	TAZAROTENE	TAZORAC	TOPICAL	
ANTIPSYCHOTIC-ATYPICAL ANTAGON	ASENAPINE MALEATE	SAPHRIS	SUBLINGUAL	Use of sublingual dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	CLOZAPINE	CLOZARIL	ORAL	
	OLANZAPINE	ZYPREXA	ORAL	
	PALIPERIDONE	INVEGA	ORAL	
	QUETIAPINE FUMARATE	SEROQUEL	ORAL	
	RISPERIDONE	RISPERDAL	ORAL	
	ZIPRASIDONE HCL	GEODON	ORAL	
ANTIPSYCHOTIC-BUTYRONPHENONES	HALOPERIDOL	HALDOL	ORAL	
ANTIPSYCHOTIC-DIHYDROINDOLONES	MOLINDONE HCL	MOBAN	ORAL	
ANTIPSYCHOTIC-DIPHENYLBUTYLPIP	PIMOZIDE	ORAP	ORAL	
ANTIPSYCHOTIC-DOPA/SERO ANTG	LOXAPINE SUCCINATE	LOXITANE	ORAL	
ANTI-PSYCHOTICS, PHENOTHIAZIN	CHLORPROMAZINE HCL	THORAZINE	ORAL	
	FLUPHENAZINE HCL	PROLIXIN	ORAL	
	PERPHENAZINE	TRILAFON	ORAL	
	THIORIDAZINE HCL	MELLARIL	ORAL	
	TRIFLUOPERAZINE HCL	STELAZINE	ORAL	
ANTIPSYCHOTICS-ATYPICAL, D2/5HT	ARIPIRAZOLE	ABILIFY	ORAL	
ANTIPSYCHOTIC-THIOXANTHENES	THIOTHIXENE	NAVANE	ORAL	
ANTITUBERCULAR AGENTS	ETHAMBUTOL HCL	ETHAMBUTOL HCL	ORAL	
	ISONIAZID	ISONIAZID	ORAL	
	PYRAZINAMIDE	PYRAZINAMIDE	ORAL	
	RIFABUTIN	MYCOBUTIN	ORAL	
ANTITUBERCULAR ANTIBIOTICS	RIFAMPIN	RIFADIN	ORAL	
ANTITUSS-ANTIHIST-DECONG-EXPEC	PHENYLEPH-CHLORPHEN W/ DM-GG	QUAL-TUSSIN	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
ANTITUSS-EXPECTORANT-COMBINATI	DEXTROMETHORPHAN-GUAIFENESIN SYRUP	ROBITUSSIN-DM COUGH	ORAL	
ANTITUSSIVE, NON-NARCOTIC	BENZONATATE	TESSALON	ORAL	
	DEXTROMETHORPHAN POLISTIREX	DELSYM	ORAL	
ANTITUSSIVE-ANTIHIST-DECONGEST	BROMPHENIRAMINE & DEXTROMETHORPHAN	BROMFED-DM	ORAL	
	PHENYLEPH TAN-PYRILAMINE TAN-CARBETA TAN TAB	TUSSI-12D	ORAL	
	PHENYLEPH-EPHED-CPM W/ CARBETAPENTANE	RYNATUSS	ORAL	
	PHENYLEPHRINE-CHLORPHEN-DM	C-PHEN DM	ORAL	
	PHENYLEPHRINE-PYRILAMINE-DM	CODAL-DM	ORAL	
	PSEUDOEPH-BROMPHEN W/ HYDROCODONE SOLN	BROMPLEX DM	ORAL	
	PSEUDOEPHED TAN-BROMPHEN TAN-DM TAN SUSP	ANAPLEX DMX	ORAL	
	PSEUDOEPHED-BROMPHEN-DM SYRUP	BROMETANE DX	ORAL	
	PSEUDOEPHED-BROMPHENPHENIRAMINE	PSE BROM	ORAL	
ANTIULCER H PYLORI AGENTS	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ	PREVPAC	ORAL	
	METRONIDAZ TAB-TETRACYC CAP-BIS SUBSAL	HELIDAC	ORAL	
ANTIULCER PREPARATIONS	MISOPROSTOL	CYTOTEC	ORAL	
	SUCRALFATE	CARAFATE	ORAL	
ANTIVIRAL GENERAL CONT. 2	VALGANCICLOVIR HCL	VALCYTE	ORAL	
ANTIVIRALS	ACYCLOVIR	ACYCLOVIR	ORAL	
	FAMCICLOVIR	FAMVIR	ORAL	
	OSELTAMIVIR PHOSPHATE	TAMIFLU	ORAL	
	VALACYCLOVIR HCL	VALTREX	ORAL	
	LEDIPASVIR/SOFOSBUVIR	HARVONI	ORAL	
APPETITE STIMULANTS ANOREXIA	MEGESTROL ACETATE	MEGACE	ORAL	
ARTIFICIAL TEARS	ARTIFICIAL TEARS	LACRISERT	OPHTHALMIC	
	ARTIFICIAL TEARS	NATURE'S TEARS	OPHTHALMIC	
	CARBOXYMETHYLCELLULOSE SODIUM	REFRESH PLUS	OPHTHALMIC	
	CARBOXYMETHYLCELLULOSE-GLYCERIN	OPTIVE	OPHTHALMIC	
	GLYCERIN-POLYSORBATE 80	REFRESH DRY EYE THERAPY	OPHTHALMIC	
	HYPROMELLOSE	GENTEAL	OPHTHALMIC	
	HYPROMELLOSE	ISOPTO TEARS	OPHTHALMIC	
	Inactive	REFRESH LIQUIGEL	OPHTHALMIC	
	POLYETHYLENE GLYCOL-POLYVINYL ALCOHOL	HYPOTEARNS	OPHTHALMIC	
	POLYETHYLENE GLYCOL-PROPYLENE GLYCOL	SYSTANE	OPHTHALMIC	
	POLYVINYL ALCOHOL	TEARGEN	OPHTHALMIC	
	POLYVINYL ALCOHOL-POVIDONE	REFRESH	OPHTHALMIC	
	POLYVINYL ALC-POVIDONE-2,4-D DIMETHYLAMINE	FRESHKOTE	OPHTHALMIC	
ASTRINGENTS	ALUMINUM ACETATE	A-MANTLE	TOPICAL	
	ALUMINUM ACETATE SOLN	ALUMINUM ACETATE SOLN	TOPICAL	
	WITCH HAZEL (HAMAMELIS VIRGINIANA)	TUCKS	TOPICAL	
	WITCH HAZEL-GLYCERIN	MEDI PADS	TOPICAL	
BARBITURATES	BUTISOL SODIUM	BUTISOL SODIUM	ORAL	
	PHENOBARBITAL	PHENOBARBITAL	ORAL	
	SECOBARBITAL SODIUM	SECONAL SODIUM	ORAL	
BELLADONNA ALKALOIDS	ATROPINE SULFATE	SAL-TROPINE	ORAL	
	BELLADONNA ALKALOIDS-PHENOBARBITAL	DONNATAL	ORAL	
	HYOSCYAMINE SULFATE	LEVSIN	ORAL	
	METHSCOPOLAMINE BROMIDE	PAMINE	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
BENIGN PROSTATIC HYPERTROPHY	ALFUZOSIN HCL	UROXATRAL	ORAL	
	DUTASTERIDE	AVODART	ORAL	
	FINASTERIDE	FINASTERIDE	ORAL	
	SILODOSIN	RAPAFLO	ORAL	
	TAMSULOSIN HCL	FLOMAX	ORAL	
BETA ADRENERGIC BLOCKING AGES	ACEBUTOLOL HCL	ACEBUTOLOL HCL	ORAL	
	ATENOLOL	TENORMIN	ORAL	
	BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	ORAL	
	METOPROLOL SUCCINATE	TOPROL XL	ORAL	
	METOPROLOL TARTRATE	LOPRESSOR	ORAL	
	NADOLOL	CORGARD	ORAL	
	PINDOLOL	PINDOLOL	ORAL	
	PROPRANOLOL HCL	INDERAL	ORAL	
	SOTALOL	SOTALOL	ORAL	
	TIMOLOL MALEATE	TIMOLOL MALEATE	ORAL	
BETA ADRENERGIC BLOCKING CON	NEBIVOLOL HCL	BYSTOLIC	ORAL	
	ALBUTEROL SULFATE	ALBUTEROL	INHALATION	
	ALBUTEROL SULFATE	PROVENTIL	ORAL	
	ARFORMOTEROL TARTRATE	BROVANA	INHALATION	
	FORMOTEROL FUMARATE	FORADIL	INHALATION	
	LEVALBUTEROL HCL	XOPENEX	INHALATION	
	METAPROTERENOL SULFATE	METAPREL	ORAL	
	METAPROTERENOL SULFATE	METAPREL	INHALATION	
	PIRBUTEROL ACETATE	MAXAIR AUTOHALER	INHALATION	
	SALMETEROL XINAFOATE	SEREVENT DISKUS	INHALATION	
TERBUTALINE SULFATE	BRETHINE	ORAL		
BETA-ADRENERGIC/ANTICHOLIN CMB	IPRATROPIUM-ALBUTEROL	COMBIVENT	INHALATION	
BETA-ADRENERGICS GLUCOCORTIC	BUDESONIDE-FORMOTEROL FUMARATE DIHYD	SYMBICORT	INHALATION	
	FLUTICASONE-SALMETEROL	ADVAIR	INHALATION	
	MOMETASONE FUROATE-FORMOTEROL FUMARATE	DULERA	INHALATION	
BETA-BLOCKER/THIAZIDE COMBO	ATENOLOL-CHLORTHALIDONE	ATENOLOL-CHLORTHALIDONE	ORAL	
	BISOPROLOL & HYDROCHLOROTHIAZIDE	ZIAC	ORAL	
	BISOPROLOL FUMARATE-HCTZ	BISOPROLOL FUMARATE-HCTZ	ORAL	
	METOPROLOL-HYDROCHLOROTHIAZIDE	METOPROLOL-HYDROCHLOROTHIAZIDE	ORAL	
BILE SALT INHIBITORS	CHOLESTYRAMINE	PREVALITE	ORAL	
	COLESEVELAM HCL	WELCHOL	ORAL	
	COLESTIPOL HCL	COLESTID	ORAL	
BILE SALTS	URSODIOL	URSO FORTE	ORAL	
BONE FORM STIM AGTS-PT HORMO	TERIPARATIDE (RECOMBINANT)	FORTEO	SUB-Q	
BONE OSSIFICATION SUPPRESSIO	ALENDRONATE SODIUM	FOSAMAX	ORAL	
	CALCITONIN (SALMON)	MIACALCIN	NASAL	
	ETIDRONATE DISODIUM	ETIDRONATE DISODIUM	ORAL	
	IBANDRONATE SODIUM	BONIVA	ORAL	
	RALOXIFENE HCL	EVISTA	ORAL	
	RISEDRONATE SODIUM	ACTONEL	ORAL	
BONE RESORP INHIB-CALCIUM COM	RISEDRONATE SOD WITH CALCIUM CARBONATE	ACTONEL WITH CALCIUM	ORAL	
BONE RESORPTION INHIB & VIT D	ALENDRONATE SODIUM-CHOLECALCIFEROL	FOSAMAX PLUS D	ORAL	
BONE RI. SENSITIVITY ENHANCER	CINACALCET HCL	SENSIPAR	ORAL	
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB	DUTASTERIDE-TAMSULOSIN HC	DUTASTERIDE-TAMSULOSIN HC	ORAL	
VITAMIN B & C COMBINATION	MULTIPLE VITAMINS W/ MINERALS	THERAPEUTIC-M	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
