

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

Drug Class Name	Drug Generic Name	May Require Prior Authorization	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.
<b>Acne - Oral</b>			
	Isotretinoin Cap 25 MG	YES	
	Isotretinoin Cap 30 MG	YES	
	Isotretinoin Cap 35 MG	YES	
<b>ADHD - Amphetamines</b>			
	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG	YES	
	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	YES	
	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	YES	
	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	YES	
	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	YES	
	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG	YES	
	Amphetamine-Dextroamphetamine Tab 5 MG	YES	
	Amphetamine-Dextroamphetamine Tab 7.5 MG	YES	
	Amphetamine-Dextroamphetamine Tab 10 MG	YES	
	Amphetamine-Dextroamphetamine Tab 12.5 MG	YES	
	Amphetamine-Dextroamphetamine Tab 15 MG	YES	
	Amphetamine-Dextroamphetamine Tab 20 MG	YES	
	Amphetamine-Dextroamphetamine Tab 30 MG	YES	
	Dextroamphetamine Sulfate Cap SR 24HR 10 MG	YES	
	Dextroamphetamine Sulfate Cap SR 24HR 15 MG	YES	
	Dextroamphetamine Sulfate Tab 5 MG	YES	
	Dextroamphetamine Sulfate Tab 10 MG	YES	
	Lisdexamfetamine Dimesylate Cap 10 MG	YES	
	Lisdexamfetamine Dimesylate Cap 20 MG	YES	
	Lisdexamfetamine Dimesylate Cap 30 MG	YES	
	Lisdexamfetamine Dimesylate Cap 40 MG	YES	
	Lisdexamfetamine Dimesylate Cap 50 MG	YES	
	Lisdexamfetamine Dimesylate Cap 60 MG	YES	
	Lisdexamfetamine Dimesylate Cap 70 MG	YES	
<b>ADHD - Stimulants - Misc</b>			
	Armodafinil Tab 50 MG	YES	
	Armodafinil Tab 150 MG	YES	
	Armodafinil Tab 200 MG	YES	
	Armodafinil Tab 250 MG	YES	
	Dexmethylphenidate HCl Cap SR 24 HR 10 MG	YES	
	Dexmethylphenidate HCl Cap SR 24 HR 15 MG	YES	
	Dexmethylphenidate HCl Cap SR 24 HR 20 MG	YES	
	Dexmethylphenidate HCl Cap SR 24 HR 30 MG	YES	
	Methylphenidate HCl Cap CR 30 MG (CD)	YES	
	Methylphenidate HCl Cap SR 24HR 10 MG (LA)	YES	
	Methylphenidate HCl Cap SR 24HR 20 MG (LA)	YES	
	Methylphenidate HCl Cap SR 24HR 30 MG (LA)	YES	
	Methylphenidate HCl Cap SR 24HR 40 MG (LA)	YES	
	Methylphenidate HCl Cap SR 24HR 60 MG (LA)	YES	
	Methylphenidate HCl Tab 5 MG	YES	
	Methylphenidate HCl Tab 10 MG	YES	
	Methylphenidate HCl Tab 20 MG	YES	
	Methylphenidate HCl Tab CR 10 MG	YES	
	Methylphenidate HCl Tab CR 20 MG	YES	

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	Methylphenidate HCl Tab SA OSM 18 MG	YES	
	Methylphenidate HCl Tab SA OSM 27 MG	YES	
	Methylphenidate HCl Tab SA OSM 36 MG	YES	
	Methylphenidate HCl Tab SA OSM 54 MG	YES	
	Methylphenidate HCl Tab SR 24HR 18 MG	YES	
	Methylphenidate HCl Tab SR 24HR 27 MG	YES	
	Methylphenidate HCl Tab SR 24HR 36 MG	YES	
	Methylphenidate HCl Tab SR 24HR 54 MG	YES	
	Modafinil Tab 100 MG	YES	
	Modafinil Tab 200 MG	YES	
<b>ADHD Agents</b>			
	Atomoxetine HCl Cap 10 MG (Base Equiv)	YES	
	Atomoxetine HCl Cap 18 MG (Base Equiv)	YES	
	Atomoxetine HCl Cap 25 MG (Base Equiv)	YES	
	Atomoxetine HCl Cap 40 MG (Base Equiv)	YES	
	Atomoxetine HCl Cap 60 MG (Base Equiv)	YES	
	Atomoxetine HCl Cap 80 MG (Base Equiv)	YES	
	Atomoxetine HCl Cap 100 MG (Base Equiv)	YES	
	Guanfacine HCl Tab SR 24HR 3 MG (Base Equiv)	YES	
	Guanfacine HCl Tab SR 24HR 4 MG (Base Equiv)	YES	
<b>Agents for Chemical Dependency</b>			
	Acamprosate Calcium Tab Delayed Release 333 MG	YES	
	Buprenorphine HCl SL Tab 2 MG (Base Equiv)	YES	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl SL Tab 8 MG (Base Equiv)	YES	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)	YES	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)	YES	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	YES	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	YES	Restricted to use for addiction treatment only. Claim must be allowed for addiction.
	Disulfiram Tab 250 MG		
	Disulfiram Tab 500 MG		
<b>Alternative Medicine</b>			
	Glucosamine Sulfate Cap 500 MG	YES	
	Glucosamine Sulfate Tab 500 MG	YES	
	Glucosamine-Chondroitin Cap 500-400 MG	YES	
	Glucosamine-Chondroitin Tab 500-400 MG	YES	
	Glucosamine-Chondroitin Tab 750-600 MG	YES	
	Lutein-Zeaxanthin Cap 6-0.24 MG		
	Lutein-Zeaxanthin Cap 20-0.8 MG		
	Lutein-Zeaxanthin Cap 20-1 MG		
	Lutein-Zeaxanthin Cap 25-5 MG		
	Lutein-Zeaxanthin Cap 45-1.8 MG		
	Melatonin Cap 5 MG		
	Melatonin Cap 10 MG		
	Melatonin Tab 300 MCG		

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	Melatonin Tab 1 MG		
	Melatonin Tab 3 MG		
	Melatonin Tab 5 MG		
	Melatonin Tab 10 MG		
<b>Amyotrophic Lateral Sclerosis (ALS) Agents</b>			
	Riluzole Tab 50 MG	YES	
<b>Anabolic Steroids</b>			
	Oxandrolone Tab 2.5 MG	YES	
	Oxandrolone Tab 10 MG	YES	
<b>Analgesic Combinations</b>			
	Acetaminophen-Caffeine Tab 500-65 MG		
	Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG		
	Aspirin-APAP-Salicylamide-Caffeine Tab 500-250-150-32.5 MG		
	Aspirin-Caffeine Tab 400-32 MG		
	Butalbital-Acetaminophen Tab 50-325 MG	YES	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 (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	YES	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 (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	YES	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 (184 ml) or 24 doses (360 ml) per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	YES	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 (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	YES	Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	YES	Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Meprobamate-Aspirin Tab 200-325 MG		
<b>Analgesics - Other</b>			
	Acetaminophen Cap 500 MG		
	Acetaminophen Liquid 160 MG/5ML		
	Acetaminophen Liquid 167 MG/5ML		

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	Acetaminophen Suppos 325 MG		
	Acetaminophen Suppos 650 MG		
	Acetaminophen Susp 160 MG/5ML		
	Acetaminophen Tab 325 MG		
	Acetaminophen Tab 500 MG		
<b>Analgesics - Peptide Channel Blockers</b>			
	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	YES	
	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	YES	
	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	YES	
<b>Anaphylaxis Therapy Agents</b>			
	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	YES	
	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	YES	
	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	YES	
<b>Androgens</b>			Coverage limited to only those claims that have allowed medical conditions involving the genitourinary or endocrine systems.
	Methyltestosterone Cap 10 MG	YES	See Drug Class - Androgens restrictions above
	Testosterone Cypionate IM Inj in Oil 100 MG/ML	YES	See Drug Class - Androgens restrictions above
	Testosterone Cypionate IM Inj in Oil 200 MG/ML	YES	See Drug Class - Androgens restrictions above
	Testosterone Enanthate IM Inj in Oil 200 MG/ML	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 10MG/ACT (2%)	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 12.5 MG/ACT (1%)	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 20.25 MG/ACT (1.62%)	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 25 MG/2.5GM (1%)	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Gel 50 MG/5GM (1%)	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Patch 24HR 2 MG/24HR	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Patch 24HR 4 MG/24HR	YES	See Drug Class - Androgens restrictions above
	Testosterone TD Soln 30 MG/ACT	YES	See Drug Class - Androgens restrictions above
<b>Anorexiant Non-Amphetamine</b>			
	Benzphetamine HCl Tab 50 MG	YES	
<b>Antacids</b>			
	Alum & Mag Hydroxide-Simethicone Chew Tab 200-200-20 MG		
	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML		
	Alum & Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML		
	Aluminum & Magnesium Hydroxides Susp 500-500 MG/5ML		
	Aluminum Hydroxide-Magnesium Carbonate Chew Tab 160-105 MG		
	Aluminum Hydroxide-Magnesium Carbonate Susp 95-358 MG/15ML		
	Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-14.2 MG		
	Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-20 MG		
	Calcium Carbonate (Antacid) Chew Tab 500 MG		
	Calcium Carbonate (Antacid) Chew Tab 750 MG		
	Calcium Carbonate (Antacid) Chew Tab 1000 MG		
	Calcium Carbonate (Antacid) Tab 648 MG		
	Calcium Carbonate-Mag Hydroxide Chew Tab 550-110 MG		
	Calcium Carbonate-Mag Hydroxide Chew Tab 700-300 MG		
	Calcium Carbonate-Mag Hydroxide Chew Tab 1000-200 MG		
	Calcium Carbonate-Simethicone Chew Tab 750-80 MG		
	Calcium Carbonate-Simethicone Chew Tab 1000-60 MG		
	Magnesium Oxide Cap 140 MG (85 MG Elemental MG)		

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	Magnesium Oxide Cap 500 MG		
	Magnesium Oxide Tab 400 MG		
	Sodium Bicarbonate Tab 325 MG		
	Sodium Bicarbonate Tab 650 MG		
	Sodium Bicarbonate-Citric Acid Effer Tab 1940-1000 MG		
<b>Anthelmintics</b>			
	Mebendazole Chew Tab 100 MG	YES	
<b>Antianginal Agents</b>			
	Isosorbide Dinitrate Cap CR 40 MG	YES	
	Isosorbide Dinitrate Tab 10 MG	YES	
	Isosorbide Dinitrate Tab 20 MG	YES	
	Isosorbide Dinitrate Tab CR 40 MG	YES	
	Isosorbide Mononitrate Tab 20 MG	YES	
	Isosorbide Mononitrate Tab SR 24HR 30 MG	YES	
	Isosorbide Mononitrate Tab SR 24HR 60 MG	YES	
	Isosorbide Mononitrate Tab SR 24HR 120 MG	YES	
	Nitroglycerin Cap CR 9 MG	YES	
	Nitroglycerin Oint 2%	YES	
	Nitroglycerin SL Tab 0.3 MG	YES	
	Nitroglycerin SL Tab 0.4 MG	YES	
	Nitroglycerin TD Patch 24HR 0.1 MG/HR	YES	
	Nitroglycerin TD Patch 24HR 0.2 MG/HR	YES	
	Nitroglycerin TD Patch 24HR 0.3 MG/HR	YES	
	Nitroglycerin TD Patch 24HR 0.4 MG/HR	YES	
	Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	YES	
	Ranolazine Tab SR 12HR 500 MG	YES	
	Ranolazine Tab SR 12HR 1000 MG	YES	
			Reimbursement is restricted to the maximum daily dose listed with each of the agents below. Reimbursement for all oral benzodiazepine anti-anxiety and anti-convulsant drug class agents will be limited to 60 days unless there is a psychological condition allowed in the claim.
<b>Antianxiety - Benzodiazepine</b>			
	Alprazolam Products	YES	See also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Conc 1 MG/ML	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day

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	Alprazolam Orally Disintegrating Tab 0.25 MG	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Orally Disintegrating Tab 0.5 MG	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Orally Disintegrating Tab 1 MG	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Orally Disintegrating Tab 2 MG	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab 0.25 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab 0.5 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab 1 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab 2 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab SR 24HR 0.5 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab SR 24HR 1 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab SR 24HR 2 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Alprazolam Tab SR 24HR 3 MG	YES	See Alprazolam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of four (4) milligrams per day
	Chlordiazepoxide Cap Products	YES	See also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day

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	Chlordiazepoxide HCl Cap 5 MG	YES	See Chlordiazepoxide Cap Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day
	Chlordiazepoxide HCl Cap 10 MG	YES	See Chlordiazepoxide Cap Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day
	Chlordiazepoxide HCl Cap 25 MG	YES	See Chlordiazepoxide Cap Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day
	Clorazepate Dipotassium Tab Products	YES	See also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day
	Clorazepate Dipotassium Tab 3.75 MG	YES	See Clorazepate Dipotassium Tab Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day
	Clorazepate Dipotassium Tab 7.5 MG	YES	See Clorazepate Dipotassium Tab Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above.
	Clorazepate Dipotassium Tab 15 MG	YES	See Clorazepate Dipotassium Tab Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day
	Diazepam Products	YES	See also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Conc 5 MG/ML	YES	See Diazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Oral Soln 1 MG/ML	YES	See Diazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Tab 2 MG	YES	See Diazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Tab 5 MG	YES	See Diazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Diazepam Tab 10 MG	YES	See Diazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day
	Lorazepam Products	YES	See also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Conc 2 MG/ML	YES	See Lorazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Tab 0.5 MG	YES	See Lorazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Tab 1 MG	YES	See Lorazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day
	Lorazepam Tab 2 MG	YES	See Lorazepam Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day

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	Oxazepam Cap Products	YES	See also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day
	Oxazepam Cap 10 MG	YES	See Oxazepam Cap Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day
	Oxazepam Cap 15 MG	YES	See Oxazepam Cap Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day
	Oxazepam Cap 30 MG	YES	See Oxazepam Cap Products and also Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day
<b>Antianxiety Agents - Misc</b>			
	Buspirone HCl Tab 5 MG		
	Buspirone HCl Tab 7.5 MG		
	Buspirone HCl Tab 10 MG		
	Buspirone HCl Tab 15 MG		
	Buspirone HCl Tab 30 MG		
	Hydroxyzine HCl Syrup 10 MG/5ML		
	Hydroxyzine HCl Tab 10 MG		
	Hydroxyzine HCl Tab 25 MG		
	Hydroxyzine HCl Tab 50 MG		
	Hydroxyzine Pamoate Cap 25 MG		
	Hydroxyzine Pamoate Cap 50 MG		
	Hydroxyzine Pamoate Cap 100 MG		
	Meprobamate Tab 200 MG		
	Meprobamate Tab 400 MG		
<b>Antiarrhythmics</b>			
	Amiodarone HCl Tab 200 MG	YES	
	Amiodarone HCl Tab 400 MG	YES	
	Dofetilide Cap 125 MCG (0.125 MG)	YES	
	Dofetilide Cap 250 MCG (0.25 MG)	YES	
	Dofetilide Cap 500 MCG (0.5 MG)	YES	
	Dronedaron HCl Tab 400 MG (Base Equivalent)	YES	
	Flecainide Acetate Tab 50 MG	YES	
	Flecainide Acetate Tab 100 MG	YES	
	Flecainide Acetate Tab 150 MG	YES	
	Mexiletine HCl Cap 150 MG	YES	
	Mexiletine HCl Cap 200 MG	YES	
	Propafenone HCl Cap SR 12HR 225 MG	YES	
	Propafenone HCl Cap SR 12HR 325 MG	YES	
	Propafenone HCl Cap SR 12HR 425 MG	YES	
	Propafenone HCl Tab 150 MG	YES	
	Propafenone HCl Tab 225 MG	YES	
	Propafenone HCl Tab 300 MG	YES	
	Quinidine Gluconate Tab CR 324 MG	YES	
	Quinidine Sulfate Tab CR 300 MG	YES	
<b>Antibiotic - Aminoglycosides</b>			
	Neomycin Sulfate Tab 500 MG	YES	
	Tobramycin Inhal Cap 28 MG	YES	



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	Tobramycin Nebu Soln 300 MG/4ML	YES	
	Tobramycin Nebu Soln 300 MG/5ML	YES	
<b>Antibiotic - Cephalosporins - 1st Generation</b>			
	Cefadroxil Cap 500 MG	YES	
	Cefadroxil For Susp 500 MG/5ML	YES	
	Cefadroxil Tab 1 GM	YES	
	Cephalexin Cap 250 MG	YES	
	Cephalexin Cap 500 MG	YES	
	Cephalexin Cap 750 MG	YES	
	Cephalexin For Susp 250 MG/5ML	YES	
<b>Antibiotic - Cephalosporins - 2nd Generation</b>			
	Cefaclor Cap 250 MG	YES	
	Cefaclor Cap 500 MG	YES	
	Cefprozil Tab 250 MG	YES	
	Cefprozil Tab 500 MG	YES	
	Cefuroxime Axetil For Susp 250 MG/5ML	YES	
	Cefuroxime Axetil Tab 250 MG	YES	
	Cefuroxime Axetil Tab 500 MG	YES	
<b>Antibiotic - Cephalosporins - 3rd Generation</b>			
	Cefdinir Cap 300 MG	YES	
	Cefdinir For Susp 250 MG/5ML	YES	
	Cefditoren Pivoxil Tab 200 MG (Base Equivalent)	YES	
	Cefditoren Pivoxil Tab 400 MG (Base Equivalent)	YES	
	Cefixime Cap 400 MG	YES	
	Cefixime For Susp 500 MG/5ML	YES	
	Cefixime Tab 400 MG	YES	
	Cefpodoxime Proxetil Tab 100 MG	YES	
	Cefpodoxime Proxetil Tab 200 MG	YES	
	Ceftibuten Cap 400 MG	YES	
	Ceftibuten For Susp 180 MG/5ML	YES	
<b>Antibiotic - Fluoroquinolones</b>			
	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	YES	
	Ciprofloxacin HCl Tab 250 MG (Base Equiv)	YES	
	Ciprofloxacin HCl Tab 500 MG (Base Equiv)	YES	
	Ciprofloxacin HCl Tab 750 MG (Base Equiv)	YES	
	Ciprofloxacin-Ciprofloxacin HCl Tab SR 24HR 500 MG (Base Eq)	YES	
	Ciprofloxacin-Ciprofloxacin HCl Tab SR 24HR 1000 MG(Base Eq)	YES	
	Gemifloxacin Mesylate Tab 320 MG (Base Equiv)	YES	
	Levofloxacin Tab 250 MG	YES	
	Levofloxacin Tab 500 MG	YES	
	Levofloxacin Tab 750 MG	YES	
	Moxifloxacin HCl Tab 400 MG (Base Equiv)	YES	
	Norfloxacin Tab 400 MG	YES	
	Ofloxacin Tab 300 MG	YES	
	Ofloxacin Tab 400 MG	YES	
<b>Antibiotic - Macrolides</b>			
	Azithromycin Extended Release For Oral Susp 2 GM	YES	
	Azithromycin For Susp 100 MG/5ML	YES	
	Azithromycin For Susp 200 MG/5ML	YES	
	Azithromycin Powd Pack for Susp 1 GM	YES	

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	Azithromycin Tab 250 MG	YES	
	Azithromycin Tab 500 MG	YES	
	Clarithromycin Tab 250 MG	YES	
	Clarithromycin Tab 500 MG	YES	
	Clarithromycin Tab SR 24HR 500 MG	YES	
	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	YES	
	Erythromycin Ethylsuccinate Tab 400 MG	YES	
	Erythromycin Stearate Tab 250 MG	YES	
	Erythromycin Tab 250 MG	YES	
	Erythromycin Tab 500 MG	YES	
	Erythromycin Tab Delayed Release 250 MG	YES	
	Erythromycin Tab Delayed Release 333 MG	YES	
	Erythromycin Tab Delayed Release 500 MG	YES	
	Erythromycin w/ Delayed Release Particles Cap 250 MG	YES	
<b>Antibiotic - Penicillins</b>			
	Amoxicillin & K Clavulanate Chew Tab 400-57 MG	YES	
	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	YES	
	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	YES	
	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	YES	
	Amoxicillin & K Clavulanate Tab 250-125 MG	YES	
	Amoxicillin & K Clavulanate Tab 500-125 MG	YES	
	Amoxicillin & K Clavulanate Tab 875-125 MG	YES	
	Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG	YES	
	Amoxicillin (Trihydrate) Cap 250 MG	YES	
	Amoxicillin (Trihydrate) Cap 500 MG	YES	
	Amoxicillin (Trihydrate) Chew Tab 250 MG	YES	
	Amoxicillin (Trihydrate) For Susp 250 MG/5ML	YES	
	Amoxicillin (Trihydrate) For Susp 400 MG/5ML	YES	
	Amoxicillin (Trihydrate) Tab 500 MG	YES	
	Amoxicillin (Trihydrate) Tab 875 MG	YES	
	Amoxicillin (Trihydrate) Tab SR 24HR 775 MG	YES	
	Ampicillin Cap 250 MG	YES	
	Ampicillin Cap 500 MG	YES	
	Ampicillin For Susp 250 MG/5ML	YES	
	Dicloxacillin Sodium Cap 250 MG	YES	
	Dicloxacillin Sodium Cap 500 MG	YES	
	Penicillin V Potassium For Soln 250 MG/5ML	YES	
	Penicillin V Potassium Tab 250 MG	YES	
	Penicillin V Potassium Tab 500 MG	YES	
<b>Antibiotic -Tetracyclines</b>			
	Demeclocycline HCl Tab 150 MG	YES	
	Demeclocycline HCl Tab 300 MG	YES	
	Doxycycline Calcium Syrup 50 MG/5ML	YES	
	Doxycycline Hyclate Cap 50 MG	YES	
	Doxycycline Hyclate Cap 100 MG	YES	
	Doxycycline Hyclate Tab 20 MG	YES	
	Doxycycline Hyclate Tab 100 MG	YES	
	Doxycycline Hyclate Tab Delayed Release 50 MG	YES	
	Doxycycline Hyclate Tab Delayed Release 75 MG	YES	
	Doxycycline Hyclate Tab Delayed Release 100 MG	YES	

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	Doxycycline Hyclate Tab Delayed Release 150 MG	YES	
	Doxycycline Hyclate Tab Delayed Release 200 MG	YES	
	Doxycycline Monohydrate Cap 50 MG	YES	
	Doxycycline Monohydrate Cap 100 MG	YES	
	Doxycycline Monohydrate Tab 50 MG	YES	
	Doxycycline Monohydrate Tab 100 MG	YES	
	Doxycycline Monohydrate Tab 150 MG	YES	
	Minocycline HCl Cap 50 MG	YES	
	Minocycline HCl Cap 75 MG	YES	
	Minocycline HCl Cap 100 MG	YES	
	Minocycline HCl Tab 100 MG	YES	
	Minocycline HCl Tab SR 24HR 90 MG	YES	
	Tetracycline HCl Cap 250 MG	YES	
	Tetracycline HCl Cap 500 MG	YES	
<b>Anti-Cataleptic Agents</b>			
	Sodium Oxybate Oral Solution 500 MG/ML	YES	
<b>Anticoagulants - Coumarin Anticoagulants</b>			
	Warfarin Sodium Tab 1 MG		
	Warfarin Sodium Tab 2 MG		
	Warfarin Sodium Tab 2.5 MG		
	Warfarin Sodium Tab 3 MG		
	Warfarin Sodium Tab 4 MG		
	Warfarin Sodium Tab 5 MG		
	Warfarin Sodium Tab 6 MG		
	Warfarin Sodium Tab 7.5 MG		
	Warfarin Sodium Tab 10 MG		
<b>Anticoagulants - Direct Factor Xa Inhibitors</b>			
	Apixaban Tab 2.5 MG		
	Apixaban Tab 5 MG		
	Edoxaban Tosylate Tab 15 MG (Base Equivalent)		
	Edoxaban Tosylate Tab 30 MG (Base Equivalent)		
	Edoxaban Tosylate Tab 60 MG (Base Equivalent)		
	Rivaroxaban Tab 10 MG		
	Rivaroxaban Tab 15 MG		
	Rivaroxaban Tab 20 MG		
	Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG		
<b>Anticoagulants - Heparins and Heparinoid-Like Agents</b>			
	Dalteparin Sodium Inj 2500 Unit/0.2ML		
	Dalteparin Sodium Inj 5000 Unit/0.2ML		
	Dalteparin Sodium Inj 7500 Unit/0.3ML		
	Dalteparin Sodium Inj 10000 Unit/ML		
	Dalteparin Sodium Inj 12500 Unit/0.5ML		
	Dalteparin Sodium Inj 15000 Unit/0.6ML		
	Dalteparin Sodium Inj 18000 Unit/0.72ML		
	Dalteparin Sodium Inj 25000 Unit/ML		
	Enoxaparin Sodium Inj 30 MG/0.3ML		
	Enoxaparin Sodium Inj 40 MG/0.4ML		
	Enoxaparin Sodium Inj 60 MG/0.6ML		
	Enoxaparin Sodium Inj 80 MG/0.8ML		