PRENATAL VITAMIN PREPS	PRENATAL VIT W/ DSS-IRON CARBONYL-FA	ULTRA NATALCARE	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
CALCIUM CHANNEL BLOCKING AGT	AMLODIPINE BESYLATE	NORVASC	ORAL	
	DILTIAZEM HCL	CARDIZEM	ORAL	
	FELODIPINE	FELODIPINE ER	ORAL	
	ISRADIPINE	DYNACIRC CR	ORAL	
	NICARDIPINE HCL	CARDENE	ORAL	
	NIFEDIPINE	PROCARDIA	ORAL	
	NISOLDIPINE	SULAR	ORAL	
	VERAPAMIL HCL	VERELAN	ORAL	
CALCIUM REPLACEMENT				CALCIUM REPLACEMENT DRUG CLASS SPECIFIC RESTRICTIONS All calcium salts and oral dosage forms are covered for allowed conditions
	CALCIUM CARBONATE-VITAMIN D	CALCIUM 500 + VIT D	ORAL	
	CALCIUM CITRATE-VITAMIN D	CALCITRATE	ORAL	
	CALCIUM GLUCONATE	CALCIUM GLUCONATE	ORAL	
	CALCIUM W/ MAGNESIUM	CALCIUM-MAGNESIUM	ORAL	
CARBAPENEMS (THIENAMYCINS)	ERTAPENEM SODIUM	ERTAPENEM SODIUM	INJ	
CARBONIC ANHYDRASE INHIBITOR	ACETAZOLAMIDE	ACETAZOLAMIDE	ORAL	
	METHAZOLAMIDE	METHAZOLAMIDE	ORAL	
CEPHALOSPORIN, 1ST GENERAT	CEFADROXIL	CEFADROXIL	ORAL	
	CEPHALEXIN	KEFLEX	ORAL	
CEPHALOSPORIN, 2ND GENERAT	CEFACLOR	CEFACLOR	ORAL	
	CEFPROZIL	CEFPROZIL	ORAL	
	CEFUROXIME AXETIL	CEFTIN	ORAL	
CEPHALOSPORIN, 3RD GENERAT	CEFDINIR	OMNICEF	ORAL	
	CEFDITOREN PIVOXIL	SPECTRACEF	ORAL	
	CEFIXIME	SUPRAX	ORAL	
	CEFTAZIDIME	CEFTAZIDIME	INJECTION	
	CEFTIBUTEN	CEDAX	ORAL	
	CEFTRIAZONE	CEFTRIAZONE	INJECTION	
CEPHALOSPORIN, 4TH GENERAT	CEFEPIME HCL	CEFEPIME	INTRAVEN	
	CEFEPIME HCL	CEFEPIME HCL	INJECTION	
CHOLINESTERASE INHIBITORS	DONEPEZIL HYDROCHLORIDE	ARICEPT	ORAL	
	GALANTAMINE HYDROBROMIDE	RAZADYNE	ORAL	
	PYRIDOSTIGMINE BROMIDE	MESTINON	ORAL	
	RIVASTIGMINE TARTRATE	EXELON	ORAL	
CHROMOLYN AND DERIVATIVES	CROMOLYN SODIUM	CROMOLYN SODIUM	INHALATION	
CHRONIC COLON INFLAM DRUG TX	BALSALAZIDE DISODIUM	BALSALAZIDE DISODIUM	ORAL	
	MESALAMINE	ASACOL	ORAL	
	OLSALAZINE SODIUM	DIPENTUM	ORAL	
COLCHICINE	COLCHICINE	COLCHICINE	ORAL	
COLON INFLAM DRUG, RECTAL	MESALAMINE	CANASA	RECTAL	
CORONARY VASODILATORS	ISOSORBIDE DINITRATE	ISOSORBIDE DINITRATE	ORAL	
	ISOSORBIDE MONONITRATE	ISMO	ORAL	
	NITROGLYCERIN	NITROGLYCERIN	ORAL	
	NITROGLYCERIN OINT 2%	NITRO-BID OINT	TRANSDERM	
	NITROGLYCERIN PATCH	NITROGLYCERIN PATCH	TRANSDERM	
	NITROGLYCERIN SL	NITROSTAT	SUBLINGUAL	
	NITROGLYCERIN TL SOLN	NITROLINGUAL	TRANSLING	
DECONGEST-ANALGESIC, NON-SALICYLATE COMB.	PHENYLEPHRINE W/ ACETAMINOPHEN	PHENYLEPHRINE W/ ACETAMINOPHEN	ORAL	
DECONGESTANT-EXPECTORANT COMB	PHENYLEPHRINE-GUAIFENESIN CAP SR	GENEXA LA	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	PSEUDOEPHEDRINE-GUAIFENESIN TAB SR	MUCINEX D	ORAL	
DECONGEST-ANTICHOLINERGIC CMB	PSEUDOEPHEDRINE-METHSCOPOLAMINE TAB	PSEUDOEPHEDRINE-METHSCOPOLAMINE TAB	ORAL	
DENTAL AIDS AND PREPARATIONS	CHLORHEXIDINE GLUCONATE	PERIOGARD	MUCOUS MEM	
	TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	DENTAL	
DEODORANTS	OSTOMY SUPPLIES	M9	MISCELL	
DIABETIC ULSER PREP TOPICAL	BECAPLERMIN	REGRANEX	TOPICAL	
DIGITALIS GLYCOSIDES	DIGOXIN	LANOXIN	Oral	
DRUGS TO TREAT IMPOTENCY	ALPROSTADIL	CAVERJECT	INTRACAVER	6 UNITS PER 30 DAYS
	ALPROSTADIL	EDEX	INTRACAVER	6 UNITS PER 30 DAYS
	ALPROSTADIL URETHRAL PELLETT	MUSE	URETHRAL	6 UNITS PER 30 DAYS
	SILDENAFIL CITRATE	VIAGRA	ORAL	6 UNITS PER 30 DAYS
	TADALAFIL	CIALIS	ORAL	10mg or 20mg = 6 Units per 30 days, 2.5mg or 5mg = 30units per 30 days
	VARDENAFIL HCL	LEVITRA	ORAL	6 UNITS PER 30 DAYS
	YOHIMBINE HCL	YOHIMBINE HCL	ORAL	PA required but no monthly quantity restrictions
EAR PREPS ANTIBIOTICS	NEOMYCIN-COLISTIN-HC-THONZONIUM	CORTISPORIN-TC	OTIC	
	NEOMYCIN-POLYMYXIN-HC	CORTOMYCIN	OTIC	
	OFLOXACIN	OFLOXACIN	OTIC	
EAR PREPS ANTIINFLAMMATORY	FLUOCINOLONE ACETONIDE	DERMOTIC	OTIC	
EAR PREPS LOCAL ANESTHETIC	ACETIC ACID-ANTIPYRINE-BENZOCAINE-POLYCOSANOL	ACETIC ACID-ANTIPYRINE-BENZOCAINE-POLYCOSANOL OTIC SOLN	OTIC	
	ANTIPYRINE-BENZOCAINE-POLYCOSANOL	AURALGAN	OTIC	
	BENZOCAINE-ANTIPYRINE	AURODEX EAR DROPS	OTIC	
EAR PREPS MISC ANTIINFECTIVE	ACETIC ACID	ACETIC ACID	OTIC	
	ACETIC ACID-ALUMINUM	ACETIC ACID-ALUMINUM	OTIC	
	ACETIC ACID-HYDROCORTISONE	ACETIC ACID-HYDROCORTISONE	OTIC	
	CRESYL ACETATE	CRESYLATE	OTIC	
	HYDROCORTISONE W/ ACETIC ACID	ACETASOL HC	OTIC	
	PRAMOXINE-HC-CHLOROXYLENOL	PRAMOXINE-HC-CHLOROXYLENOL OTIC SOLN 10-10-1 MG/ML	OTIC	
EAR PREPS MISC OTC ONLY	Inactive	STAR-OTIC	OTIC	
ELECTROLYTE DEPLETERS	CALCIUM ACETATE (PHOSPHATE BINDER)	PHOSLO	ORAL	
	LANTHANUM CARBONATE	FOSRENOL	ORAL	
	SEVELAMER CARBONATE	REVELA	ORAL	
	SEVELAMER HCL	RENAGEL	ORAL	
	SODIUM POLYSTYRENE SULFONATE	KAYEXALATE	ORAL	
ELECTROLYTE REPLACEMENT	SALIVA SUBSTITUTE	SALIVA SUBSTITUTE	MUCOUS MEM	
EMOLLIENTS	ALOE VERA	ALOE VERA	TOPICAL	
	AMMONIUM LACTATE	AMMONIUM LACTATE	TOPICAL	
	BABY OIL	BABY OIL	TOPICAL	
	DERMATOLOGICAL PRODUCTS MISC	XCLAIR	TOPICAL	
	EMOLLIENT	NIVEA	TOPICAL	
	EMOLLIENT	SHEPARD'S SKIN CREAM	TOPICAL	
	LACTIC ACID (AMMONIUM LACTATE)	LAC-HYDRIN	TOPICAL	
	LANOLIN	LANOLIN	TOPICAL	
	NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	
	SALINE NASAL	AYR SALINE	TOPICAL	
	SCAR TREATMENT PRODUCTS	MEDERMA	TOPICAL	
	SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	
	TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	
	VITAMINS A & D	VITAMIN A & D	TOPICAL	
EMOLLIENTS (CONT 1)	EMOLLIENT	ELETONE	TOPICAL	
	WOUND DRESSINGS	BIAFINE	TOPICAL	
EMOLLIENTS (CONTINUED 2)	DERMATOLOGICAL PRODUCTS MISC	EPICERAM	TOPICAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	EMOLLIENT	MIMYX	TOPICAL	
	SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	
ESTROGENIC AGENTS	ESTRADIOL	ESTRADIOL	ORAL	
EXANTHEMATOUS AND TUMOR CAU	ZOSTER VACCINE LIVE	ZOSTAVAX	SUB-Q	
EXPECTORANTS	GUAIFENESIN	ROBITUSSIN	ORAL	
EYE ANTIBIOTIC-CORTICOID	GENTAMICIN-PREDNISOLONE	PRED-G	OPHTHALMIC	
	LOTEPREDNOL ETABONATE-TOBRAMYCIN	ZYLET	OPHTHALMIC	
	NEOMYCIN-BACITRACIN-POLY-HC	NEOMYCIN	OPHTHALMIC	
	NEOMYCIN-POLYMYXIN-DEXAMETH	NEO-DECADRON	OPHTHALMIC	
	NEOMYCIN-POLYMYXIN-HC	POLYMYCIN	OPHTHALMIC	
	TOBRAMYCIN-DEXAMETHASONE	TOBRADEX	OPHTHALMIC	
EYE ANTIBIOTICS	AZITHROMYCIN	AZASITE	OPHTHALMIC	
	BACITRACIN	BACITRACIN	OPHTHALMIC	
	BACITRACIN-POLYMYXIN	BACITRACIN-POLYMYXIN	OPHTHALMIC	
	BACITRACIN-POLYMYXIN B	AK-POLY-BAC	OPHTHALMIC	
	BESIFLOXACIN HCL	BESIVANCE	OPHTHALMIC	
	CIPROFLOXACIN HCL	CLOXAN	OPHTHALMIC	
	ERYTHROMYCIN	ERYTHROMYCIN	OPHTHALMIC	
	GATIFLOXACIN	ZYMAR	OPHTHALMIC	