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	Enoxaparin Sodium Inj 100 MG/ML		
	Enoxaparin Sodium Inj 120 MG/0.8ML		
	Enoxaparin Sodium Inj 150 MG/ML		
	Enoxaparin Sodium Inj 300 MG/3ML		
	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML		
	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML		
	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML		
	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML		
	Heparin Sodium (Porcine) Inj 5000 Unit/ML		
	Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML		
	Heparin Sodium (Porcine) Inj 10000 Unit/ML		
	Heparin Sodium (Porcine) Inj 20000 Unit/ML		
<b>Anticoagulants - Thrombin Inhibitors</b>			
	Dabigatran Etxilate Mesylate Cap 75 MG (Etxilate Base Eq)		
	Dabigatran Etxilate Mesylate Cap 110 MG (Etxilate Base Eq)		
	Dabigatran Etxilate Mesylate Cap 150 MG (Etxilate Base Eq)		
<b>Anticonvulsants - Benzodiazepines</b>			
	Clonazepam Products	YES	Benzodiazepine drug class restrictions apply. Maximum dose of four (4) milligrams per day. Reimbursement for all benzodiazepine anti-anxiety and anti-convulsant drug class agents will be limited to 60 days unless there is a psychological condition allowed in the claim.
	Clonazepam Orally Disintegrating Tab 0.125 MG	YES	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 0.25 MG	YES	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 0.5 MG	YES	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 1 MG	YES	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Orally Disintegrating Tab 2 MG	YES	See Clonazepam Products restrictions above. Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.
	Clonazepam Tab 0.5 MG	YES	See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.
	Clonazepam Tab 1 MG	YES	See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.
	Clonazepam Tab 2 MG	YES	See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.
	Diazepam Rectal Gel Delivery System 10 MG		
	Diazepam Rectal Gel Delivery System 20 MG		

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<b>Anticonvulsants - Carbamates</b>			
	Felbamate Tab 600 MG		
<b>Anticonvulsants - GABA Modulators</b>			
	Tiagabine HCl Tab 2 MG		
	Tiagabine HCl Tab 4 MG		
	Tiagabine HCl Tab 12 MG		
	Tiagabine HCl Tab 16 MG		
<b>Anticonvulsants - Hydantoins</b>			
	Phenytoin Chew Tab 50 MG		
	Phenytoin Sodium Extended Cap 30 MG		
	Phenytoin Sodium Extended Cap 100 MG		
	Phenytoin Sodium Extended Cap 200 MG		
	Phenytoin Sodium Extended Cap 300 MG		
	Phenytoin Susp 125 MG/5ML		
<b>Anticonvulsants - Misc</b>			
	Carbamazepine Cap SR 12HR 100 MG		
	Carbamazepine Cap SR 12HR 200 MG		
	Carbamazepine Cap SR 12HR 300 MG		
	Carbamazepine Chew Tab 100 MG		
	Carbamazepine Susp 100 MG/5ML		
	Carbamazepine Tab 200 MG		
	Carbamazepine Tab SR 12HR 100 MG		
	Carbamazepine Tab SR 12HR 200 MG		
	Carbamazepine Tab SR 12HR 400 MG		
	Gabapentin Cap 100 MG		
	Gabapentin Cap 300 MG		
	Gabapentin Cap 400 MG		
	Gabapentin Oral Soln 250 MG/5ML		
	Gabapentin Tab 600 MG		
	Gabapentin Tab 800 MG		
	Lacosamide Tab 50 MG		
	Lacosamide Tab 100 MG		
	Lacosamide Tab 150 MG		
	Lacosamide Tab 200 MG		
	Lamotrigine Orally Disintegrating Tab Products	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Lamotrigine Orally Disintegrating Tab 25 MG	YES	See Lamotrigine ODT Products restrictions above
	Lamotrigine Orally Disintegrating Tab 50 MG	YES	See Lamotrigine ODT Products restrictions above
	Lamotrigine Orally Disintegrating Tab 100 MG	YES	See Lamotrigine ODT Products restrictions above
	Lamotrigine Orally Disintegrating Tab 200 MG	YES	See Lamotrigine ODT Products restrictions above
	Lamotrigine Tab 25 MG		
	Lamotrigine Tab 100 MG		
	Lamotrigine Tab 150 MG		
	Lamotrigine Tab 200 MG		
	Lamotrigine Tab 25 MG (35) Starter Kit		
	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit		
	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit		
	Lamotrigine Tab SR 24HR 50 MG		
	Lamotrigine Tab SR 24HR 100 MG		

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	Lamotrigine Tab SR 24HR 200 MG		
	Lamotrigine Tab SR 24HR 250 MG		
	Lamotrigine Tab SR 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit		
	Levetiracetam Oral Soln 100 MG/ML		
	Levetiracetam Tab 250 MG		
	Levetiracetam Tab 500 MG		
	Levetiracetam Tab 750 MG		
	Levetiracetam Tab 1000 MG		
	Levetiracetam Tab SR 24HR 500 MG		
	Levetiracetam Tab SR 24HR 750 MG		
	Oxcarbazepine Tab 150 MG		
	Oxcarbazepine Tab 300 MG		
	Oxcarbazepine Tab 600 MG		
	Pregabalin Cap 25 MG		
	Pregabalin Cap 50 MG		
	Pregabalin Cap 75 MG		
	Pregabalin Cap 100 MG		
	Pregabalin Cap 150 MG		
	Pregabalin Cap 200 MG		
	Pregabalin Cap 225 MG		
	Pregabalin Cap 300 MG		
	Primidone Tab 50 MG		
	Primidone Tab 250 MG		
	Topiramate Sprinkle Cap 15 MG		
	Topiramate Sprinkle Cap 25 MG		
	Topiramate Tab 25 MG		
	Topiramate Tab 50 MG		
	Topiramate Tab 100 MG		
	Topiramate Tab 200 MG		
	Zonisamide Cap 25 MG		
	Zonisamide Cap 50 MG		
	Zonisamide Cap 100 MG		
<b>Anticonvulsants - Succinimides</b>			
	Ethosuximide Cap 250 MG		
<b>Anticonvulsants - Valproic Acid</b>			
	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG		
	Divalproex Sodium Tab Delayed Release 125 MG		
	Divalproex Sodium Tab Delayed Release 250 MG		
	Divalproex Sodium Tab Delayed Release 500 MG		
	Divalproex Sodium Tab SR 24 HR 250 MG		
	Divalproex Sodium Tab SR 24 HR 500 MG		
	Valproate Sodium Syrup 250 MG/5ML (Base Equiv)		
	Valproic Acid Cap 250 MG		
	Valproic Acid Cap Delayed Release 250 MG		
	Valproic Acid Cap Delayed Release 500 MG		
<b>Antidementia Agents</b>			
	Donepezil Hydrochloride Tab 5 MG	<b>YES</b>	
	Donepezil Hydrochloride Tab 10 MG	<b>YES</b>	
	Donepezil Hydrochloride Tab 23 MG	<b>YES</b>	
	Galantamine Hydrobromide Cap SR 24HR 8 MG	<b>YES</b>	

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	Galantamine Hydrobromide Cap SR 24HR 16 MG	YES	
	Galantamine Hydrobromide Tab 4 MG	YES	
	Galantamine Hydrobromide Tab 8 MG	YES	
	Galantamine Hydrobromide Tab 12 MG	YES	
	Memantine HCl Cap SR 24HR 7 MG	YES	
	Memantine HCl Cap SR 24HR 14 MG	YES	
	Memantine HCl Cap SR 24HR 21 MG	YES	
	Memantine HCl Cap SR 24HR 28 MG	YES	
	Memantine HCl Cap SR 24HR 7 MG & 14 MG & 21 MG & 28 MG Pack	YES	
	Memantine HCl Tab 5 MG	YES	
	Memantine HCl Tab 10 MG	YES	
	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	YES	
	Rivastigmine Tartrate Cap 3 MG	YES	
	Rivastigmine Tartrate Cap 4.5 MG	YES	
	Rivastigmine Tartrate Cap 6 MG	YES	
	Rivastigmine TD Patch 24HR 4.6 MG/24HR	YES	
	Rivastigmine TD Patch 24HR 9.5 MG/24HR	YES	
<b>Antidepressants - Alpha-2 Receptor Antagonists (Tetracyclics)</b>			
	Mirtazapine Orally Disintegrating Tab Products	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Mirtazapine Orally Disintegrating Tab 15 MG	YES	See Mirtazapine ODT Products restrictions above
	Mirtazapine Orally Disintegrating Tab 30 MG	YES	See Mirtazapine ODT Products restrictions above
	Mirtazapine Orally Disintegrating Tab 45 MG	YES	See Mirtazapine ODT Products restrictions above
	Mirtazapine Tab 7.5 MG		
	Mirtazapine Tab 15 MG		
	Mirtazapine Tab 30 MG		
	Mirtazapine Tab 45 MG		
<b>Antidepressants - Misc</b>			
	Bupropion HBr Tab SR 24HR 174 MG		
	Bupropion HBr Tab SR 24HR 348 MG		
	Bupropion HBr Tab SR 24HR 522 MG		
	Bupropion HCl Tab 75 MG		
	Bupropion HCl Tab 100 MG		
	Bupropion HCl Tab SR 12HR 100 MG		
	Bupropion HCl Tab SR 12HR 150 MG		
	Bupropion HCl Tab SR 12HR 200 MG		
	Bupropion HCl Tab SR 24HR 150 MG		
	Bupropion HCl Tab SR 24HR 300 MG		
	Maprotiline HCl Tab 25 MG		
	Maprotiline HCl Tab 50 MG		
	Maprotiline HCl Tab 75 MG		
<b>Antidepressants - Oxidase Inhibitors (MAOIs)</b>	<b>Monoamine</b>		
	Phenelzine Sulfate Tab 15 MG		
	Selegiline TD Patch 24HR 6 MG/24HR		
	Selegiline TD Patch 24HR 9 MG/24HR		
	Selegiline TD Patch 24HR 12 MG/24HR		
	Tranylcypromine Sulfate Tab 10 MG		

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<b>Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			
	Citalopram Hydrobromide Oral Soln 10 MG/5ML		
	Citalopram Hydrobromide Tab 10 MG (Base Equiv)		
	Citalopram Hydrobromide Tab 20 MG (Base Equiv)		
	Citalopram Hydrobromide Tab 40 MG (Base Equiv)		
	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)		
	Escitalopram Oxalate Tab 5 MG (Base Equiv)		
	Escitalopram Oxalate Tab 10 MG (Base Equiv)		
	Escitalopram Oxalate Tab 20 MG (Base Equiv)		
	Fluoxetine HCl Cap 10 MG		
	Fluoxetine HCl Cap 20 MG		
	Fluoxetine HCl Cap 40 MG		
	Fluoxetine HCl Cap Delayed Release 90 MG		
	Fluoxetine HCl Solution 20 MG/5ML		
	Fluoxetine HCl Tab 10 MG		
	Fluoxetine HCl Tab 20 MG		
	Fluvoxamine Maleate Cap SR 24HR 100 MG		
	Fluvoxamine Maleate Cap SR 24HR 150 MG		
	Fluvoxamine Maleate Tab 25 MG		
	Fluvoxamine Maleate Tab 50 MG		
	Fluvoxamine Maleate Tab 100 MG		
	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)		
	Paroxetine HCl Tab 10 MG		
	Paroxetine HCl Tab 20 MG		
	Paroxetine HCl Tab 30 MG		
	Paroxetine HCl Tab 40 MG		
	Paroxetine HCl Tab SR 24HR 12.5 MG		
	Paroxetine HCl Tab SR 24HR 25 MG		
	Paroxetine HCl Tab SR 24HR 37.5 MG		
	Paroxetine Mesylate Tab 10 MG (Base Equiv)		
	Paroxetine Mesylate Tab 20 MG (Base Equiv)		
	Paroxetine Mesylate Tab 30 MG (Base Equiv)		
	Paroxetine Mesylate Tab 40 MG (Base Equiv)		
	Sertraline HCl Oral Conc 20 MG/ML		
	Sertraline HCl Tab 25 MG		
	Sertraline HCl Tab 50 MG		
	Sertraline HCl Tab 100 MG		
<b>Antidepressants - Serotonin Modulators</b>			
	Nefazodone HCl Tab 50 MG		
	Nefazodone HCl Tab 100 MG		
	Nefazodone HCl Tab 150 MG		
	Nefazodone HCl Tab 200 MG		
	Nefazodone HCl Tab 250 MG		
	Trazodone HCl Tab 50 MG		
	Trazodone HCl Tab 100 MG		
	Trazodone HCl Tab 150 MG		
	Trazodone HCl Tab 300 MG		
	Trazodone HCl Tab SR 24HR 150 MG		
	Trazodone HCl Tab SR 24HR 300 MG		



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	Vilazodone HCl Tab 10 MG		
	Vilazodone HCl Tab 20 MG		
	Vilazodone HCl Tab 40 MG		
	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG		
	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (7) & 40 (16) MG		
<b>Antidepressants - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>			
	Desvenlafaxine Fumarate Tab SR 24HR 50 MG (Base Equiv)		
	Desvenlafaxine Fumarate Tab SR 24HR 100 MG (Base Equiv)		
	Desvenlafaxine Succinate Tab SR 24HR 25 MG (Base Equiv)		
	Desvenlafaxine Succinate Tab SR 24HR 50 MG (Base Equiv)		
	Desvenlafaxine Succinate Tab SR 24HR 100 MG (Base Equiv)		
	Desvenlafaxine Tab SR 24HR 50 MG		
	Desvenlafaxine Tab SR 24HR 100 MG		
	Duloxetine HCl Enteric Coated Pellets Cap 20 MG		
	Duloxetine HCl Enteric Coated Pellets Cap 30 MG		
	Duloxetine HCl Enteric Coated Pellets Cap 60 MG		
	Venlafaxine HCl Cap SR 24HR 37.5 MG (Base Equivalent)		
	Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent)		
	Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent)		
	Venlafaxine HCl Tab 25 MG		
	Venlafaxine HCl Tab 37.5 MG		
	Venlafaxine HCl Tab 50 MG		
	Venlafaxine HCl Tab 75 MG		
	Venlafaxine HCl Tab 100 MG		
	Venlafaxine HCl Tab SR 24HR 37.5 MG (Base Equivalent)		
	Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent)		
	Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent)		
	Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent)		
<b>Antidepressants - Tricyclic Agents</b>			
	Amitriptyline HCl Tab 10 MG		
	Amitriptyline HCl Tab 25 MG		
	Amitriptyline HCl Tab 50 MG		
	Amitriptyline HCl Tab 75 MG		
	Amitriptyline HCl Tab 100 MG		
	Amitriptyline HCl Tab 150 MG		
	Amoxapine Tab 25 MG		
	Amoxapine Tab 50 MG		
	Amoxapine Tab 100 MG		
	Amoxapine Tab 150 MG		
	Clomipramine HCl Cap 25 MG		
	Clomipramine HCl Cap 50 MG		
	Clomipramine HCl Cap 75 MG		
	Desipramine HCl Tab 10 MG		
	Desipramine HCl Tab 25 MG		
	Desipramine HCl Tab 50 MG		
	Desipramine HCl Tab 75 MG		
	Desipramine HCl Tab 100 MG		
	Desipramine HCl Tab 150 MG		
	Doxepin HCl Cap 10 MG		

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	Doxepin HCl Cap 25 MG		
	Doxepin HCl Cap 50 MG		
	Doxepin HCl Cap 75 MG		
	Doxepin HCl Cap 100 MG		
	Doxepin HCl Cap 150 MG		
	Doxepin HCl Conc 10 MG/ML		
	Imipramine HCl Tab 10 MG		
	Imipramine HCl Tab 25 MG		
	Imipramine HCl Tab 50 MG		
	Imipramine Pamoate Cap 75 MG		
	Imipramine Pamoate Cap 100 MG		
	Imipramine Pamoate Cap 125 MG		
	Imipramine Pamoate Cap 150 MG		
	Nortriptyline HCl Cap 10 MG		
	Nortriptyline HCl Cap 25 MG		
	Nortriptyline HCl Cap 50 MG		
	Nortriptyline HCl Cap 75 MG		
	Nortriptyline HCl Soln 10 MG/5ML		
	Protriptyline HCl Tab 5 MG		
	Protriptyline HCl Tab 10 MG		
	Trimipramine Maleate Cap 25 MG		
	Trimipramine Maleate Cap 50 MG		
	Trimipramine Maleate Cap 100 MG		
<b>Antidiabetic - Alpha-Glucosidase Inhibitors</b>			
	Acarbose Tab 25 MG	<b>YES</b>	
<b>Antidiabetic - Amylin Analogs</b>			
	Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)	<b>YES</b>	
	Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	<b>YES</b>	
<b>Antidiabetic - Biguanides</b>			
	Metformin HCl Tab 500 MG	<b>YES</b>	
	Metformin HCl Tab 850 MG	<b>YES</b>	
	Metformin HCl Tab 1000 MG	<b>YES</b>	
	Metformin HCl Tab SR 24HR 500 MG	<b>YES</b>	
<b>Antidiabetic - Diabetic Other</b>			
	Glucagon (rDNA) For Inj Kit 1 MG	<b>YES</b>	
	Glucose Gel 40%	<b>YES</b>	
<b>Antidiabetic - Peptidase-4 (DPP-4) Inhibitors</b>	<b>Dipeptidyl</b>		
	Sitagliptin Phosphate Tab 25 MG (Base Equiv)	<b>YES</b>	
	Sitagliptin Phosphate Tab 50 MG (Base Equiv)	<b>YES</b>	
	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	<b>YES</b>	
<b>Antidiabetic - Mimetic Agents (GLP-1 Receptor Agonists)</b>	<b>Incretin</b>		
	Exenatide For Inj Extended Release Susp 2 MG	<b>YES</b>	
	Exenatide Soln Pen-injector 5 MCG/0.02ML	<b>YES</b>	
	Exenatide Soln Pen-injector 10 MCG/0.04ML	<b>YES</b>	
	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	<b>YES</b>	

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<b>Antidiabetic - Insulin</b>	Insulin Products		All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim
	Insulin Aspart Inj 100 Unit/ML	YES	
	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	YES	
	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	YES	
	Insulin Aspart Soln Cartridge 100 Unit/ML	YES	
	Insulin Aspart Soln Pen-injector 100 Unit/ML	YES	
	Insulin Degludec Soln Pen-Injector 100 Unit/ML	YES	
	Insulin Degludec Soln Pen-Injector 200 Unit/ML	YES	
	Insulin Detemir Inj 100 Unit/ML	YES	
	Insulin Detemir Soln Pen-injector 100 Unit/ML	YES	
	Insulin Glargine Inj 100 Unit/ML	YES	
	Insulin Glargine Soln Pen-Injector 100 Unit/ML	YES	
	Insulin Glargine Soln Pen-Injector 300 Unit/ML	YES	
	Insulin Glulisine Inj 100 Unit/ML	YES	
	Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML	YES	
	Insulin Lispro (Human) Inj 100 Unit/ML	YES	
	Insulin Lispro (Human) Soln Cartridge 100 Unit/ML	YES	
	Insulin Lispro (Human) Soln Pen-injector 100 Unit/ML	YES	
	Insulin Lispro (Human) Soln Pen-injector 200 Unit/ML	YES	
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)	YES	
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)	YES	
	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50)	YES	
	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)	YES	
	Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30)	YES	
	Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	YES	
	Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML	YES	
	Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	YES	
	Insulin Regular (Human) Inj 100 Unit/ML	YES	
	Insulin Regular (Human) Inj 500 Unit/ML	YES	
	Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML	YES	
<b>Antidiabetic - Insulin Sensitizing Agents</b>			
	Pioglitazone HCl Tab 15 MG (Base Equiv)	YES	
	Pioglitazone HCl Tab 30 MG (Base Equiv)	YES	
	Pioglitazone HCl Tab 45 MG (Base Equiv)	YES	
	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	YES	
	Rosiglitazone Maleate Tab 8 MG (Base Equiv)	YES	
<b>Antidiabetic - Meglitinide Analogues</b>			
	Nateglinide Tab 120 MG	YES	
	Repaglinide Tab 0.5 MG	YES	
	Repaglinide Tab 1 MG	YES	
	Repaglinide Tab 2 MG	YES	
<b>Antidiabetic - Sulfonylurea</b>			
	Glimepiride Tab 1 MG	YES	
	Glimepiride Tab 2 MG	YES	
	Glimepiride Tab 4 MG	YES	
	Glipizide Tab 5 MG	YES	
	Glipizide Tab 10 MG	YES	
	Glipizide Tab SR 24HR 2.5 MG	YES	
	Glipizide Tab SR 24HR 5 MG	YES	

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	Glipizide Tab SR 24HR 10 MG	YES	
	Glyburide Micronized Tab 3 MG	YES	
	Glyburide Tab 2.5 MG	YES	
	Glyburide Tab 5 MG	YES	
<b>Antidiabetic Combinations</b>			
	Glyburide-Metformin Tab 2.5-500 MG	YES	
	Glyburide-Metformin Tab 5-500 MG	YES	
	Pioglitazone HCl-Metformin HCl Tab 15-500 MG	YES	
	Pioglitazone HCl-Metformin HCl Tab 15-850 MG	YES	
	Rosiglitazone Maleate-Glimepiride Tab 4-4 MG	YES	
	Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG	YES	
	Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG	YES	
	Sitagliptin-Metformin HCl Tab 50-500 MG	YES	
	Sitagliptin-Metformin HCl Tab 50-1000 MG	YES	
<b>Antidiarrheal Agents - Misc</b>			
	Bismuth Subsalicylate Chew Tab 262 MG	YES	
	Bismuth Subsalicylate Susp 262 MG/15ML	YES	
	Bismuth Subsalicylate Tab 262 MG	YES	
	Lactobacillus - Packet**	YES	
	Lactobacillus Cap**	YES	
	Lactobacillus Chew Tab**	YES	
	Lactobacillus Rhamnosus (GG) Cap**	YES	
	Lactobacillus Tab**	YES	
	Probiotic Product - Cap**	YES	
	Saccharomyces boulardii Cap 250 MG	YES	
<b>Antidotes - Chelating Agents</b>			
	Succimer Cap 100 MG	YES	
<b>Antiemetics</b>			
	Aprepitant Capsule 80 MG	YES	
	Aprepitant Capsule Therapy Pack 80 & 125 MG	YES	
	Dimenhydrinate Chew Tab 25 MG	YES	
	Dimenhydrinate Chew Tab 50 MG	YES	
	Dimenhydrinate Tab 50 MG	YES	
	Dronabinol Cap 2.5 MG	YES	
	Dronabinol Cap 5 MG	YES	
	Dronabinol Cap 10 MG	YES	
	Granisetron HCl Tab 1 MG	YES	
	Meclizine HCl Chew Tab 25 MG	YES	
	Meclizine HCl Tab 12.5 MG	YES	
	Meclizine HCl Tab 25 MG	YES	
	Meclizine HCl Tab 50 MG	YES	
	Ondansetron HCl Oral Soln 4 MG/5ML	YES	
	Ondansetron HCl Tab 4 MG	YES	
	Ondansetron HCl Tab 8 MG	YES	
		YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Ondansetron Orally Disintegrating Tab Products		
	Ondansetron Orally Disintegrating Tab 4 MG	YES	See Ondansetron ODT Products restrictions above
	Ondansetron Orally Disintegrating Tab 8 MG	YES	See Ondansetron ODT Products restrictions above
	Scopolamine TD Patch 72HR 1 MG/3DAYS	YES	