	GENTAMICIN SULFATE	GENTAK	OPHTHALMIC	
	LEVOFLOXACIN	IQUIX	OPHTHALMIC	
	MOXIFLOXACIN HCL	VIGAMOX	OPHTHALMIC	
	NATAMYCIN	NATAMYCIN OPHTH SUSP	OPHTHALMIC	
	NEOMYCIN-BACITRACIN-POLYMYXIN	NEOMYCIN-BACITRACIN-POLYMYXIN	OPHTHALMIC	
	NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN	OPHTHALMIC	
	OFLOXACIN	OCUFLOX	OPHTHALMIC	
	POLYMYXIN B SUL-TRIMETHOPRIM	POLYMYXIN B SUL-TRIMETHOPRIM	OPHTHALMIC	
	TOBRAMYCIN SULFATE	TOBREX	OPHTHALMIC	
EYE ANTIHISTAMINES	AZELASTINE HCL	AZELASTINE HCL	OPHTHALMIC	
	AZELASTINE HCL	OPTIVAR	OPHTHALMIC	
	EPINASTINE HCL	ELESTAT	OPHTHALMIC	
	KETOTIFEN FUMARATE	ALAWAY	OPHTHALMIC	
	KETOTIFEN FUMARATE	EYE ITCH RELIEF	OPHTHALMIC	
	KETOTIFEN FUMARATE	ZADITOR	OPHTHALMIC	
	OLOPATADINE HCL	PATANOL	OPHTHALMIC	
EYE ANTIINFLAMMATORY AGENTS	BROMFENAC SODIUM	XIBROM	OPHTHALMIC	
	DEXAMETHASONE	MAXIDEX	OPHTHALMIC	
	DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	
	DICLOFENAC SODIUM	VOLTAREN	OPHTHALMIC	
	DIFLUPREDNATE	DUREZOL	OPHTHALMIC	
	FLUOROMETHOLONE	FLUOROMETHOLONE	OPHTHALMIC	
	FLUOROMETHOLONE	FML FORTE	OPHTHALMIC	
	FLUOROMETHOLONE ACETATE	FLAREX	OPHTHALMIC	
	FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM	OPHTHALMIC	
	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	OPHTHALMIC	
	KETOROLAC TROMETHAMINE	ACULAR	OPHTHALMIC	
	LOTEPREDNOL ETABONATE	LOTEMAX	OPHTHALMIC	
	LOTEPREDNOL ETABONATE	ALREX	OPHTHALMIC	
	NEPAFENAC	NEVANAC	OPHTHALMIC	
	PREDNISOLONE ACETATE	OMNIPRED	OPHTHALMIC	
	PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	
	RIMEXOLONE	VEXOL	OPHTHALMIC	
EYE ANTIVIRALS	TRIFLURIDINE	VIROPTIC	OPHTHALMIC	
EYE IRRIGATIONS	OPHTHALMIC IRRIGATION SOLUTION	BSS	INTRAOCULR	
EYE PREPARATIONS, MISC OTC	ARTIFICIAL TEARS	LACRI-LUBE S.O.P.	OPHTHALMIC	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	POLYVINYL ALCOHOL	AKWA TEARS	OPHTHALMIC	
	PROPYLENE GLYCOL-GLYCERIN	SOOTHE	OPHTHALMIC	
	TYLOXAPOL	ENUCLENE	OPHTHALMIC	
	WHITE PETROLATUM-MINERAL OIL	PURALUBE	OPHTHALMIC	
EYE PREPS, MISC (RX ONLY)	SODIUM CHLORIDE	SODIUM CHLORIDE	OPHTHALMIC	
EYE SULFONAMIDS	SULFACETAMIDE SODIUM	BLEPH-10	OPHTHALMIC	
	SULFACETAMIDE SODIUM-PREDNISOLONE	BLEPHAMIDE	OPHTHALMIC	
	SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE	OPHTHALMIC	
EYE VASOCONSTRICTRS(RX ONLY)	NAPHAZOLINE HCL	AK-CON	OPHTHALMIC	
EYE VASOCONSTRICTRS (OTC ONLY)	NAPHAZOLINE W/ PHENIRAMINE	NAPHCON-A	OPHTHALMIC	
FIBROMYALGIA AGENTS, SNRI	MILNACIPRAN HCL	SAVELLA	ORAL	
FLUORIDE PREPARATIONS				FLUORIDE PREPARATIONS DRUG CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	SODIUM FLUORIDE	DENTA 5000 PLUS	DENTAL	
FOLIC ACID PREPARATIONS	FOLIC ACID	FOLIC ACID	ORAL	
	L-METHYLFOLATE	DEPLIN	ORAL	
FST GEN ANTIHISTAMINE ANALGES	APAP-MG SALICYLATE-PHENYLTOLX-CAFFEINE-APAP-MAG	DURABAC FORTE	ORAL	
GASTRIC ENZYMES	LACTASE	DAIRY RELIEF	ORAL	
GENERAL BRONCHODIALATORS	IPRATROPIUM BROMIDE HFA	ATROVENT HFA	Inhalation	
	TIOTROPIUM BROMIDE INH	SPIRIVA	Inhalation	
GENERAL INHALATION AGENTS	SODIUM CHLORIDE AERO SOLN	BRONCHO SALINE	INHALATION	
GENITAL WART-HPV TX AGENTS	SINECATECHINS	VEREGEN	TOPICAL	
GERIATRIC VITAMIN PREPARE	MULTIPLE VITAMINS W/ MINERALS	CENTRUM SILVER	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
GLUCORTICIODS, SYSTEMIC	CORTISONE ACETATE	CORTISONE	ORAL	
	HYDROCORTISONE	CORTEF	ORAL	
	METHYLPREDNISOLONE	MEDROL	ORAL	
	PREDNISOLONE	MILLIPRED	ORAL	
	PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	ORAL	
	PREDNISON	PREDNISON	ORAL	
GLUCORTICIODS, SYSTEMIC	BECLMETHASONE DIPROPIONATE	QVAR	INHALATION	
	BUDESONIDE	PULMICORT	INHALATION	
	DEXAMETHASONE	DECADRON	ORAL	
GLUCORTICIODS, TOPICAL	FLUNISOLIDE	AEROBID	INHALATION	
	FLUTICASONE PROPIONATE	FLOVENT DISKUS	INHALATION	
	MOMETASONE FUROATE	ASMANEX	INHALATION	
	TRIAMCINOLONE ACETONIDE	AZMACORT	INHALATION	
GOLD SALTS	AURANOFIN	RIDAURA	ORAL	
GROWTH HORMONES	SOMATROPIN	HUMATROPE	INJECTION	
HEMATINICS, OTHER	DARBEPOETIN ALFA-POLYSORBATE 80	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN	INJECTION	
	EPOETIN ALFA	PROCRIT	INJECTION	
HEMORRHEOLOGIC AGENT	PENTOXIFYLLINE	TRENTAL	ORAL	
HEMORRHOIDAL PREPARATIONS	HYDROCORTISONE - PRAMOXINE	ANALPRAM HC	RECTAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	PHENYLEPH-SHARK LIVER OIL-COCOA BUTTER	HEMORRHOIDAL SUPPOSITORIES	RECTAL	
	PRAMOXINE HCL	PROCTOFOAM	TOPICAL	
	PRAMOX-PE-GLYCERIN-PETROLATUM RECTAL	PREPARATION H	RECTAL	
HEMORRHOIDAL PREP (CONT)	DIBUCAINE	NUPERCAINAL	RECTAL	
	LIDOCAINE	LMX 5	TOPICAL	
HEMORRHOIDAL STEROID/ANESTH	LIDOCAINE-HYDROCORTISONE	LIDAZONE HC	RECTAL	
HEPARIN PREPARATIONS				
	HEPARIN SODIUM	HEPARIN	SUB-Q	
	DALTEPARIN SODIUM	FRAGMIN	SUB-Q	
	ENOXAPARIN	LOVENOX	SUB-Q	
	FONDAPARINUX SODIUM	ARIXTRA	SUB-Q	
HEPATITIS B TREATMENT	LAMIVUDINE	EPIVIR HBV	ORAL	
HEPATITIS C TREATMENT	PEGINTERFERON ALFA-2A	PEGASYS	SUB-Q	
	RIBAVIRIN	RIBASPHERE	ORAL	
HISTAMINE H2 INHIBITORS	CIMETIDINE	CIMETIDINE	ORAL	
	FAMOTIDINE	PEPCID AC	ORAL	
	NIZATIDINE	AXID	ORAL	
	RANITIDINE HCL	ZANTAC	ORAL	
HIV-ANTIRETROVIAL COMBINATION	EFAVIRENZ-EMTRICITABINE-TENOFOVIR	ATRIPLA	ORAL	
HIV-SPEC AV-NUCLEOSIDE/TIDE	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	TRUVADA	ORAL	
HIV-SPEC NECLEOSIDE ANLG, RTI	LAMIVUDINE	EPIVIR	ORAL	
	ZIDOVUDINE	ZIDOVUDINE	ORAL	
HIV-SPEC NON-NECLEOSIDE, RTI	EFAVIRENZ	SUSTIVA	ORAL	
HIV-SPEC NUCLEOSIDE, RTI COMBO	LAMIVUDINE-ZIDOVUDINE	COMBIVIR	ORAL	
HIV-SPEC PROTEASE INHIB COMBO	LOPINAVIR-RITONAVIR	KALETRA	ORAL	
HMG COA INHIB CHOLST AB INHIB	EZETIMIBE-SIMVASTATIN	VYTORIN	ORAL	
HMG COA REDUCTASE INHIBITORS	ATORVASTATIN CALCIUM	LIPITOR	ORAL	
	FLUVASTATIN SODIUM	LESCOL XL	ORAL	
	LOVASTATIN	ALTOPREV	ORAL	
	PITAVASTATIN CALCIUM	LIVALO	ORAL	
	PRAVASTATIN SODIUM	PRAVACHOL	ORAL	
	ROSUVASTATIN CALCIUM	CRESTOR	ORAL	
	SIMVASTATIN	ZOCOR	ORAL	
HMG COA REDUCTSE INHIB NIACIN	NIACIN-LOVASTATIN	ADVICOR	ORAL	
	NIACIN-SIMVASTATIN	SIMCOR	ORAL	
HYPERGLYCEMICS	GLUCAGON (RDNA)	GLUCAGON EMERGENCY KIT	INJECTION	
	GLUCOSE	INSTA-GLUCOSE	ORAL	
HYPERPARATHYROID TX AGENTS	DOXERCALCIFEROL	HECTOROL	ORAL	
	PARICALCITOL	ZEMPLAR	ORAL	
HYPNOTICS-MELATONIN AGONISTS	RAMELTEON	ROZEREM	ORAL	Non-formulary effective January 1, 2014, This coverage restriction shall apply to claims in which Ramelteon was reimbursed by BWC prior to January 1, 2014 effective June 1, 2014.