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	Trimethobenzamide HCl Cap 300 MG	YES	
<b>Antifungals</b>			
	Fluconazole For Susp 40 MG/ML	YES	
	Fluconazole Tab 50 MG	YES	
	Fluconazole Tab 100 MG	YES	
	Fluconazole Tab 150 MG	YES	
	Fluconazole Tab 200 MG	YES	
	Griseofulvin Microsize Susp 125 MG/5ML	YES	
	Griseofulvin Microsize Tab 500 MG	YES	
	Griseofulvin Ultramicrosize Tab 250 MG	YES	
	Itraconazole Cap 100 MG	YES	
	Itraconazole Oral Soln 10 MG/ML	YES	
	Ketoconazole Tab 200 MG	YES	
	Nystatin Tab 500000 Unit	YES	
	Posaconazole Susp 40 MG/ML	YES	
	Posaconazole Tab Delayed Release 100 MG	YES	
	Terbinafine HCl Tab 250 MG	YES	
	Voriconazole Tab 200 MG	YES	
<b>Antihistamines</b>			
	Carbinoxamine Maleate Tab 4 MG		
	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	YES	
	Cetirizine HCl Tab 5 MG	YES	
	Cetirizine HCl Tab 10 MG	YES	
	Chlorpheniramine Maleate Tab 4 MG		
	Clemastine Fumarate Tab 2.68 MG		
	Cyproheptadine HCl Tab 4 MG		
	Desloratadine Tab 5 MG	YES	
	Diphenhydramine HCl Cap 25 MG		
	Diphenhydramine HCl Cap 50 MG		
	Diphenhydramine HCl Liquid 12.5 MG/5ML		
	Diphenhydramine HCl Tab 25 MG		
	Fexofenadine HCl Tab 60 MG	YES	
	Fexofenadine HCl Tab 180 MG	YES	
	Levocetirizine Dihydrochloride Tab 5 MG	YES	
	Loratadine Syrup 5 MG/5ML	YES	
	Loratadine Tab 10 MG	YES	
	Promethazine HCl Suppos 12.5 MG	YES	
	Promethazine HCl Suppos 25 MG	YES	
	Promethazine HCl Suppos 50 MG	YES	
	Promethazine HCl Syrup 6.25 MG/5ML		
	Promethazine HCl Tab 12.5 MG		
	Promethazine HCl Tab 25 MG		
	Promethazine HCl Tab 50 MG		
<b>Antihyperlipidemics - Bile Acid Sequestrants</b>			
	Cholestyramine Light Powder 4 GM/DOSE	YES	
	Cholestyramine Light Powder Packets 4 GM	YES	
	Cholestyramine Powder 4 GM/DOSE	YES	
	Cholestyramine Powder Packets 4 GM	YES	
	Colesevelam HCl Packet For Susp 3.75 GM	YES	
	Colesevelam HCl Tab 625 MG	YES	

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	Colestipol HCl Granule Packets 5 GM	YES	
	Colestipol HCl Tab 1 GM	YES	
<b>Antihyperlipidemics - Combinations</b>			
	Ezetimibe-Simvastatin Tab 10-10 MG	YES	
	Ezetimibe-Simvastatin Tab 10-20 MG	YES	
	Ezetimibe-Simvastatin Tab 10-40 MG	YES	
	Ezetimibe-Simvastatin Tab 10-80 MG	YES	
<b>Antihyperlipidemics - Fibric Acid Derivatives</b>			
	Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	YES	
	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	YES	
	Fenofibrate Cap 150 MG	YES	
	Fenofibrate Micronized Cap 130 MG	YES	
	Fenofibrate Micronized Cap 134 MG	YES	
	Fenofibrate Micronized Cap 200 MG	YES	
	Fenofibrate Tab 48 MG	YES	
	Fenofibrate Tab 54 MG	YES	
	Fenofibrate Tab 120 MG	YES	
	Fenofibrate Tab 145 MG	YES	
	Fenofibrate Tab 160 MG	YES	
	Gemfibrozil Tab 600 MG	YES	
<b>Antihyperlipidemics - HMG CoA Reductase Inhibitors</b>			
	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	YES	
	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	YES	
	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	YES	
	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	YES	
	Fluvastatin Sodium Tab SR 24 HR 80 MG	YES	
	Lovastatin Tab 10 MG	YES	
	Lovastatin Tab 20 MG	YES	
	Lovastatin Tab 40 MG	YES	
	Lovastatin Tab SR 24HR 60 MG	YES	
	Niacin-Lovastatin Tab SR 24HR 1000-20 MG	YES	
	Niacin-Simvastatin Tab SR 24HR 500-20 MG	YES	
	Niacin-Simvastatin Tab SR 24HR 500-40 MG	YES	
	Niacin-Simvastatin Tab SR 24HR 1000-20 MG	YES	
	Niacin-Simvastatin Tab SR 24HR 1000-40 MG	YES	
	Pitavastatin Calcium Tab 1 MG (Base Equiv)	YES	
	Pitavastatin Calcium Tab 2 MG (Base Equiv)	YES	
	Pitavastatin Calcium Tab 4 MG (Base Equiv)	YES	
	Pravastatin Sodium Tab 10 MG	YES	
	Pravastatin Sodium Tab 20 MG	YES	
	Pravastatin Sodium Tab 40 MG	YES	
	Pravastatin Sodium Tab 80 MG	YES	
	Rosuvastatin Calcium Tab 5 MG	YES	
	Rosuvastatin Calcium Tab 10 MG	YES	
	Rosuvastatin Calcium Tab 20 MG	YES	
	Rosuvastatin Calcium Tab 40 MG	YES	
	Simvastatin Tab 5 MG	YES	
	Simvastatin Tab 10 MG	YES	
	Simvastatin Tab 20 MG	YES	

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	Simvastatin Tab 40 MG	YES	
	Simvastatin Tab 80 MG	YES	
<b>Antihyperlipidemics - Intestinal Cholesterol Absorption Inhibitors</b>			
	Ezetimibe Tab 10 MG	YES	
<b>Antihyperlipidemics - Lecithin</b>			
	Lecithin Cap 1200 MG	YES	
	Lecithin Chew Tab 1000 MG	YES	
<b>Antihyperlipidemics - Misc</b>			
	Omega-3-acid Ethyl Esters Cap 1 GM	YES	
<b>Antihyperlipidemics - Nicotinic Acid Derivatives</b>			All strengths of oral dosage forms are covered for allowed conditions
	Niacin Tab CR 500 MG (Antihyperlipidemic)	YES	
	Niacin Tab CR 750 MG (Antihyperlipidemic)	YES	
	Niacin Tab CR 1000 MG (Antihyperlipidemic)	YES	
<b>Antihyperlipidemics - Omega-3 Fatty Acids</b>			
	Omega-3 Fatty Acids Cap 183.33 MG**	YES	
	Omega-3 Fatty Acids Cap 150 MG**	YES	
	Omega-3 Fatty Acids Cap 180 MG**	YES	
	Omega-3 Fatty Acids Cap 554 MG**	YES	
	Omega-3 Fatty Acids Cap 645 MG**	YES	
	Omega-3 Fatty Acids Cap 875 MG**	YES	
	Omega-3 Fatty Acids Cap 900 MG**	YES	
	Omega-3 Fatty Acids Cap 1000 MG**	YES	
	Omega-3 Fatty Acids Cap 1200 MG**	YES	
	Omega-3 Fatty Acids Cap Delayed Release 332.5 MG**	YES	
	Omega-3 Fatty Acids Cap Delayed Release 350 MG**	YES	
	Omega-3 Fatty Acids Cap Delayed Release 500 MG**	YES	
	Omega-3 Fatty Acids Cap Delayed Release 600 MG**	YES	
	Omega-3 Fatty Acids Cap Delayed Release 1400 MG**	YES	
	Omega-3 Fatty Acids Chew Tab 240 MG**	YES	
<b>Antihypertensive Combinations</b>			
	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	YES	
	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	YES	
	Aliskiren-Valsartan Tab 150-160 MG	YES	
	Aliskiren-Valsartan Tab 300-320 MG	YES	
	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	YES	
	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	YES	
	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	YES	
	Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	YES	
	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	YES	
	Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	YES	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	YES	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	YES	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	YES	
	Amlodipine Besylate-Valsartan Tab 5-160 MG	YES	
	Amlodipine Besylate-Valsartan Tab 10-160 MG	YES	
	Amlodipine Besylate-Valsartan Tab 10-320 MG	YES	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	YES	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	YES	

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	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	YES	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	YES	
	Atenolol & Chlorthalidone Tab 50-25 MG	YES	
	Atenolol & Chlorthalidone Tab 100-25 MG	YES	
	Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	YES	
	Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	YES	
	Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	YES	
	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	YES	
	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	YES	
	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	YES	
	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	YES	
	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	YES	
	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	YES	
	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	YES	
	Lisinopril & Hydrochlorothiazide Tab 20-25 MG	YES	
	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	YES	
	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	YES	
	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	YES	
	Metoprolol & Hydrochlorothiazide Tab 50-25 MG	YES	
	Moexipril-Hydrochlorothiazide Tab 15-25 MG	YES	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	YES	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	YES	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	YES	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	YES	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	YES	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	YES	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	YES	
	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	YES	
	Quinapril-Hydrochlorothiazide Tab 20-25 MG	YES	
	Telmisartan-Amlodipine Tab 40-5 MG	YES	
	Telmisartan-Amlodipine Tab 80-10 MG	YES	
	Trandolapril-Verapamil HCl Tab CR 2-240 MG	YES	
	Trandolapril-Verapamil HCl Tab CR 4-240 MG	YES	
	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	YES	
	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	YES	
	Valsartan-Hydrochlorothiazide Tab 160-25 MG	YES	
	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	YES	
	Valsartan-Hydrochlorothiazide Tab 320-25 MG	YES	
<b>Antihypertensives - ACE Inhibitors</b>			
	Benazepril HCl Tab 5 MG	YES	
	Benazepril HCl Tab 10 MG	YES	
	Benazepril HCl Tab 20 MG	YES	
	Benazepril HCl Tab 40 MG	YES	
	Captopril Tab 12.5 MG	YES	
	Captopril Tab 25 MG	YES	
	Captopril Tab 50 MG	YES	
	Captopril Tab 100 MG	YES	
	Enalapril Maleate Tab 2.5 MG	YES	
	Enalapril Maleate Tab 5 MG	YES	
	Enalapril Maleate Tab 10 MG	YES	



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	Enalapril Maleate Tab 20 MG	YES	
	Fosinopril Sodium Tab 10 MG	YES	
	Fosinopril Sodium Tab 20 MG	YES	
	Lisinopril Tab 2.5 MG	YES	
	Lisinopril Tab 5 MG	YES	
	Lisinopril Tab 10 MG	YES	
	Lisinopril Tab 20 MG	YES	
	Lisinopril Tab 30 MG	YES	
	Lisinopril Tab 40 MG	YES	
	Moexipril HCl Tab 15 MG	YES	
	Quinapril HCl Tab 5 MG	YES	
	Quinapril HCl Tab 10 MG	YES	
	Quinapril HCl Tab 20 MG	YES	
	Quinapril HCl Tab 40 MG	YES	
	Ramipril Cap 1.25 MG	YES	
	Ramipril Cap 2.5 MG	YES	
	Ramipril Cap 5 MG	YES	
	Ramipril Cap 10 MG	YES	
	Trandolapril Tab 1 MG	YES	
	Trandolapril Tab 2 MG	YES	
<b>Antihypertensives - Agents for Pheochromocytoma</b>			
<b>Antihypertensives - Angiotensin II Receptor Antagonists</b>	Phenoxybenzamine HCl Cap 10 MG	YES	
	Candesartan Cilexetil Tab 8 MG	YES	
	Candesartan Cilexetil Tab 16 MG	YES	
	Candesartan Cilexetil Tab 32 MG	YES	
	Irbesartan Tab 75 MG	YES	
	Irbesartan Tab 150 MG	YES	
	Irbesartan Tab 300 MG	YES	
	Losartan Potassium Tab 25 MG	YES	
	Losartan Potassium Tab 50 MG	YES	
	Losartan Potassium Tab 100 MG	YES	
	Olmesartan Medoxomil Tab 5 MG	YES	
	Olmesartan Medoxomil Tab 20 MG	YES	
	Olmesartan Medoxomil Tab 40 MG	YES	
	Telmisartan Tab 80 MG	YES	
	Valsartan Tab 40 MG	YES	
	Valsartan Tab 80 MG	YES	
	Valsartan Tab 160 MG	YES	
	Valsartan Tab 320 MG	YES	
<b>Antihypertensives - Antiadrenergic</b>			
	Clonidine HCl Tab 0.1 MG	YES	
	Clonidine HCl Tab 0.2 MG	YES	
	Clonidine HCl Tab 0.3 MG	YES	
	Clonidine HCl TD Patch Weekly 0.1 MG/24HR	YES	
	Clonidine HCl TD Patch Weekly 0.2 MG/24HR	YES	
	Clonidine HCl TD Patch Weekly 0.3 MG/24HR	YES	