HYPNOTICS-MELATONIN COMBOS	MELATONIN	MELATONIN	ORAL	
HYPOGLY INSUL REL BIGUAN CMB	GLYBURIDE-METFORMIN	GLUCOVANCE	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
HYPOGLY INSUL RESP BIGUAN CMB	ROSIGLITAZONE MALEATE-METFORMIN HCL	AVANDAMET	ORAL	
HYPOGLYCEMIC NON-SULFONYLU	METFORMIN HCL	METFORMIN HCL	ORAL	
HYPOGLYCEMIC SULFONYLUREAS	GLIMEPIRIDE	AMARYL	ORAL	
	GLIPIZIDE	GLIPIZIDE	ORAL	
	GLYBURIDE	GLYBURIDE	ORAL	
	NATEGLINIDE	STARLIX	ORAL	
HYPOGLYCEMICS ALPHA INHIB	ACARBOSE	PRECOSE	ORAL	
HYPOGLYCEMICS INSULIN ENH	PIOGLITAZONE HCL	ACTOS	ORAL	
	PIOGLITAZONE HCL-METFORMIN	ACTOPLUS MET	ORAL	
	ROSIGLITAZONE MALEATE	AVANDIA	ORAL	
HYPOTENSIVES ANGIO RECPT ANT	CANDESARTAN CILEXETIL	ATACAND	ORAL	
	EPROSARTAN MESYLATE	TEVETEN	ORAL	
	IRBESARTAN	AVAPRO	ORAL	
	LOSARTAN POTASSIUM	COZAAR	ORAL	
	OLMESARTAN MEDOXOMIL	BENICAR	ORAL	
	TELMISARTAN	MICARDIS	ORAL	
	VALSARTAN	DIOVAN	ORAL	
HYPOTENSIVES ANGIOTENSIN BLK	BENAZEPRIL HCL	BENAZEPRIL HCL	ORAL	
	CAPTAPRIL	CAPTAPRIL	ORAL	
	ENALAPRIL MALEATE	ENALAPRIL MALEATE	ORAL	
	FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	ORAL	
	LISINAPRIL	PRINIVIL	ORAL	
	MOEXIPRIL HCL	UNIVASC	ORAL	
	PERINDOPRIL ERBUMINE	ACEON	ORAL	
	QUINAPRIL HCL	QUINAPRIL HCL	ORAL	
	RAMIPRIL	ALTACE	ORAL	
	TRANDOLAPRIL	MAVIK	ORAL	
HYPOTENSIVES SYMPATHOLYTIC	CLONIDINE HCL	CATAPRES	ORAL	
	CLONIDINE HCL TD PATCH	CLONIDINE	TRANSDERM	
	GUANFACINE HCL	TENEX	ORAL	
HYPOTENSIVES VASODILATORS	HYDRALAZINE HCL	APRESOLINE	ORAL	
	MINOXIDIL	MINOXIDIL	ORAL	
IMMUNOGLOBULIN E(IGE) BLOCKERS	OMALIZUMAB	XOLAIR	SUB-Q	
IMMUNOMODULATORS	IMIQUIMOD	ALDARA	TOPICAL	
	INTERFERON GAMMA-1B	ACTIMMUNE	SUB-Q	
IMMUNOSUPPRESIVES	AZATHIOPRINE	AZATHIOPRINE	ORAL	
	CYCLOSPORINE	GENGRAF	ORAL	
	EVROLIMUS	ZORTRESS	ORAL	
	MYCOPHENOLATE MOFETIL	CELLCEPT	ORAL	
	MYCOPHENOLATE SODIUM	MYFORTIC	ORAL	
	SIROLIMUS	RAPAMUNE	ORAL	
	TACROLIMUS	PROGRAF	ORAL	
	TACROLIMUS	TACROLIMUS ANHYDROUS	ORAL	
INHIBITORS HIV PROTEASE	ATAZANAVIR SULFATE	REYATAZ	ORAL	
	INDINAVIR SULFATE	CRIVAN	ORAL	
	NELFINAVIR MESYLATE	VIRACEPT	ORAL	
	RITONAVIR	NORVIR	ORAL	
INSULIN RESPON RELEASE COMB	PIOGLITAZONE HCL-GLIMEPIRIDE	DUETACT	ORAL	
	ROSIGLITAZONE MALEATE-GLIMEPIRIDE	AVANDARYL	ORAL	
INSULINS	INSULIN	INSULIN	SC	All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim
INTESTINAL MOTILITY STIMULAN	METOCLOPRAMIDE HCL	REGLAN	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
IODINE REPLACEMENT	POTASSIUM IODIDE	SSKI	ORAL	
IRON REPLACEMENT				IRON REPLACEMENT DRUG CLASS SPECIFIC RESTRICTIONS All iron salts and oral dosage forms are covered for allowed conditions.
	FE FUMARATE W/ B12-VIT C-FA-IFC	FEROCON	ORAL	
	FERROUS GLUCONATE	FERGON	ORAL	
	FERROUS SULFATE	FEOSOL	ORAL	
	POLYSACCHARIDE IRON COMPLEX	FERREX 150	ORAL	
IRRIGANTS	ACETIC ACID	ACETIC ACID IRRIGATION SOLN 0.25%	MISCELL	
IRRITANTS	ALOE VERA	ALOE VERA	TOPICAL	
	CAMPHOR & MENTHOL	SARNA	TOPICAL	
	CAMPHOR & MENTHOL	FREEZE IT	TOPICAL	
	CAMPHOR-EUCALYPTUS-MENTHOL	VICKS VAPORUB	TOPICAL	
	CAPSAICIN	ARTHRITIS PAIN RELIEF	TOPICAL	
	CAPSAICIN IN LIDOCAINE VEHICLE	ZOSTRIX	TOPICAL	
	CAPSAICIN-MENTHOL-METHYL SALICYLATE	ZIKS	TOPICAL	
	CAPSICUM OLEORESIN	CAPSICUM OLEORESIN	TOPICAL	
	CAPSICUM OLEORESIN	TRIXAICIN	TOPICAL	
	LINIMENTS & RUBS	BIOFLEXOR	TOPICAL	
	LINIMENTS & RUBS	BANALG	TOPICAL	
	LINIMENTS & RUBS	SALONPAS	TOPICAL	
	MENTHOL	BENGAY	TOPICAL	
	MENTHOL	PAIN RELIEVING PATCH	TOPICAL	
	MENTHOL-METHYL SALICYLATE	THERA-GESIC	TOPICAL	
	METHYL SALICYLATE	METHYL SALICYLATE	TOPICAL	
	TROLAMINE SALICYLATE	MOBISYL	TOPICAL	
	TROLAMINE SALICYLATE	ANALGESIC CREME	TOPICAL	
	TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	
KEYTOLIDES	TELITHROMYCIN	KETEK	ORAL	
KERATOLYTICS	SILVER NITRATE	SILVER NITRATE APPLICATOR	TOPICAL	
	UREA	UREA	TOPICAL	
	UREA-HYALURONATE SODIUM	UREA-HYALURONATE SODIUM SUSP	TOPICAL	
LAXATIVE LOCAL/RECTAL	BISACODYL	DULCOLAX	RECTAL	
	DOCUSATE SODIUM	COLACE	RECTAL	
	GLYCERIN	SANI-SUPP	RECTAL	
	MINERAL OIL	MINERAL OIL ENEMA	RECTAL	
	SODIUM PHOSPHATES	PHOSPHATE ENEMA	RECTAL	
LAXATIVES AND CATHARTICS				LAXATIVES AND CATHARTICS DRUG CLASS SPECIFIC RESTRICTIONS All laxatives and bowel prep products are covered for allowed conditions.
	BISACODYL	DULCOLAX	ORAL	
	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL	HALFLYTELY	ORAL	
	BISMUTH SUBSALICYLATE	KAOPECTATE	ORAL	
	CALCIUM POLYCARBOPHIL	FIBER TABS	ORAL	
	CASANTHRANOL-DSS	DOCUSATE SODIUM CASANTHRANOL	ORAL	
	CELLULOSE	UNIFIBER	ORAL	
	DOCUSATE CALCIUM	SUR-Q-LAX	ORAL	
	DOCUSATE SODIUM	COLACE	ORAL	
	LACTULOSE	CONSTULOSE	ORAL	
	LUBIPROSTONE	AMITIZA	ORAL	
	MAGNESIUM CITRATE	MAGNESIUM CITRATE	ORAL	
	MAGNESIUM CITRATE	CITROMA	ORAL	
	MAGNESIUM SULFATE	EPSOM SALT	ORAL	
	METHYLCELLULOSE	CITRUCEL	ORAL	
	MILK OF MAGNESIA	MILK OF MAGNESIA	ORAL	
	MINERAL OIL	KONDREMUL	ORAL	
	MINERAL OIL	MINERAL OIL	ORAL	
	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE	GOLYTELY	ORAL	
	PEG 3350-KCL-SOD BICARB-NACL	NULYTELY	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	POLYETHYLENE GLYCOL 3350	GLYCOLAX	ORAL	
	POLYETHYLENE GLYCOL 3350	MIRALAX	ORAL	
	PSYLLIUM	KONSYL	ORAL	
	SENNOSIDES	SENOKOT	ORAL	
	SENNOSIDES-DOCUSATE SODIUM	SENNAS	ORAL	
	SENNOSIDES-DOCUSATE SODIUM	PERI-COLACE	ORAL	
	SOD PHOS MONO-SOD PHOS DI	VISICOL	ORAL	
	SODIUM PHOSPHATES	PHOSPHO-SODA	ORAL	
	WHEAT DEXTRIN	BENEFIBER	ORAL	
LEUKOCYTE (WBC) STIMULANTS	FILGRASTIM	NEUPOGEN	INJECTION	
LEUKOTRIENE RECEPTOR ANTAG	MONTELUKAST SODIUM	SINGULAIR	ORAL	
	ZAFIRLUKAST	ACCOLATE	ORAL	
LINCOSAMIDES	CLINDAMYCIN HCL	CLINDAMYCIN HCL	ORAL	
	CLINDAMYCIN PALMITATE	CLEOCIN PALMITATE	ORAL	
LIPOTROPIC/CA CHAN BLOCK COMBO	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	CADUET	ORAL	
LIPOTROPICS	FENOFIBRATE	TRICOR	ORAL	
	FENOFIBRATE	ANTARA	ORAL	
	FISH OIL	FISH OIL	ORAL	
	GEMFIBROZIL	GEMFIBROZIL	ORAL	
	LECITHIN	LECITHIN	ORAL	
	NIACIN	NIASPAN	ORAL	
	OMEGA-3 FATTY ACIDS	OMEGA-3	ORAL	
	OMEGA-3-ACID ETHYL ESTERS	LOVAZA	ORAL	
	VITAMINS W/ LIPOTROPICS	LIPOTRIAD	ORAL	
LIPOTROPICS (CONT 2)	CHOLINE FENOFIBRATE	TRILIPIX	ORAL	
LIPOTROPICS (CONT)	EZETIMIBE	ZETIA	ORAL	
LIPOXYGENASE INHIBITORS	ZILEUTON	ZYFLO	ORAL	
LOCAL ANESTHETICS	BENZOCAINE DENTAL PASTE	ORABASE-B	MUCOUS MEM	
		LIDOCAINE HCL LOCA	MUCOUS MEM	
		CHLORASEPTIC	MUCOUS MEM	
LOCAL ANESTHETICS (CONT)	BENZOCAINE DENTAL GEL	ANBESOL	MUCOUS MEM	
	BENZOCAINE DENTAL GEL	HURRICAIN	MUCOUS MEM	
	BENZOCAINE-MENTHOL	CEPACOL SORE THROAT	MUCOUS MEM	
	CETYLPYRIDINIUM CHLORIDE	CEPACOL	MUCOUS MEM	
	LIDOCAINE HCL	XYLOCAINE	MUCOUS MEM	
	LIDOCAINE HCL VISCOUS	LIDOCAINE HCL VISCOUS	MUCOUS MEM	
LOOP DIURETICS	BUMETANIDE	BUMETANIDE	ORAL	
	FUROSEMIDE	LASIX	ORAL	
	TORSEMIDE	DEMADEX	ORAL	
MACROLIDES	AZITHROMYCIN	AZITHROMYCIN	ORAL	
	AZITHROMYCIN	ZITHROMAX	ORAL	
	CLARITHROMYCIN	BIAXIN	ORAL	
	ERYTHROCIN STEARATE	ERYTHROCIN STEARATE	ORAL	
	ERYTHROMYCIN	ERY-TAB	ORAL	
	ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE	ORAL	
MAGNESIUM REPLACEMENT				MAGNESIUM REPLACEMENT DRUG CLASS SPECIFIC RESTRICTIONS <u>All magnesium salts and oral dosage forms are covered for allowed conditions</u>
	MAGNESIUM CHLORIDE	MAG64	ORAL	
	MAGNESIUM GLUCONATE	MAG-G	ORAL	
	MAGNESIUM LACTATE	MAG-TAB SR	ORAL	
	MAGNESIUM OXIDE	MAGOX	ORAL	
MAOIS-NON-SELECT & IRREVERSIBL	PHENELZINE SULFATE	NARDIL	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	TRANLYCYPROMINE SULFATE	TRANLYCYPROMINE SULFATE	ORAL	
MED SUPPLIES NEEDLES	Insulin Syringe & Needle	ULTICARE	MISCELL	
METALLIC POISON ANTIDOTES	SUCCIMER	CHEMET	ORAL	
MINERALOCORTICIDS	FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE	ORAL	
MIOTICS AND OTHER INTRAOCTULA	APRACLONIDINE HCL	IOPIDINE	OPHTHALMIC	
	BETAXOLOL HCL	BETOPTIC S	OPHTHALMIC	
	BIMATOPROST	LUMIGAN	OPHTHALMIC	
	BRIMONIDINE TARTRATE	ALPHAGAN P	OPHTHALMIC	
	BRIMONIDINE TARTRATE-TIMOLOL MALEATE	COMBIGAN	OPHTHALMIC	
	BRINZOLAMIDE	AZOPT	OPHTHALMIC	
	CARBACHOL	ISOPTO CARBACHOL	OPHTHALMIC	
	CARTEOLOL HCL	CARTEOLOL HCL	OPHTHALMIC	
	DORZOLAMIDE	TRUSOPT	OPHTHALMIC	
	DORZOLAMIDE HCL-TIMOLOL MALEATE	COOPT	OPHTHALMIC	
	IMOLOL MALEATE	ISTALOL	OPHTHALMIC	
	LATANOPROST	XALATAN	OPHTHALMIC	
	LEVOBUNOLOL HCL	BETAGAN	OPHTHALMIC	
	PILOCARPINE HCL	ISOPTO CARPINE	OPHTHALMIC	
TIMOLOL MALEATE	TIMOPTIC	OPHTHALMIC		
TRAVOPROST	TRAVATAN	OPHTHALMIC		
MISC ANTIBACTERIAL CHEMOTHER	FOSFOMYCIN TROMETHAMINE	MONUROL	ORAL	
	METHENAMINE HIPPURATE	HIPREX	ORAL	
	METHENAMINE MANDELATE	MANDELAMINE	ORAL	
	METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL	PROSED-DS	ORAL	
	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL	DARCALMA	ORAL	
	TRIMETHOPRIM	PRIMSOL	ORAL	
MISCELLANEOUS MINERAL REPL	MULTIPLE MINERALS W/ FE-FA-B12-VIT C-DSS	GLUTOFAC-MX	ORAL	
MISCELLANEOUS TOPICAL AGENTS	EMOLLIENT	CERAVE	TOPICAL	
	SOAP & CLEANSERS	PERI-WASH	TOPICAL	
	UREA CREAM	AQUA CARE	TOPICAL	
MONOAMINEOXIDASE (MAO) INHIB	SELEGILINE TD	EMSAM	TRANSDERM	
MUCOLYTICS	ACETYLCYSTEINE	ACETYLCYSTEINE	MISCELL	
	DORNASE ALFA INHAL SOLN	PULMOZYME	INHALATION	
MULTIVITAMIN PREPARATIONS				MULTIVITAMIN PREPARATIONS DRUG CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	B-COMPLEX W/ C & E + ZN	STRESS WITH ZINC	ORAL	
	MULTIPLE VITAMIN TAB	MULTI-DAY	ORAL	
	MULTIPLE VITAMINS W/ MINERALS	CENTRUM	ORAL	
MYDRIATICS	ATROPINE SULFATE	ATROPINE SULFATE	OPHTHALMIC	
	CYCLOPENTOLATE HCL	CYCLOGYL	OPHTHALMIC	
	CYCLOPENTOLATE HCL	AK-PENTOLATE	OPHTHALMIC	
	HOMATROPINE HBR	HOMATROPAIRE	OPHTHALMIC	
	SCOPOLAMINE HBR	ISOPTO HYOSCINE	OPHTHALMIC	
NARC ANTITUSS-ANTICHOLIN CMB	HYDROCODONE BT-HOMATROPINE MBR	HYDROCODONE BT-HOMATROPINE MBR	ORAL	
NARC ANTITUSS-ANTIHIIST-DECONG	BROMPHENIRAMINE-HYDROCOD-PSE	BROMPHENIRAMINE-HYDROCOD-PSE	ORAL	
	PHENYLEPH-CHLORPHEN W/ HYDROCODONE SYRUP	H-C TUSSIVE	ORAL	
	PHENYLEPHRINE-BROMPHEN	POLY-TUSSIN	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	PHENYLEPHRINE-CHLORPHEN-DIHYDROCODEINE	COLDCOUGH PD	ORAL	
	PHENYLEPHRINE-DEXBROMPHEN-HYDROCODONE	CYTUSS-HC	ORAL	
	PHENYLEPHRINE-PYRILAMINE W/ CODEINE	PRO-RED AC	ORAL	
	PHENYLEPHRINE-PYRILAMINE-DM	CODAL-DH	ORAL	
	PROMETHAZINE VC-CODEINE	PROMETHAZINE VC-CODEINE	ORAL	
	PSEUDOEPH-BROMPHEN W/ HYDROCODONE	VISVEX HC	ORAL	
	PSEUDOEPHED-BROMPHEN	BROMCOMP HC	ORAL	
	PSEUDOEPHEDRINE W/ COD-GG SOLN	CHERATUSSIN DAC	ORAL	
NARC ANTITUSS-EXPECTORANT CMB	GUAIFENESIN W/CODEINE	GUAIFENESIN W/CODEINE	ORAL	
NARC ANTITUSSIVE-ANTIHCMB	CHLORPHENIRAMINE W/ HYDROCODONE CR SUSP	TUSSIONEX	ORAL	
NARC ANTITUSSIVE-ANTIHCMB	HYDROCOD POLST-CHLORPHEN POLST CAP SR	TUSSICAPS	ORAL	
NARC ANTITUSSIVE-ANTIHCMB	PROMETHAZINE-CODEINE	PROMETHAZINE-CODEINE	ORAL	
NARC-NON-SAL ANLG-BARBIT-XANTH	BUTALBITAL-APAP-CAFF W/ COD	FIORICET W/CODEINE	ORAL	Reimbursement is restricted to combinations of Butalbital/codeine/caffeine/APAP that contain 325mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP and not more than 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims. Effective May 1, 2015, reimbursement for combinations of butalbital/APAP/caffeine w/ codeine is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
NARCOTIC ANALG/SALICYLATE COMB	ASPIRIN WITH CODEINE	ASPIRIN WITH CODEINE	ORAL	
NARCOTIC ANALGESIC/NSAID COMBO	HYDROCODONE-IBUPROFEN	VICOPROFEN	ORAL	Reimbursement for these products shall not exceed more than five doses per day.
	OXYCODONE-IBUPROFEN	COMBUNOX	ORAL	Reimbursement for these products shall not exceed more than four doses per day or continue for longer than seven days.
NARCOTIC ANALGESICS				
	ASA-CAFFEINE-DIHYDROCODEINE	SYNALGOS-DC	ORAL	
	APAP-CAFFEINE-DIHYDROCODEINE	DHC PLUS CAPSULES	ORAL	Reimbursement is restricted to combinations of dihydrocodeine/caffeine/APAP that contain 325mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective April 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	CODEINE SULFATE	CODEINE SULFATE	ORAL	
	FENTANYL CITRATE	ACTIQ	BUCCAL	Claim must be allowed for neoplasm or malignancy (buccal formulations only) .
	FENTANYL CITRATE	FENTORA	BUCCAL	Claim must be allowed for neoplasm or malignancy (buccal formulations only)

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	FENTANYL TD	DURAGESIC	TRANSDERM	Reimbursement for all strengths of these products shall be restricted to not more than every 72 hours. Dosing at every 48 hours may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a 72 hours dosing interval and evidence of an escalation of the dose before a reduction in frequency. Effective January 1, 2014, these products will be reimbursed without restriction in claims that involve a swallowing or absorption disorder. Otherwise these products can only be used after a documented clinical failure of morphine sulfate sustained release tablets. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	HYDROCODONE-ACETAMINOPHEN	VICODIN	ORAL	Reimbursement is restricted to combinations of Hydrocodone/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. This coverage restriction shall apply effective April 1, 2012 for claims in which this drug was reimbursed by BWC prior to February 1, 2012, and February 1, 2012 for all other claims.
	ABUSE DETERRENT FORMULATION HYDROCODONE BITRATRATE SUSTAINED RELEASE	HYSINGLA ER®	ORAL	Effective December 1, 2015 Hysingla ER® will be eligible for reimbursement as a first tier sustained release opioid. Reimbursement for all strengths of this product shall not exceed one dose every 24 hours or a maximum quantity of 30 tablets per month of any strength or combination of strengths. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	HYDROCODONE BITRATRATE SUSTAINED RELEASE	ZOHYDRO ER	ORAL	Effective May 1, 2015, the sustained release form of hydrocodone Zoydro ER® will be eligible for reimbursement only after documentation of allergic reaction to, as defined in OAC 4123-6-21(J)(1) and ((J)(2), acetaminophen AND morphine, AND oxycodone. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every twelve hours or a maximum quantity of 60 tablets of any strength or combination of strengths. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Effective December 1, 2015 Zohydro ER will no longer be eligible for reimbursement.
	HYDROMORPHONE HCL (Immediate Release)	DILAUDID	ORAL	
	HYDROMORPHONE HCL (Sustained Release)	EXALGO	ORAL	Sustained release forms of hydromorphone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and ((J)(2), sustained release forms of both morphine, oxycodone or tapentadol. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every twelve hours. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	LEVORPHANOL TARTRATE	LEVO-DROMORAN	ORAL	
	MEPERIDINE HCL	DEMEROL	ORAL	
	MEPERIDINE-PROMETHAZINE	MEPERGAN	ORAL	
	METHADONE HCL	DOLOPHINE	ORAL	
	MORPHINE SULFATE (Immediate Release)	MORPHINE SULFATE	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	ABUSE DETERRENT FORMULATION MORPHINE/NALTREXONE SUSTAINED RELEASE	EMBEDA®	ORAL	Effective December 1, 2015, Reimbursement for this product shall be restricted to not more than every 8 hours for all doses below 200mg per unit and not more than every twelve hours for 200mg dosage units. Reimbursement for abuse deterrent sustained release dosage forms of morphine is restricted to morphine sulfate/naltrexone products only. Coverage will not be permitted for this product concurrently with any other sustained release opioid
	MORPHINE SULFATE (Sustained Release)	MS CONTIN TABLETS	ORAL	Reimbursement for these products shall be restricted to not more than every 8 hours for all doses below 200mg per unit and not more than every twelve hours for 200mg dosage units. Reimbursement for sustained release dosage forms of morphine is restricted to sustained release morphine sulfate tablets only. Coverage will not be permitted for this product concurrently with any other sustained release opioid
	OPIUM TINCTURE	PAREGORIC	ORAL	
	OXYCODONE HCL (Immediate Release)	OXY IR,	ORAL	
	OXYCODONE HCL (Sustained Release)	OXYCONTIN	ORAL	Sustained release forms of Oxycodone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine. Prior Authorization is required. Reimbursement for all strengths of this product shall not exceed every eight hours. This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrently with any other sustained release opioid
	OXYCODONE W/ ACETAMINOPHEN	PERCOCET	ORAL	Reimbursement is restricted to combinations of Oxycodone/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP.