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	Doxazosin Mesylate Tab 1 MG	YES	
	Doxazosin Mesylate Tab 2 MG	YES	
	Doxazosin Mesylate Tab 4 MG	YES	
	Doxazosin Mesylate Tab 8 MG	YES	
	Guanfacine HCl Tab 1 MG	YES	
	Guanfacine HCl Tab 2 MG	YES	
	Prazosin HCl Cap 1 MG	YES	
	Prazosin HCl Cap 2 MG	YES	
	Prazosin HCl Cap 5 MG	YES	
	Terazosin HCl Cap 1 MG	YES	
	Terazosin HCl Cap 2 MG	YES	
	Terazosin HCl Cap 5 MG	YES	
	Terazosin HCl Cap 10 MG	YES	
<b>Antihypertensives - Direct Renin Inhibitors</b>			
	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	YES	
	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	YES	
<b>Antihypertensives - Selective Aldosterone Receptor Antagonists (SARAs)</b>			
	Eplerenone Tab 25 MG	YES	
	Eplerenone Tab 50 MG	YES	
<b>Antihypertensives - Vasodilators</b>			
	Hydralazine HCl Tab 10 MG	YES	
	Hydralazine HCl Tab 25 MG	YES	
	Hydralazine HCl Tab 50 MG	YES	
	Hydralazine HCl Tab 100 MG	YES	
	Minoxidil Tab 2.5 MG	YES	
	Minoxidil Tab 10 MG	YES	
<b>Anti-infective Agents - Misc</b>			
	Atovaquone Susp 750 MG/5ML	YES	
	Clindamycin HCl Cap 150 MG	YES	
	Clindamycin HCl Cap 300 MG	YES	
	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	YES	
	Dapsone Tab 25 MG	YES	
	Dapsone Tab 100 MG	YES	
	Linezolid For Susp 100 MG/5ML	YES	
	Linezolid Tab 600 MG	YES	
	Metronidazole Cap 375 MG	YES	
	Metronidazole Tab 250 MG	YES	
	Metronidazole Tab 500 MG	YES	
	Metronidazole Tab SR 24HR 750 MG	YES	
	Nitazoxanide Tab 500 MG	YES	
	Rifaximin Tab 200 MG	YES	
	Rifaximin Tab 550 MG	YES	
	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	YES	
	Sulfamethoxazole-Trimethoprim Tab 400-80 MG	YES	
	Sulfamethoxazole-Trimethoprim Tab 800-160 MG	YES	
	Telithromycin Tab 400 MG	YES	
	Tinidazole Tab 500 MG	YES	
	Trimethoprim Tab 100 MG	YES	
	Vancomycin HCl Cap 125 MG	YES	

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	Vancomycin HCl Cap 250 MG	YES	
<b>Antimalarials</b>			
	Atovaquone-Proguanil HCl Tab 250-100 MG	YES	
	Chloroquine Phosphate Tab 250 MG	YES	
	Hydroxychloroquine Sulfate Tab 200 MG	YES	
	Mefloquine HCl Tab 250 MG	YES	
	Quinine Sulfate Cap 324 MG	YES	
<b>Antimanic Agents</b>			
	Lithium Carbonate Cap 150 MG		
	Lithium Carbonate Cap 300 MG		
	Lithium Carbonate Cap 600 MG		
	Lithium Carbonate Tab 300 MG		
	Lithium Carbonate Tab CR 300 MG		
	Lithium Carbonate Tab CR 450 MG		
	Lithium Oral Solution 8 mEq/5ML		
<b>Antimyasthenic/Cholinergic Agents</b>			
	Pyridostigmine Bromide Tab 60 MG	YES	
	Pyridostigmine Bromide Tab CR 180 MG	YES	
<b>Antimycobacterial Agents</b>			
	Ethambutol HCl Tab 100 MG	YES	
	Ethambutol HCl Tab 400 MG	YES	
	Isoniazid Tab 300 MG	YES	
	Pyrazinamide Tab 500 MG	YES	
	Rifampin Cap 150 MG	YES	
	Rifampin Cap 300 MG	YES	
<b>Antineoplastic - Alkylating Agents</b>			
	Cyclophosphamide Cap 25 MG	YES	
	Cyclophosphamide Cap 50 MG	YES	
	Cyclophosphamide Tab 50 MG	YES	
<b>Antineoplastic - Antimetabolites</b>			
	Capecitabine Tab 500 MG	YES	
	Methotrexate Sodium Tab 2.5 MG (Base Equiv)	YES	
<b>Antineoplastic - Hormonal and Related Agents</b>			
	Anastrozole Tab 1 MG	YES	
	Exemestane Tab 25 MG	YES	
	Letrozole Tab 2.5 MG	YES	
	Megestrol Acetate Susp 40 MG/ML	YES	
	Megestrol Acetate Tab 20 MG	YES	
	Megestrol Acetate Tab 40 MG	YES	
	Tamoxifen Citrate Tab 20 MG (Base Equivalent)	YES	
<b>Antiparkinson Agents</b>			
	Amantadine HCl Cap 100 MG	YES	
	Amantadine HCl Syrup 50 MG/5ML	YES	
	Amantadine HCl Tab 100 MG	YES	
	Benzotropine Mesylate Tab 0.5 MG	YES	
	Benzotropine Mesylate Tab 1 MG	YES	
	Benzotropine Mesylate Tab 2 MG	YES	
	Bromocriptine Mesylate Cap 5 MG	YES	
	Carbidopa & Levodopa Tab 10-100 MG	YES	
	Carbidopa & Levodopa Tab 25-100 MG	YES	

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	Carbidopa & Levodopa Tab 25-250 MG	YES	
	Carbidopa & Levodopa Tab CR 25-100 MG	YES	
	Carbidopa & Levodopa Tab CR 50-200 MG	YES	
	Entacapone Tab 200 MG	YES	
	Pramipexole Dihydrochloride Tab 0.125 MG	YES	
	Pramipexole Dihydrochloride Tab 0.25 MG	YES	
	Pramipexole Dihydrochloride Tab 0.5 MG	YES	
	Pramipexole Dihydrochloride Tab 1 MG	YES	
	Pramipexole Dihydrochloride Tab 1.5 MG	YES	
	Pramipexole Dihydrochloride Tab SR 24HR 0.375 MG	YES	
	Pramipexole Dihydrochloride Tab SR 24HR 0.75 MG	YES	
	Pramipexole Dihydrochloride Tab SR 24HR 1.5 MG	YES	
	Rasagiline Mesylate Tab 1 MG (Base Equiv)	YES	
	Ropinirole Hydrochloride Tab 0.25 MG	YES	
	Ropinirole Hydrochloride Tab 0.5 MG	YES	
	Ropinirole Hydrochloride Tab 1 MG	YES	
	Ropinirole Hydrochloride Tab 2 MG	YES	
	Ropinirole Hydrochloride Tab 3 MG	YES	
	Ropinirole Hydrochloride Tab 4 MG	YES	
	Ropinirole Hydrochloride Tab 5 MG	YES	
	Ropinirole Hydrochloride Tab SR 24HR 2 MG (Base Equivalent)	YES	
	Ropinirole Hydrochloride Tab SR 24HR 4 MG (Base Equivalent)	YES	
	Ropinirole Hydrochloride Tab SR 24HR 6 MG (Base Equivalent)	YES	
	Ropinirole Hydrochloride Tab SR 24HR 8 MG (Base Equivalent)	YES	
	Ropinirole Hydrochloride Tab SR 24HR 12 MG (Base Equivalent)	YES	
	Trihexyphenidyl HCl Tab 2 MG	YES	
	Trihexyphenidyl HCl Tab 5 MG	YES	
<b>Antiperistaltic Agents</b>			
	Difenoxin w/ Atropine Tab 1-0.025 MG	YES	
	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	YES	
	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	YES	
	Loperamide HCl Cap 2 MG	YES	
	Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)	YES	
	Loperamide HCl Tab 2 MG	YES	
	Paregoric Tincture 2 MG/5ML	YES	
<b>Antipsoriatics - Oral</b>			
	Acitretin Cap 25 MG	YES	
<b>Antipsychotics - Benzisoxazoles</b>			
	Haloperidol Lactate Oral Conc 2 MG/ML	YES	
	Haloperidol Tab 0.5 MG	YES	
	Haloperidol Tab 1 MG	YES	
	Haloperidol Tab 2 MG	YES	
	Haloperidol Tab 5 MG	YES	
	Haloperidol Tab 10 MG	YES	
	Haloperidol Tab 20 MG	YES	
	Paliperidone Tab SR 24HR 1.5 MG	YES	
	Paliperidone Tab SR 24HR 3 MG	YES	
	Paliperidone Tab SR 24HR 6 MG	YES	
	Paliperidone Tab SR 24HR 9 MG	YES	

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	Risperidone Orally Disintegrating Tab Products	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Risperidone Orally Disintegrating Tab 0.25 MG	YES	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 0.5 MG	YES	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 1 MG	YES	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 2 MG	YES	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 3 MG	YES	See Risperidone ODT Products restrictions above
	Risperidone Orally Disintegrating Tab 4 MG	YES	See Risperidone ODT Products restrictions above
	Risperidone Soln 1 MG/ML	YES	
	Risperidone Tab 0.25 MG	YES	
	Risperidone Tab 0.5 MG	YES	
	Risperidone Tab 1 MG	YES	
	Risperidone Tab 2 MG	YES	
	Risperidone Tab 3 MG	YES	
	Risperidone Tab 4 MG	YES	
<b>Antipsychotics - Dibenzapines</b>			
	Asenapine Maleate SL Tab Products	YES	Sublingual dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	YES	See Asenapine Maleate SL Tab Products restrictions above
	Asenapine Maleate SL Tab 5 MG (Base Equiv)	YES	See Asenapine Maleate SL Tab Products restrictions above
	Asenapine Maleate SL Tab 10 MG (Base Equiv)	YES	See Asenapine Maleate SL Tab Products restrictions above
	Clozapine Orally Disintegrating Tab Products	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Clozapine Orally Disintegrating Tab 12.5 MG	YES	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 25 MG	YES	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 100 MG	YES	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 150 MG	YES	See Clozapine ODT Products restrictions above
	Clozapine Orally Disintegrating Tab 200 MG	YES	See Clozapine ODT Products restrictions above
	Clozapine Tab 25 MG	YES	
	Clozapine Tab 50 MG	YES	
	Clozapine Tab 100 MG	YES	
	Clozapine Tab 200 MG	YES	
	Loxapine Succinate Cap 5 MG	YES	
	Loxapine Succinate Cap 10 MG	YES	
	Loxapine Succinate Cap 25 MG	YES	
	Loxapine Succinate Cap 50 MG	YES	
	Olanzapine Orally Disintegrating Tab Products	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Olanzapine Orally Disintegrating Tab 5 MG	YES	See Olanzapine ODT Products restrictions above
	Olanzapine Orally Disintegrating Tab 10 MG	YES	See Olanzapine ODT Products restrictions above
	Olanzapine Orally Disintegrating Tab 15 MG	YES	See Olanzapine ODT Products restrictions above
	Olanzapine Orally Disintegrating Tab 20 MG	YES	See Olanzapine ODT Products restrictions above
	Olanzapine Tab 2.5 MG	YES	
	Olanzapine Tab 5 MG	YES	
	Olanzapine Tab 7.5 MG	YES	
	Olanzapine Tab 10 MG	YES	

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	Olanzapine Tab 15 MG	YES	
	Olanzapine Tab 20 MG	YES	
	Quetiapine Fumarate Tab 25 MG	YES	
	Quetiapine Fumarate Tab 50 MG	YES	
	Quetiapine Fumarate Tab 100 MG	YES	
	Quetiapine Fumarate Tab 200 MG	YES	
	Quetiapine Fumarate Tab 300 MG	YES	
	Quetiapine Fumarate Tab 400 MG	YES	
	Quetiapine Fumarate Tab SR 24HR 50 MG	YES	
	Quetiapine Fumarate Tab SR 24HR 150 MG	YES	
	Quetiapine Fumarate Tab SR 24HR 200 MG	YES	
	Quetiapine Fumarate Tab SR 24HR 300 MG	YES	
	Quetiapine Fumarate Tab SR 24HR 400 MG	YES	
<b>Antipsychotics - Dihydroindolones</b>			
	Molindone HCl Tab 5 MG	YES	
	Molindone HCl Tab 10 MG	YES	
	Molindone HCl Tab 25 MG	YES	
<b>Antipsychotics - Misc</b>			
	Carbamazepine (Antipsychotic) Cap SR 12HR 100 MG		
	Carbamazepine (Antipsychotic) Cap SR 12HR 200 MG		
	Carbamazepine (Antipsychotic) Cap SR 12HR 300 MG		
	Lurasidone HCl Tab 20 MG	YES	
	Lurasidone HCl Tab 40 MG	YES	
	Lurasidone HCl Tab 60 MG	YES	
	Lurasidone HCl Tab 80 MG	YES	
	Lurasidone HCl Tab 120 MG	YES	
	Ziprasidone HCl Cap 20 MG	YES	
	Ziprasidone HCl Cap 40 MG	YES	
	Ziprasidone HCl Cap 60 MG	YES	
	Ziprasidone HCl Cap 80 MG	YES	
<b>Antipsychotics - Phenothiazines</b>			
	Chlorpromazine HCl Tab 10 MG	YES	
	Chlorpromazine HCl Tab 25 MG	YES	
	Chlorpromazine HCl Tab 50 MG	YES	
	Chlorpromazine HCl Tab 100 MG	YES	
	Chlorpromazine HCl Tab 200 MG	YES	
	Fluphenazine HCl Elixir 2.5 MG/5ML	YES	
	Fluphenazine HCl Oral Conc 5 MG/ML	YES	
	Fluphenazine HCl Tab 1 MG	YES	
	Fluphenazine HCl Tab 2.5 MG	YES	
	Fluphenazine HCl Tab 5 MG	YES	
	Fluphenazine HCl Tab 10 MG	YES	
	Perphenazine Tab 2 MG	YES	
	Perphenazine Tab 4 MG	YES	
	Perphenazine Tab 8 MG	YES	
	Perphenazine Tab 16 MG	YES	
	Prochlorperazine Maleate Tab 5 MG (Base Equivalent)		
	Prochlorperazine Maleate Tab 10 MG (Base Equivalent)		
	Prochlorperazine Suppos 25 MG		
	Thioridazine HCl Tab 10 MG	YES	