	OXYCODONE W/ ASPIRIN	PERCODAN	ORAL	
	OXYMORPHONE HCL (Immediate Release)	OPANA	ORAL	
	OXYMORPHONE HCL (Sustained Release)	OPANA ER	ORAL	Sustained release forms of Oxymorphone are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine, oxycodone or tapentadol. Prior Authorization is required. Reimbursement for all strengths of this product may not exceed every twelve hours This coverage restriction shall not apply to claims in which this drug was reimbursed by BWC prior to February 1, 2012. Coverage will not be permitted for this product concurrently with any other sustained release opioid
NARCOTIC ANALGESICS (CONT)	BUPRENORPHINE HCL	SUBUTEX	SUBLINGUAL	Restricted to use for addiction treatment only. Claim must be allowed for addiction. This coverage restriction shall apply effective January 1, 2012 for claims in which this drug was reimbursed by BWC prior to September 1, 2011, and September 1, 2011 for all other claims.

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	BUPRENORPHINE	BUTRANS	TRANSDERM	Effective January 1, 2014 for all claims, coverage of this product is only permitted in claims that involve swallowing or absorption disorders or clinical documentation of a therapeutic failure of morphine sulfate sustained release tablets. Effective September 1, 2014 for all claims, coverage is limited to a maximum quantity of 4 patches of any strength per 28 days. The maximum daily dose covered for this product is 20mcg/day. Coverage of this product is limited to only those claims with a daily Morphine Equivalent Dose (MED) requirement of 90mg or less. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	BUPRENORPHINE HCL-NALOXONE HCL	SUBOXONE	SUBLINGUAL	Restricted to use for addiction treatment only. Claim must be allowed for addiction. This coverage restriction shall apply effective January 1, 2012 for claims in which this drug was reimbursed by BWC prior to September 1, 2011, and September 1, 2011 for all other claims.
	BUTORPHANOL TARTRATE	STADOL NASAL	NASAL	
	PENTAZOCINE - ACETAMINOPHEN	TALACEN	ORAL	Reimbursement is restricted to combinations of Pentazocine/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP.
	PENTAZOCINE AND NALOXONE HCL	TALWIN NX	ORAL	
	TAPENTADOL HCL (Immediate Release)	NUCYNTA	ORAL	Reimbursement for this product shall not exceed 600mg per day.
	TAPENTADOL HCL (Extended Release)	NUCYNTA ER	ORAL	Sustained release forms of tapentadol are eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine. Prior Authorization is required. Reimbursement for all sustained release forms of this product shall not exceed 500mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid or immediate release tapentadol products.
	TRAMADOL HCL	ULTRAM	ORAL	All dosage forms of tramadol are covered. Reimbursement for this product shall not exceed 400mg per day for immediate release products and 300mg per day for extended release products.
	TRAMADOL-ACETAMINOPHEN	ULTRACET	ORAL	Reimbursement is restricted to only those combinations of Tramadol/Acetaminophen (APAP) that contain 325mg of APAP. Prescribed dosing of these products may not exceed 4 grams/day of APAP.
NARCOTIC ANTAG, PERIPH-ACTING	METHYLNALTREXONE BROMIDE	RELISTOR	SUB-Q	Effective December 1, 2015, reimbursement is limited to only those claims in which a prior authorization has documented a diagnosis of opioid induced constipation (<3 bowel movements/week or 2 days without a bowel movement). Patient must have received opioids for at least 8 weeks at a dose equivalent to 40mg Morphine Equivalent Dose/day and have failed therapy with two trials of stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one vial or syringe per day or 30 doses per month whichever is less.
	NALOXEGAL	MOVANTIK	ORAL	Effective December 1, 2015, reimbursement is limited to only those claims in which a prior authorization has documented a diagnosis of opioid induced constipation (<3 bowel movements/week or 2 days without a bowel movement). Patient must have received opioids for at least 8 weeks at a dose equivalent to 40mg Morphine Equivalent Dose/day and have failed therapy with two trials of stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one dose per day or 30 doses per month whichever is less.

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
NARCOTIC ANTAGONISTS	NALTREXONE HCL	REVIA	ORAL	Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs.
	NALOXONE HCL	EVZIO	IV, SUB-Q, IM	Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs.
NARCOTIC+NON-SALIC ANALG COMBO	ACETAMINOPHEN-CODEINE	TYLENOL W/CODEINE NO.3	ORAL	Reimbursement for oral solid dosage forms of Codeine/Acetaminophen (APAP) is restricted to products that contain 300mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP.
NARC-SALIC ANLG-BARB-XANTHINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE	FIORINAL WITH CODEINE #3	ORAL	Reimbursement for combinations of butalbital/caffeine/aspirin/codeine shall not exceed 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims. Effective May 1, 2015, reimbursement for combinations of butalbital/aspirin/caffeine w/ codeine is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
NASAL ANTIHISTAMINE	AZELASTINE HCL	ASTELIN	NASAL	
NASAL ANTIHISTAMINE	OLOPATADINE HCL	PATANASE	NASAL	
NASAL MAST CELL STABILIZERS	CROMOLYN SODIUM	NASALCROM	NASAL	
NIACIN PREPARATIONS	NIACIN	NIACIN	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
NITROFURAN DERIVATIVES	NITROFURANTOIN	MACRODANTIN	ORAL	
NON-BARBITURATE, SEDATIVE				NON-BARBITURATE SEDATIVE CLASS SPECIFIC RESTRICTIONS Effective January 1, 2014, reimbursement is restricted to only the following drugs in this class: Zolpidem Immediate Release and Continuous release tablets, Temazepam capsules, Zaleplon capsules and Eszopiclone tablets. Effective June 1, 2014 this coverage restriction shall apply to claims in which non-covered drugs in this class were reimbursed by BWC prior to January 1, 2014.
	CHLORAL HYDRATE	CHLORAL HYDRATE	ORAL	Non-formulary drug effective 1/1/2014
	CHLORAL HYDRATE	NOCTEC	ORAL	Non-formulary drug effective 1/1/2014
	DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	ORAL	Removed from this section effective 1/1/2014
	DOXEPIN HCL	DOXEPIN HCL (SLEEP) TAB	ORAL	Non-formulary drug effective 1/1/2014
	ESTAZOLAM	PROSOM	ORAL	Non-formulary drug effective 1/1/2014
	ESZOPICLONE	LUNESTA	ORAL	
	FLURAZEPAM HCL	DALMANE	ORAL	Non-formulary drug effective 1/1/2014
	TEMAZEPAM	RESTORIL	ORAL	
	TRIAZOLAM	HALCION	ORAL	Non-formulary drug effective 1/1/2014
	ZALEPLON	SONATA	ORAL	
	ZOLPIDEM TARTRATE	AMBIEN	ORAL	Only immediate release and sustained release oral forms of zolpidem are covered
	ZOLPIDEM TARTRATE SL	EDLUAR	SUBLINGUAL	Non-formulary drug effective 1/1/2014
NON-NARC ANTITUSS-ANTIHCMB	CAR-B-PEN TA/CHLOR-TAN	CAR-B-PEN TA/CHLOR-TAN	ORAL	
	CHLORPHENIRAMINE-DM	CHLORPHENIRAMINE-DM	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

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

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

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

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
OTIC PREPARATIONS ANTI INFLA	CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	OTIC	
OXAZOLIDINONES	LINEZOLID	ZYVOX	ORAL	
OXIDIZING AGENTS	DAKIN'S SOLUTION	DAKIN'S	MISCELL	
	HYDROGEN PEROXIDE	HYDROGEN PEROXIDE	MISCELL	
OXYTOCICS	METHYLERGONOVINE MALEATE	METHERGINE	ORAL	
PANCREATIC ENZYMES				PANCREATIC ENZYMES CLASS SPECIFIC RESTRICTIONS All oral formulations of these drugs are covered for allowed conditions
	AMY-LIP-PROT	PANCREASE MT 10	ORAL	
	AMY-LIP-PROT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP	ORAL	
	PANCRELIPASE (LIP-PROT-AMYL)	CREON	ORAL	
PARASYMPATHETIC AGENTS	BETHANECHOL CHLORIDE	URECHOLINE	ORAL	
	CEVIMELINE HCL	EVOXAC	ORAL	
	PILOCARPINE HCL	PILOCAR	ORAL	
PEDIATRIC VITAMIN PREPARE	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW	CEROVITE JR	ORAL	All combinations and strengths of oral dosage forms are covered for allowed conditions
PENICILLINS	AMOXICILLIN	AMOXICILLIN	ORAL	
	AMOXICILLIN & K CLAVULANATE	AUGMENTIN	ORAL	
	AMOXICILLIN (TRIHYDRATE)	MOXATAG	ORAL	
	AMPICILLIN TRIHYDRATE	AMPICILLIN TRIHYDRATE	ORAL	
	DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM	ORAL	
	PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	ORAL	
TETRACYCLINES	DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	ORAL	
PERIODONTAL COLL INHIBITORS	ISOXSUPRINE HCL	VASODILAN	ORAL	
PERIPHERAL VASODILATORS	PAPAVERINE HCL	PAVABID	ORAL	
	POTASSIUM & SODIUM PHOSPHATES	NEUTRA-PHOS	ORAL	
	ASPIRIN-DIPYRIDAMOLE	AGGRENOX	ORAL	
PHOSPATE REPLACEMENT	CILOSTAZOL	CILOSTAZOL	ORAL	
PLATELET AGGREGATION INHIBIT	CLOPIDOGREL BISULFATE	PLAVIX	ORAL	
	DIPYRIDAMOLE	DIPYRIDAMOLE	ORAL	
	PERSANTINE	PERSANTINE	ORAL	
	TICLOPIDINE HCL	TICLOPIDINE HCL	ORAL	
PLUM ANTIHYPERTEN ENDO REC ANT	AMBRISENTAN	LETAIRIS	ORAL	
	BOSENTAN	TRACLEER	ORAL	
	EPLERENONE	INSpra	ORAL	
POTASSIUM REPLACEMENT				POTASSIUM REPLACEMENT CLASS SPECIFIC RESTRICTIONS All potassium salts and oral dosage forms are covered for allowed conditions
	POTASSIUM BICARBONATE EFFER	KLOR-CON-EF	ORAL	
	POTASSIUM CHLORIDE	KLOR-CON	ORAL	
POTASSIUM SPARING DIURETICS	AMILORIDE HCL	AMILORIDE HCL	ORAL	
	AMILORIDE HCL-HCTZ	AMILORIDE HCL-HCTZ	ORAL	
POTASSIUM SPARING DIURETICS	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	ALDACTAZIDE	ORAL	
	SPIRONOLACTONE-HCTZ	SPIRONOLACTONE-HCTZ	ORAL	
	SPIRONOLACTONE	ALDACTONE	ORAL	
	TRIAMTERENE & HYDROCHLOROTHIAZIDE	DYAZIDE	ORAL	
	TRIAMTERENE W/HCTZ	TRIAMTERENE W/HCTZ	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
PRENATAL VITAMIN PREPARATION				PRENATAL VITAMIN PREPARATION CLASS SPECIFIC RESTRICTIONS All combinations and strengths of oral dosage forms are covered for allowed conditions
	PRENATAL VIT W/ DSS-FE FUMARATE-FA	PRENATAL 19	ORAL	
	PRENATAL VIT W/ FE FUMARATE-FA	PRENATAL PLUS	ORAL	
PROGESTATIONAL AGENTS	MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE	ORAL	
PROTECTIVES	ALUMINUM HYDROXIDE	DERMAGRAN	TOPICAL	
	DERMATOLOGICAL PRODUCTS MISC	TETRIX	TOPICAL	
	DIMETHICONE	PROSHIELD PLUS	TOPICAL	
	DIMETHICONE	PACQUIN MEDICATED	TOPICAL	
	HYALURONATE SODIUM	BIONECT	TOPICAL	
	HYALURONATE SODIUM (EMOLLIENT)	HYLIRA	TOPICAL	
	MENTHOL-ZINC OXIDE	CALMOSEPTINE	TOPICAL	
	PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	
	SKIN PROTECTANTS MISC	PELEVERUS GOLD	TOPICAL	
	SKIN PROTECTANTS MISC	ALOE VESTA	TOPICAL	
	SODIUM HYALURONATE	SODIUM HYALURONATE	TOPICAL	
	TALC TOPICAL POWDER	TALC TOPICAL POWDER	TOPICAL	
	WOUND CLEANSERS	PELEVERUS	TOPICAL	
PROTECTIVES	BENZOIN	BENZOIN	TOPICAL	
	PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	
	TINCTURE OF BENZOIN	TINCTURE OF BENZOIN	TOPICAL	
	ZINC OXIDE	DESITIN	TOPICAL	
	ZINC OXIDE	BOUDREAUXS	TOPICAL	
PROTON PUMP INHIBITORS				PROTON PUMP INHIBITOR CLASS SPECIFIC RESTRICTIONS Effective September 1, 2014, reimbursement is restricted to only the following drugs in this class: Prescription Strength Delayed Release Products: Omeprazole 10mg, 20mg, 40mg Prescription Strength Dispersible Tablets: Prevacid Solutab (15mg, 30mg Requires Prior Authorization to document inability to use the standard oral product. Over the Counter (OTC) Products: Omeprazole OTC 20mg Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)
	LANSOPRAZOLE	PREVACID	ORAL	Covered as described in Proton Pump Inhibitor class specific restrictions
	OMEPRAZOLE	PRILOSEC	ORAL	Covered as described in Proton Pump Inhibitor class specific restrictions
PULMONARY ANTIHYPERTENSIVES	SILDENAFIL CITRATE (Pulmonary)	REVATIO	ORAL	
PURINE INHIBITORS	ALLOPURINOL	ALLOPURINOL	ORAL	
	FEBUXOSTAT	ULORIC	ORAL	
PYRIMIDINE SYNTHESIS INHIBITR	LEFLUNOMIDE	LEFLUNOMIDE	ORAL	
QUINOLONES	CIPROFLOXACIN HCL	CIPRO	ORAL	
	GEMIFLOXACIN MESYLATE	FACTIVE	ORAL	
	LEVOFLOXACIN	LEVAQUIN	ORAL	
	MOXIFLOXACIN HCL	AVELOX	ORAL	
	NORFLOXACIN	NOROXIN	ORAL	
	OFLOXACIN	OFLOXACIN	ORAL	
RECTAL PREPARATIONS	HYDROCORTISONE	PROCTOCORT	RECTAL	
RECTAL PREPARATIONS	HYDROCORTISONE ACETATE W/ PRAMOXINE	PROCTOFOAM-HC	RECTAL	
RECTAL PREPARATIONS	STARCH	TUCKS	RECTAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
RECTAL LOWER BOWEL PREP	HYDROCORTISONE	COLOCORT	RECTAL	
RECTAL LOWER BOWEL PREP	HYDROCORTISONE ACETATE	CORTIFOAM	RECTAL	
RENIN INHIB/THIAZIDE DIURETIC	ALISKIREN-HCTZ	TEKURNA HCT	ORAL	
RENIN INHIBITOR, DIRECT	ALISKIREN FUMARATE	TEKURNA	ORAL	
RENIN-INH/ANGIOTENSIN-REC-ANT	ALISKIREN-VALSARTAN	VALTURNA	ORAL	
RIFAMYCINS/RELATED ANTIBIOTICS	RIFAXIMIN	XIFAXAN	ORAL	
ROSACEA AGENTS, TOPICAL	METRONIDAZOLE	METROGEL	TOPICAL	
SALICYLATE AGENTS	ACETYLSALICYLIC ACID	ASPIRIN	ORAL, RECTAL	
SALICYLATE--BARBITURATE-XANTHINE ANALGESIC COMBINATIONS	BUTALBITAL-ASPIRIN-CAFFEINE	FIORINAL	ORAL	Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month. This coverage restriction shall apply effective June 1, 2014 for claims in which this drug was reimbursed by BWC prior to January 1, 2014, and January 1, 2014 for all other claims. Effective May 1, 2015, reimbursement for combinations of butalbital/aspirin/caffeine is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
NON-NARCOTIC SALICYLATE ANALGESIC COMBINATIONS		DURABAC	ORAL	
		BUFFERIN	ORAL	
		ASPIRIN W/ANTACID	ORAL	
		EXCEDRIN	ORAL	
		ASCRIPITIN	ORAL	
		LEVACET	ORAL	
		ANACIN	ORAL	
		TRILISATE	ORAL	
		DOLOBID	ORAL	
		EQUAGESIC	ORAL	
		DISALCID	ORAL	
SALIVA SUBSTITUTE AGENTS	ARTIFICIAL SALIVA	AQUORAL	MUCOUS MEM	
	MISC THROAT PRODUCTS	OASIS	MUCOUS MEM	
SEL ESTROGEN RECEPT MODULATORS	TAMOXIFEN CITRATE	TAMOXIFEN CITRATE	ORAL	
SEROTONIN-2 ANTAG/REUP INHIB	NEFAZODONE HCL	NEFAZODONE HCL	ORAL	
	TRAZADONE HCL	TRAZODONE HCL	ORAL	
SEROTONIN-NOREPINEPH REUP INHI	DESVENLAFAXINE SUCCINATE	PRISTIQ	ORAL	
	DULOXETINE HCL	CYMBALTA	ORAL	
	VENLAFAXINE HCL	EFFEXOR	ORAL	
SERTONIN SPEC REUP INHIB-SSRI	CITALOPRAM HYDROBROMIDE	CELEXA	ORAL	
	ESCITALOPRAM OXALATE	LEXAPRO	ORAL	
	FLUOXETINE HCL	PROZAC	ORAL	
	FLUVOXAMINE MALEATE	LUVVOX CR	ORAL	
	PAROXETINE HCL	PAXIL	ORAL	
	PAROXETINE MESYLATE	PEXEVA	ORAL	
	SERTRALINE HCL	ZOLOFT	ORAL	
	VILAZADONE HCL	VIIBRYD	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

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

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
THIAZIDE DIURETICS	CHLOROTHIAZIDE	CHLOROTHIAZIDE	ORAL	
	HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE	ORAL	
	INDAPAMIDE	INDAPAMIDE	ORAL	
	METOLAZONE	METOLAZONE	ORAL	
THYROID HORMONES	LEVOTHYROXINE SODIUM	SYNTHROID	ORAL	
	LIOTHYRONINE SODIUM	CYTOMEL	ORAL	
	THYROID	ARMOUR THYROID	ORAL	
TOPICAL ANTIBACTERIALS	CADEXOMER IODINE	IODOSORB	TOPICAL	
	CHLORHEXIDINE GLUCONATE	BETASEPT	TOPICAL	
	CLIOQUINOL-HYDROCORTISONE	CLIOQUINOL-HYDROCORTISONE	TOPICAL	
	HEXACHLOROPHENE	PHISOHEX	TOPICAL	
	HYDROCORTISONE-IDOQUINOL	HYDROCORTISONE-IDOQUINOL	TOPICAL	
	IDOQUINOL-HYDROCORTISONE-ALOE POLYSACCHARIDE	ALCORTIN A	TOPICAL	
	POVIDONE-IODINE	BETADINE	TOPICAL	
	ZEPHIRAN CHLORIDE	ZEPHIRAN CHLORIDE	TOPICAL	
TOPICAL ANTIBIOTICS	BACITRACIN ZINC	BACITRACIN	TOPICAL	
	BACITRACIN-POLYMYXIN B	POLYSPORIN	TOPICAL	
	CLINDAMYCIN PHOSPHATE	CLEOCIN-T	TOPICAL	
	ERYTHROMYCIN	ERY	TOPICAL	
	ERYTHROMYCIN-BENZOYL PEROXIDE	ERYTHROMYCIN-BENZOYL PEROXIDE	TOPICAL	
	GENTAMICIN SULFATE	GENTAMICIN SULFATE	TOPICAL	
	MUPIROCIN CALCIUM	BACTROBAN	TOPICAL	
	NEOMYCIN-BACITRACIN-POLYMYXIN W/ LIDOCAINE	NEOSPORIN PLUS	TOPICAL	
TOPICAL ANTIBIOTICS STEROID	NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	
	NEOMYCIN-POLYMYXIN-HC	CORTISPORIN	TOPICAL	
TOPICAL ANTIFUNGALS	BUTENAFINE HCL	MENTAX	TOPICAL	
	CICLOPIROX	LOPROX	TOPICAL	
	CLOTRIMAZOLE	LOTTRIMIN AF	TOPICAL	
	CLOTRIMAZOLE W/ BETAMETHASONE	LOTRISONE	TOPICAL	
	ECONAZOLE NITRATE	ECONAZOLE NITRATE	TOPICAL	
	GENTIAN VIOLET	GENTIAN VIOLET	TOPICAL	
	KETOCONAZOLE	EXTINA	TOPICAL	
	MICONAZOLE NITRATE	MICATIN	TOPICAL	
	MICONAZOLE NITRATE	ZEASORB-AF	TOPICAL	
	MICONAZOLE-ZINC OXIDE- PETROLATUM	VUSION	TOPICAL	
	NAFTIFINE HCL	NAFTIN	TOPICAL	
	NYSTATIN	MYCOSTATIN	TOPICAL	
	NYSTATIN-TRIAMCINOLONE	MYCOLOG II	TOPICAL	
	OXICONAZOLE NITRATE	OXISTAT	TOPICAL	
	SALICYLIC ACID & BENZOIC ACID	BENSAL HP	TOPICAL	
	SERTACONAZOLE NITRATE	ERTACZO	TOPICAL	
	SULCONAZOLE NITRATE	EXELDERM	TOPICAL	
TERBINAFINE HCL	LAMISIL AT	TOPICAL		
TOLNAFTATE	TINACTIN	TOPICAL		
TOPICAL ANTI-INFLAMMATORY	DICLOFENAC SODIUM GEL 1%	VOLTAREN GEL 1%	TOPICAL	
	DICLOFENACE SODIUM LIQUID 1.5%	PENNSAID 1.5%	TOPICAL	For claims allowed after May 1, 2015, reimbursement will be provided only for topical liquid diclofenac products in the 1.5% concentration and only in claims with osteoarthritis of the knee as an allowed condition.