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	Thioridazine HCl Tab 25 MG	YES	
	Thioridazine HCl Tab 50 MG	YES	
	Thioridazine HCl Tab 100 MG	YES	
	Trifluoperazine HCl Tab 1 MG	YES	
	Trifluoperazine HCl Tab 2 MG	YES	
	Trifluoperazine HCl Tab 5 MG	YES	
	Trifluoperazine HCl Tab 10 MG	YES	
<b>Antipsychotics - Quinolone Derivatives</b>			
	Aripiprazole Oral Solution 1 MG/ML	YES	
	Aripiprazole Orally Disintegrating Tab Products	YES	Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Aripiprazole Orally Disintegrating Tab 10 MG	YES	See Aripiprazole ODT Products restrictions above
	Aripiprazole Orally Disintegrating Tab 15 MG	YES	See Aripiprazole ODT Products restrictions above
	Aripiprazole Tab 2 MG	YES	
	Aripiprazole Tab 5 MG	YES	
	Aripiprazole Tab 10 MG	YES	
	Aripiprazole Tab 15 MG	YES	
	Aripiprazole Tab 20 MG	YES	
	Aripiprazole Tab 30 MG	YES	
<b>Antipsychotics - Thioxanthenes</b>			
	Thiothixene Cap 1 MG	YES	
	Thiothixene Cap 2 MG	YES	
	Thiothixene Cap 5 MG	YES	
	Thiothixene Cap 10 MG	YES	
<b>Antiretrovirals</b>			
	Abacavir Sulfate-Lamivudine Tab 600-300 MG		
	Atazanavir Sulfate Cap 150 MG (Base Equiv)		
	Atazanavir Sulfate Cap 200 MG (Base Equiv)		
	Atazanavir Sulfate Cap 300 MG (Base Equiv)		
	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)		
	Efavirenz Cap 50 MG		
	Efavirenz Cap 200 MG		
	Efavirenz Tab 600 MG		
	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG		
	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG		
	Indinavir Sulfate Cap 200 MG		
	Indinavir Sulfate Cap 400 MG		
	Lamivudine Oral Soln 10 MG/ML		
	Lamivudine Tab 150 MG		
	Lamivudine Tab 300 MG		
	Lamivudine-Zidovudine Tab 150-300 MG		
	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)		
	Lopinavir-Ritonavir Tab 100-25 MG		
	Lopinavir-Ritonavir Tab 200-50 MG		
	Nelfinavir Mesylate Tab 250 MG		
	Nelfinavir Mesylate Tab 625 MG		
	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)		
	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)		
	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)		

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	Raltegravir Potassium Tab 400 MG (Base Equiv)		
	Ritonavir Cap 100 MG		
	Ritonavir Oral Soln 80 MG/ML		
	Ritonavir Tab 100 MG		
	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM		
	Tenofovir Disoproxil Fumarate Tab 150 MG		
	Tenofovir Disoproxil Fumarate Tab 200 MG		
	Tenofovir Disoproxil Fumarate Tab 250 MG		
	Tenofovir Disoproxil Fumarate Tab 300 MG		
	Zidovudine Cap 100 MG		
	Zidovudine Syrup 10 MG/ML		
	Zidovudine Tab 300 MG		
<b>Antiseptics &amp; Disinfectants</b>			
	Cadexomer Iodine Gel 0.9%	YES	
	Chlorhexidine Gluconate Liquid 4%	YES	
	Chlorhexidine Gluconate Soln 4%	YES	
	Dakin's Solution 0.125% (Quarter Strength)	YES	
	Dakin's Solution 0.25% (Half Strength)	YES	
	Dakin's Solution 0.5%	YES	
	Formaldehyde Solution 10%	YES	
	Hexachlorophene Liq 3%	YES	
	Hydrogen Peroxide Soln 3%	YES	
	Povidone-iodine Oint 10%	YES	
	Povidone-iodine Soln 7.5%	YES	
	Povidone-iodine Soln 10%	YES	
	Povidone-iodine Swabs 10%	YES	
<b>Antitussives</b>			
	Benzonatate Cap 100 MG	YES	
	Benzonatate Cap 200 MG	YES	
	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	YES	
	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	YES	
	Hydrocodone w/ Homatropine Tab 5-1.5 MG	YES	
<b>Beta Blockers</b>			
	Acebutolol HCl Cap 200 MG	YES	
	Acebutolol HCl Cap 400 MG	YES	
	Atenolol Tab 25 MG	YES	
	Atenolol Tab 50 MG	YES	
	Atenolol Tab 100 MG	YES	
	Bisoprolol Fumarate Tab 5 MG	YES	
	Bisoprolol Fumarate Tab 10 MG	YES	
	Carvedilol Phosphate Cap SR 24HR 10 MG	YES	
	Carvedilol Phosphate Cap SR 24HR 20 MG	YES	
	Carvedilol Phosphate Cap SR 24HR 40 MG	YES	
	Carvedilol Phosphate Cap SR 24HR 80 MG	YES	
	Carvedilol Tab 3.125 MG	YES	
	Carvedilol Tab 6.25 MG	YES	
	Carvedilol Tab 12.5 MG	YES	
	Carvedilol Tab 25 MG	YES	
	Labetalol HCl Tab 100 MG	YES	
	Labetalol HCl Tab 200 MG	YES	



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	Labetalol HCl Tab 300 MG	YES	
	Metoprolol Succinate Tab SR 24HR 25 MG (Tartrate Equiv)	YES	
	Metoprolol Succinate Tab SR 24HR 50 MG (Tartrate Equiv)	YES	
	Metoprolol Succinate Tab SR 24HR 100 MG (Tartrate Equiv)	YES	
	Metoprolol Succinate Tab SR 24HR 200 MG (Tartrate Equiv)	YES	
	Metoprolol Tartrate Tab 25 MG	YES	
	Metoprolol Tartrate Tab 50 MG	YES	
	Metoprolol Tartrate Tab 100 MG	YES	
	Nadolol Tab 20 MG	YES	
	Nadolol Tab 40 MG	YES	
	Nadolol Tab 80 MG	YES	
	Nebivolol HCl Tab 2.5 MG (Base Equivalent)	YES	
	Nebivolol HCl Tab 5 MG (Base Equivalent)	YES	
	Nebivolol HCl Tab 10 MG (Base Equivalent)	YES	
	Nebivolol HCl Tab 20 MG (Base Equivalent)	YES	
	Pindolol Tab 5 MG	YES	
	Pindolol Tab 10 MG	YES	
	Propranolol HCl Cap SR 24HR 60 MG	YES	
	Propranolol HCl Cap SR 24HR 80 MG	YES	
	Propranolol HCl Cap SR 24HR 120 MG	YES	
	Propranolol HCl Cap SR 24HR 160 MG	YES	
	Propranolol HCl Tab 10 MG	YES	
	Propranolol HCl Tab 20 MG	YES	
	Propranolol HCl Tab 40 MG	YES	
	Propranolol HCl Tab 60 MG	YES	
	Propranolol HCl Tab 80 MG	YES	
	Sotalol HCl (AFIB/AFL) Tab 80 MG	YES	
	Sotalol HCl Tab 80 MG	YES	
	Sotalol HCl Tab 120 MG	YES	
	Sotalol HCl Tab 160 MG	YES	
	Timolol Maleate Tab 10 MG	YES	
<b>Calcium Channel Blockers</b>			
	Amlodipine Besylate Tab 2.5 MG	YES	
	Amlodipine Besylate Tab 5 MG	YES	
	Amlodipine Besylate Tab 10 MG	YES	
	Diltiazem HCl Cap SR 24HR 120 MG	YES	
	Diltiazem HCl Cap SR 24HR 180 MG	YES	
	Diltiazem HCl Cap SR 24HR 240 MG	YES	
	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	YES	
	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	YES	
	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	YES	
	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	YES	
	Diltiazem HCl Coated Beads Cap SR 24HR 360 MG	YES	
	Diltiazem HCl Coated Beads Tab SR 24HR 240 MG	YES	
	Diltiazem HCl Coated Beads Tab SR 24HR 360 MG	YES	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	YES	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	YES	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	YES	
	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	YES	
	Diltiazem HCl Tab 30 MG	YES	

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	Diltiazem HCl Tab 60 MG	YES	
	Diltiazem HCl Tab 90 MG	YES	
	Diltiazem HCl Tab 120 MG	YES	
	Felodipine Tab SR 24HR 5 MG	YES	
	Felodipine Tab SR 24HR 10 MG	YES	
	Isradipine Tab SR 24HR 5 MG	YES	
	Isradipine Tab SR 24HR 10 MG	YES	
	Nicardipine HCl Cap 20 MG	YES	
	Nicardipine HCl Cap SR 12HR 60 MG	YES	
	Nifedipine Cap 10 MG	YES	
	Nifedipine Cap 20 MG	YES	
	Nifedipine Tab SR 24HR 30 MG	YES	
	Nifedipine Tab SR 24HR 60 MG	YES	
	Nifedipine Tab SR 24HR 90 MG	YES	
	Nifedipine Tab SR 24HR Osmotic Release 30 MG	YES	
	Nifedipine Tab SR 24HR Osmotic Release 60 MG	YES	
	Nifedipine Tab SR 24HR Osmotic Release 90 MG	YES	
	Nisoldipine Tab SR 24HR 20 MG	YES	
	Nisoldipine Tab SR 24HR 25.5 MG	YES	
	Verapamil HCl Cap SR 24HR 120 MG	YES	
	Verapamil HCl Cap SR 24HR 180 MG	YES	
	Verapamil HCl Cap SR 24HR 240 MG	YES	
	Verapamil HCl Tab 40 MG	YES	
	Verapamil HCl Tab 80 MG	YES	
	Verapamil HCl Tab 120 MG	YES	
	Verapamil HCl Tab CR 120 MG	YES	
	Verapamil HCl Tab CR 180 MG	YES	
	Verapamil HCl Tab CR 240 MG	YES	
<b>Cardiac Glycosides</b>			
	Digoxin Tab 125 MCG (0.125 MG)	YES	
	Digoxin Tab 250 MCG (0.25 MG)	YES	
<b>Cardiovascular Agents Misc. - Combinations</b>			
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	YES	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	YES	
	Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG	YES	
<b>Chelating Agents</b>			
	Penicillamine Cap 250 MG	YES	
	Penicillamine Tab 250 MG	YES	
<b>Chemical</b>			
	Alcohol, Rubbing 70%	YES	
<b>Combination Psychotherapeutics</b>			
	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	YES	
	Chlordiazepoxide-Amitriptyline Tab 10-25 MG	YES	
	Olanzapine-Fluoxetine HCl Cap 3-25 MG	YES	