TOPICAL ANTINEOPLASTICS	DICLOFENAC SODIUM GEL 3%	SOLARAZE 3%	TOPICAL	Claim must be allowed for Actinic Keratoses
	FLUOROURACIL	CARAC	TOPICAL	
TOPICAL ANTINFLAMMATORY PREP	ALCLOMETASONE DIPROPIONATE	ACLOVATE	TOPICAL	
	AMCINONIDE	AMCINONIDE	TOPICAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
	BETAMETHASONE DIPROPIONATE	DIPROLENE	TOPICAL	
	BETAMETHASONE VALERATE	LUXIQ	TOPICAL	
	CLOBETASOL PROPIONATE	OLUX	TOPICAL	
	CLOBETASOL PROPIONATE	CLOBEX	TOPICAL	
	CLOCORTOLONE PIVALATE	CLODERM	TOPICAL	
	DESONIDE	VERDESO	TOPICAL	
	DESOXIMETASONE	TOPICORT	TOPICAL	
	DIFLORASONE DIACETATE	APEXICON E	TOPICAL	
	FLUOCINOLONE ACETONIDE	DERMA-SMOOTHIE-FS	TOPICAL	
	FLUOCINONIDE	VANOS	TOPICAL	
	FLURANDRENOLIDE	CORDRAN	TOPICAL	
	FLUTICASONE PROPIONATE	CUTIVATE	TOPICAL	
	HALCINONIDE	HALOG	TOPICAL	
	HALOBETASOL PROPIONATE	ULTRAVATE	TOPICAL	
	HYDROCORTISONE	CORTIZONE 10	TOPICAL	
	HYDROCORTISONE ACETATE	HYDROCORTISONE	TOPICAL	
	HYDROCORTISONE BUTYRATE	CORTAID	TOPICAL	
	HYDROCORTISONE BUTYRATE HYDROPHILIC	LOCOID LIPOCREAM	TOPICAL	
	HYDROCORTISONE PROBUTATE	PANDEL	TOPICAL	
	HYDROCORTISONE VALERATE	VALISONE	TOPICAL	
	HYDROCORTISONE-ALOE VERA	HYDROCORTISONE-ALOE VERA CREAM	TOPICAL	
	MOMETASONE FUROATE	ELOCON	TOPICAL	
	PREDNICARBATE	DERMATOP	TOPICAL	
	TRIAMCINOLONE ACETONIDE	KENALOG	TOPICAL	
TOPICAL ANTIPARASITICS	CROTAMITON	EURAX	TOPICAL	
	LINDANE	LINDANE	TOPICAL	
	MALATHION	OVIDE	TOPICAL	
	PERMETHRIN	ACTICIN	TOPICAL	
	PYRETHRINS-PIPERONYL BUTOXIDE	RID	TOPICAL	
TOPICAL ANTIVIRALS	ACYCLOVIR	ZOVIRAX	TOPICAL	
TOPICAL ANTIVIRALS	PENCICLOVIR	DENAVIR	TOPICAL	
TOPICAL ANTISEPT DRYING AGENTS	FORMALDEHYDE	FORMALAZ	TOPICAL	
TOPICAL HYPERPIGMENTATION AG	METHOXSALEN	OXSORALEN	TOPICAL	
TOPICAL HYPERTRICHOTC-EYELASH	BIMATOPROST	LATISSE	TOPICAL	
TOPICAL IMMUNOSUPPRESSIVE AGT	PIMECROLIMUS	ELIDEL	TOPICAL	
TOPICAL IMMUNOSUPPRESSIVE AGT	TACROLIMUS	PROTOPIC	TOPICAL	
TOPICAL LOCAL ANESTHETICS	BENZOCAINE	BENZOCAINE AEROSOL 10%	TOPICAL	
	BUTAMBEN-TETRACAINE-BENZOCAINE	CETACAINE	TOPICAL	
	DIBUCAINE	DIBUCAINE	TOPICAL	
	ETHYL CHLORIDE	ETHYL CHLORIDE	TOPICAL	
	HYDROCORTISONE -PRAMOXINE-ALOE	NOVACORT	TOPICAL	
	LIDOCAINE	ANECREAM	TOPICAL	
	LIDOCAINE HCL	REGENECARE HA	TOPICAL	
	LIDOCAINE PATCH	LIDODERM	TOPICAL	Claim must be allowed for post herpetic neuralgia
	LIDOCAINE-HYDROCORTISONE ACETATE	LIDAMANTLE HC	TOPICAL	
	LIDOCAINE-PRILOCAINE	EMLA	TOPICAL	
	LIDOCAINE-TETRACAINE PATCH	SYNERA	TOPICAL	
	PENTAFLUOROPROPANE-TETRAFLUROETHANE AERO	PENTAFLUOROPROPANE-TETRAFLUROETHANE AFRO	TOPICAL	
	PRAMOXINE HCL	SARNA SENSITIVE	TOPICAL	
	PRAMOXINE HCL-HYDROCORTISONE	PRAMOSONE	TOPICAL	
TOPICAL PLEUROMUTILIN DERIV.	RETAPAMULIN	ALTABAX	TOPICAL	
TOPICAL PREPARATIONS, MISC	EMOLLIENT	CETAPHIL	TOPICAL	
	SODIUM CHLORIDE	SODIUM CHLORIDE EXTERNAL SOLN 0.9%	TOPICAL	
TOPICAL SULFONAMIDES	MAFENIDE ACETATE	SULFAMYLON	TOPICAL	
	SILVER SULFADIAZINE	SILVADENE	TOPICAL	
	SULFACETAMIDE SODIUM W/ SULFUR	ROSADERM	TOPICAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
TOPICAL VIT D ANALOG/STEROID	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	TACLONEX	TOPICAL	
TOPICAL/MUCOUS MEMBRANCE/SUB	COLLAGENASE	SANTYL	TOPICAL	
	PAPAIN-UREA	ALLANENZYME	TOPICAL	
	PAPAIN-UREA	KOVIA OINTMENT	TOPICAL	
	PAPAIN-UREA-CHLOROPHYLLIN	ALLANFILLZENZYME	TOPICAL	
	TRYPSIN	TRYPSIN	TOPICAL	
	TRYPSIN W/ CASTOR OIL & PERUVIAN BALSAM	GRANULEX	TOPICAL	
TRICHOMONACIDES	METRONIDAZOLE	FLAGYL ER	ORAL	
TRICYCLIC ANTIDEPRESS RELATED	AMITRIPTYLINE HCL	ELAVIL	ORAL	
	AMOXAPINE	ASCENDIN	ORAL	
	CLOMIPRAMINE HCL	CLOMID	ORAL	
	DESIPRAMINE HCL	NORPRAMINE	ORAL	
	DOXEPIN HCL	SINEQUAN	ORAL	
	IMIPRAMINE HCL	TOFRANIL	ORAL	
	IMIPRAMINE PAMOATE	TOFRANIL-PM	ORAL	
	MAPROTILINE HCL	LUDIOMIL	ORAL	
	NORTRIPTYLINE HCL	PAMELOR	ORAL	
	PROTRIPTYLINE HCL	VIVACTIL	ORAL	
	TRIMIPRAMINE MALEATE	SURMONTIL	ORAL	
TUMOR NECROSIS FACTOR INHIBIT	ADALIMUMAB	HUMIRA	SUB-Q	
	ETANERCEPT	ENBREL	SUB-Q	
TX FOR ATTN DEF-ADHD, NRI-TYPE	ATOMOXETINE HCL	STRATTERA	ORAL	
URINARY TRACT ANTISPASMODIC	FESOTERODINE FUMARATE	TOVIAZ	ORAL	
URINARY TRACT ANTISPASMODIC	FLAVOXATE HCL	FLAVOXATE HCL	ORAL	
URINARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE	DITROPAN XL	ORAL	
URINARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE	ORAL	
URINARY TRACT ANTISPASMODIC	OXYBUTYNIN CHLORIDE TD	GELNIQUE	TRANSDERM	
URINARY TRACT ANTISPASMODIC	OXYBUTYNIN TD PATCH	OXYTROL	TRANSDERM	
URINARY TRACT ANTISPASMODIC	TOLTERODINE TARTRATE	DETROL	ORAL	
URINARY TRACT ANTISPASMODIC	TROSPIMUM CHLORIDE	SANCTURA	ORAL	
URINARY ANESTHETICS	PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	ORAL	
URINARY ANALGESIC AGENTS	PENTOSAN POLYSULFATE SODIUM	ELMIRON	ORAL	
URINARY PH MODIFIERS	CITRIC ACID & D-GLUCONIC ACID	RENACIDIN	IRRIGATION	
	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS	K-PHOS NEUTRAL	ORAL	
	POTASSIUM & SODIUM ACID PHOSPHATES	K-PHOS M.F.	ORAL	
	POTASSIUM CITRATE	UROCIT-K	ORAL	
	POTASSIUM CITRATE & CITRIC ACID	CYTRA-K	ORAL	
	SODIUM CITRATE & CITRIC ACID	CYTRA-2	ORAL	
URINARYTRACT ANTISPAS-M(3)SEL	DARIFENACIN HYDROBROMIDE	ENABLEX	ORAL	
	SOLIFENACIN SUCCINATE	VESICARE	ORAL	
VAGINAL ANTIBIOTICS	METRONIDAZOLE	VANDAZOLE	VAGINAL	
VAGINAL ANTIFUNGALS	MICONAZOLE NITRATE	MONISTAT 3	VAGINAL	
	TERCONAZOLE	TERZOL	VAGINAL	
VAGINAL ANTISEPTICS	OXYQUINOLONE SULFATE-PH 4	TRIMO-SAN	VAGINAL	
VAGINAL ESTROGEN PREPARATION	ESTRADIOL	ESTRADIOL VAGINAL	VAGINAL	
VAGINAL SULFONAMIDES	SULFANILAMIDE	AVC	VAGINAL	
VANCOMYCIN AND DERIVATIVES	VANCOCIN HCL	VANCOCIN HCL	ORAL	

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.
VASODILATORS, COMBINATION	ISOSORBIDE DINITRATE-HYDRALAZINE HCL	BIDIL	ORAL	
VEHICLES	COCOA BUTTER	COCOA BUTTER	TOPICAL	
VEHICLES	SORBITOL	SORBITOL	MISCELL	
VITAMIN A PREPARATIONS	VITAMIN A	VITAMIN A	ORAL	
VITAMIN B PREPARATIONS				VITAMIN B PREPARATIONS CLASS SPECIFIC RESTRICTIONS <u>All combinations and strengths of oral dosage forms are covered for allowed conditions</u>
	B-COMPLEX W/ C & FOLIC ACID	NEPHROCAPS	ORAL	
	B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID	DIATX ZN	ORAL	
	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLBIC	ORAL	
	FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLTX	ORAL	
	FOLIC ACID-VITAMIN B6-VITAMIN B12	FOLGARD RX	ORAL	
	L-METHYLFOLATE W/ VIT B12-VIT B6-VIT B2	CEREFOLIN	ORAL	
	L-METHYLFOLATE W/ VIT B6-VIT B12	METANX	ORAL	
	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	CEREFOLIN NAC	ORAL	
	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	L-METHYLFOLATE-METHYLCOBALAMIN-ACETYLCYST	ORAL	
	POTASSIUM AMINO BENZOATE	AMINO BENZOATE POTASSIUM	ORAL	
	POTASSIUM AMINO BENZOATE	POTABA	ORAL	
	VITAMINS W/ LIPOTROPICS	BALANCED B-100	ORAL	
VITAMIN B1 PREPARATIONS	THIAMINE HCL	B-1	ORAL	
VITAMIN B12 PREPARATIONS	CYANOCOBALAMIN	VITAMIN B-12	ORAL	
VITAMIN B2 PREPARATIONS	RIBOFLAVIN	VITAMIN B-2	ORAL	
VITAMIN B6 PREPARATIONS	PYRIDOXINE	VITAMIN B-6	ORAL	
VITAMIN C PREPARATIONS	ASCORBIC ACID	VITAMIN C	ORAL	
VITAMIN D PREPARATIONS	ERGOCALCIFEROL	CALCIFEROL	ORAL	
VITAMIN E PREPARATIONS	B-COMPLEX W/ C & E + ZN	Z-GEN	ORAL	
	VITAMIN E	VITAMIN E	ORAL	
VITAMIN K PREPARATIONS	PHYTONADIONE	MEPHYTON	ORAL	
XANTHINES	AMINOPHYLLINE	AMINOPHYLLINE	ORAL	
	THEOPHYLLINE	THEOPHYLLINE	ORAL	
	THEOPHYLLINE ELIXIR	ELIXOPHYLLIN	ORAL	
ZINC REPLACEMENT	ZINC SULFATE	ORAZINC	ORAL	All zinc salts and oral dosage forms are covered for allowed conditions

APPENDIX A
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Description	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug that were approved by the FDA prior to February 1, 2012 are eligible for reimbursement in accordance with OAC 4123-6-21.