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	Olanzapine-Fluoxetine HCl Cap 6-25 MG	YES	
	Olanzapine-Fluoxetine HCl Cap 6-50 MG	YES	
	Olanzapine-Fluoxetine HCl Cap 12-25 MG	YES	
	Olanzapine-Fluoxetine HCl Cap 12-50 MG	YES	
	Perphenazine-Amitriptyline Tab 2-10 MG	YES	
	Perphenazine-Amitriptyline Tab 2-25 MG	YES	
	Perphenazine-Amitriptyline Tab 4-10 MG	YES	
	Perphenazine-Amitriptyline Tab 4-25 MG	YES	
	Perphenazine-Amitriptyline Tab 4-50 MG	YES	
<b>Cough/Cold/Allergy Combinations</b>			
	Brompheniramine & Phenylephrine Syrup 1-2.5 MG/5ML	YES	
	Cetirizine-Pseudoephedrine Tab SR 12HR 5-120 MG	YES	
	Chlorpheniramine-DM Tab 4-30 MG	YES	
	Desloratadine & Pseudoephedrine Tab SR 24HR 5-240 MG	YES	
	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML	YES	
	Dextromethorphan-Guaifenesin Liquid 10-187 MG/5ML	YES	
	Dextromethorphan-Guaifenesin Liquid 10-200 MG/5ML	YES	
	Dextromethorphan-Guaifenesin Liquid 20-400 MG/5ML	YES	
	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	YES	
	Dextromethorphan-Guaifenesin Liquid 5-50 MG/ML	YES	
	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	YES	
	Diphenhydramine-Acetaminophen Tab 12.5-325 MG	YES	
	Fexofenadine-Pseudoephedrine Tab SR 12HR 60-120 MG	YES	
	Fexofenadine-Pseudoephedrine Tab SR 24HR 180-240 MG	YES	
	Guaifenesin-Codeine Liquid 300-10 MG/5ML	YES	
	Guaifenesin-Codeine Soln 100-10 MG/5ML	YES	
	Hydrocod Polst-Chlorphen Polst Cap SR 12HR 10-8 MG	YES	
	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	YES	
	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	YES	
	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	YES	
	Phenylephrine w/ Acetaminophen Tab 5-325 MG	YES	
	Phenylephrine w/ DM-GG Liqd 10-18-200 MG/15ML	YES	
	Phenylephrine w/ DM-GG Liqd 2.5-5-100 MG/ML	YES	
	Phenylephrine w/ DM-GG Liqd 5-10-100 MG/5ML	YES	
	Phenylephrine w/ DM-GG Liquid 10-15-350 MG/5ML	YES	
	Phenylephrine w/ DM-GG Tab 10-15-395 MG	YES	
	Phenylephrine w/ DM-GG Tab 10-15-400 MG	YES	
	Phenylephrine w/ DM-GG Tab 5-10-200 MG	YES	
	Phenylephrine-Chlorphen-DM Liquid 10-2-15 MG/5ML	YES	
	Phenylephrine-Chlorphen-DM Liquid 10-4-10 MG/5ML	YES	
	Phenylephrine-Chlorphen-DM Liquid 6-2-15 MG/5ML	YES	
	Phenylephrine-Chlorphen-DM Syrup 10-4-20 MG/5ML	YES	
	Phenylephrine-Chlorphen-DM Tab 10-4-10 MG	YES	
	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML	YES	
	Phenylephrine-Pyrimidine w/ Codeine Syrup 5-8.33-9 MG/5ML	YES	
	Phenylephrine-Pyrimidine-DM Syrup 5-8.33-10 MG/5ML	YES	
	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	YES	
	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	YES	
	Promethazine-DM Syrup 6.25-15 MG/5ML	YES	
	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	YES	

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	Pseudoephedrine w/ COD-GG Liquid 30-10-100 MG/5ML	YES	
	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML	YES	
	Pseudoephedrine w/ DM-GG Tab 30-30-400 MG	YES	
	Pseudoephedrine w/ DM-GG Tab 60-15-400 MG	YES	
	Pseudoephedrine w/ DM-GG Tab 60-20-380 MG	YES	
	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-1200 MG	YES	
	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG	YES	
<b>Cystic Fibrosis Agents</b>			
	Dornase Alfa Inhal Soln 1 MG/ML	YES	
<b>Cytomegalovirus (CMV) Agents</b>			
	Valganciclovir HCl Tab 450 MG (Base Equivalent)	YES	
<b>Diabetic Supplies</b>			
	Alcohol Swabs***	YES	
	Lancet Devices***	YES	
	Lancets Misc.***	YES	
	Lancets***	YES	
<b>Diagnostic Test</b>			
	Glucose Blood Test Strip	YES	
<b>Dietary Management Products - L-Methylfolate</b>			<b>All combinations and strengths of oral dosage forms are covered for allowed conditions</b>
	L-Methylfolate Tab 7.5 MG**	YES	
	L-Methylfolate Tab 15 MG**	YES	
	L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG***	YES	
	L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG***	YES	
	L-Methylfolate w/ Vit B6-Vit B12 Tab 3-43.75-2.72 MG***	YES	
	L-Methylfolate-Algae Cap 15-90.314 MG***	YES	
	L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG***	YES	
	L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG***	YES	
<b>Dietary Management Products - Misc</b>			
	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	YES	
<b>Digestive Enzymes</b>			<b>All oral formulations of pancreatic enzymes are covered for allowed conditions</b>
	Lactase Tab 3000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-16000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 13800-27600-27600 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-68000-109000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 20700-41400-41400 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 23000-46000-46000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-85000-136000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-136000-218000 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit	YES	
	Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit	YES	

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<b>Diuretics</b>			
	Acetazolamide Cap SR 12HR 500 MG	YES	
	Acetazolamide Tab 125 MG	YES	
	Acetazolamide Tab 250 MG	YES	
	Amiloride & Hydrochlorothiazide Tab 5-50 MG	YES	
	Amiloride HCl Tab 5 MG	YES	
	Bumetanide Tab 0.5 MG	YES	
	Bumetanide Tab 1 MG	YES	
	Bumetanide Tab 2 MG	YES	
	Chlorthalidone Tab 25 MG	YES	
	Chlorthalidone Tab 50 MG	YES	
	Furosemide Oral Soln 10 MG/ML	YES	
	Furosemide Tab 20 MG	YES	
	Furosemide Tab 40 MG	YES	
	Furosemide Tab 80 MG	YES	
	Hydrochlorothiazide Cap 12.5 MG	YES	
	Hydrochlorothiazide Tab 25 MG	YES	
	Hydrochlorothiazide Tab 50 MG	YES	
	Indapamide Tab 1.25 MG	YES	
	Methazolamide Tab 25 MG	YES	
	Methazolamide Tab 50 MG	YES	
	Metolazone Tab 2.5 MG	YES	
	Metolazone Tab 5 MG	YES	
	Spironolactone Tab 25 MG	YES	
	Spironolactone Tab 50 MG	YES	
	Spironolactone Tab 100 MG	YES	
	Torsemide Tab 10 MG	YES	
	Torsemide Tab 20 MG	YES	
	Torsemide Tab 100 MG	YES	
	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	YES	
	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	YES	
	Triamterene & Hydrochlorothiazide Tab 75-50 MG	YES	
<b>Electrolytes - Potassium</b>			<b>All potassium salts and oral dosage forms are covered for allowed conditions</b>
	Potassium Bicarbonate Effer Tab 25 mEq	YES	
	Potassium Chloride Cap CR 8 mEq	YES	
	Potassium Chloride Cap CR 10 mEq	YES	
	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq	YES	
	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq	YES	
	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	YES	
	Potassium Chloride Powder Packet 20 mEq	YES	
	Potassium Chloride Tab CR 8 mEq (600 MG)	YES	
	Potassium Chloride Tab CR 10 mEq	YES	
	Potassium Chloride Tab CR 20 mEq (1500 MG)	YES	
	Potassium Gluconate Tab 80 MG (Elemental Potassium)	YES	
	Potassium Gluconate Tab 550 MG (90 MG Equiv K)	YES	
<b>Endocrine - Bone Density Regulators</b>			
	Alendronate Sodium Oral Soln 70 MG/75ML	YES	
	Alendronate Sodium Tab 5 MG	YES	
	Alendronate Sodium Tab 35 MG	YES	

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	Alendronate Sodium Tab 70 MG	YES	
	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	YES	
	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	YES	
	Etidronate Disodium Tab 200 MG	YES	
	Etidronate Disodium Tab 400 MG	YES	
	Ibandronate Sodium Tab 150 MG (Base Equivalent)	YES	
	Risedronate Sodium Tab 30 MG	YES	
	Risedronate Sodium Tab 35 MG	YES	
	Risedronate Sodium Tab 150 MG	YES	
	Risedronate Sodium Tab Delayed Release 35 MG	YES	
	Teriparatide (Recombinant) Inj 600 MCG/2.4ML	YES	
<b>Endocrine - Corticotropin</b>			
	Corticotropin Inj Gel 80 Unit/ML	YES	
<b>Endocrine - Growth Hormones</b>			
	Somatropin For Inj 6 MG (18 Unit)	YES	
<b>Endocrine - Hormone Receptor Modulators</b>			
	Raloxifene HCl Tab 60 MG	YES	
<b>Endocrine - Metabolic Modifiers</b>			
	Calcitriol Cap 0.25 MCG	YES	
	Calcitriol Cap 0.5 MCG	YES	
	Cinacalcet HCl Tab 30 MG (Base Equiv)	YES	
	Doxercalciferol Cap 0.5 MCG	YES	
	Doxercalciferol Cap 2.5 MCG	YES	
	Paricalcitol Cap 1 MCG	YES	
	Paricalcitol Cap 2 MCG	YES	
<b>Endocrine - Posterior Pituitary Hormones</b>			
	Desmopressin Acetate Inj 4 MCG/ML	YES	
	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)	YES	
	Desmopressin Acetate Nasal Spray Soln 0.01%	YES	
	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	YES	
	Desmopressin Acetate Tab 0.1 MG	YES	
	Desmopressin Acetate Tab 0.2 MG	YES	
<b>Estrogens</b>			
	Estradiol Tab 0.5 MG	YES	
<b>Expectorants</b>			
	Guaifenesin Liquid 100 MG/5ML	YES	
	Guaifenesin Syrup 100 MG/5ML	YES	
	Guaifenesin Tab 200 MG	YES	
	Guaifenesin Tab 400 MG	YES	
	Guaifenesin Tab SR 12HR 600 MG	YES	
	Guaifenesin Tab SR 12HR 1200 MG	YES	
<b>Fibromyalgia Agents</b>			
	Milnacipran HCl Tab 12.5 MG	YES	
	Milnacipran HCl Tab 25 MG	YES	
	Milnacipran HCl Tab 50 MG	YES	
	Milnacipran HCl Tab 100 MG	YES	
	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	YES	
<b>G.I. Agent - Antiflatulents</b>			
	Simethicone Cap 125 MG	YES	
	Simethicone Cap 180 MG	YES	

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	Simethicone Chew Tab 80 MG	YES	
	Simethicone Chew Tab 125 MG	YES	
	Simethicone Susp 40 MG/0.6ML	YES	
<b>G.I. Agent - Gallstone Solubilizing Agents</b>			
	Ursodiol Cap 300 MG	YES	
<b>G.I. Agent - Gastrointestinal Chloride Channel Activators</b>			
	Lubiprostone Cap 8 MCG	YES	
	Lubiprostone Cap 24 MCG	YES	
<b>G.I. Agent - Gastrointestinal Stimulants</b>			
	Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML)	YES	
	Metoclopramide HCl Tab 5 MG	YES	
	Metoclopramide HCl Tab 10 MG	YES	
<b>G.I. Agent - Inflammatory Bowel Agents</b>			
	Balsalazide Disodium Cap 750 MG	YES	
	Balsalazide Disodium Tab 1.1 GM	YES	
	Mesalamine Cap CR 500 MG	YES	
	Mesalamine Cap DR 400 MG	YES	
	Mesalamine Enema 4 GM	YES	
	Mesalamine Suppos 1000 MG	YES	
	Mesalamine Tab Delayed Release 400 MG	YES	
	Mesalamine Tab Delayed Release 800 MG	YES	
	Mesalamine Tab Delayed Release 1.2 GM	YES	
	Olsalazine Sodium Cap 250 MG	YES	
	Sulfasalazine Tab 500 MG	YES	
	Sulfasalazine Tab Delayed Release 500 MG	YES	
<b>G.I. Agent - Intestinal Acidifiers</b>			
	Lactulose (Encephalopathy) Solution 10 GM/15ML	YES	
<b>G.I. Agent - Peripheral Opioid Receptor Antagonists</b>			
	Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML)	YES	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one vial or syringe per day.
	Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)	YES	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one vial or syringe per day.

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	Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)	YES	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.
	Naloxegol Oxalate Tab 25 MG (Base Equivalent)	YES	Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.
<b>Genitourinary - Alkalinizers</b>			
	Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML	YES	
	Potassium Citrate Tab CR 5 MEQ (540 MG)	YES	
	Potassium Citrate Tab CR 10 MEQ (1080 MG)	YES	
<b>Genitourinary Irrigants</b>			
	Acetic Acid Irrigation Soln 0.25%	YES	
	Citric Acid & D-Gluconic Acid Soln	YES	
<b>Glucocorticosteroids</b>			
	Cortisone Acetate Tab 25 MG		
	Dexamethasone Conc 1 MG/ML		
	Dexamethasone Elixir 0.5 MG/5ML		
	Dexamethasone Soln 0.5 MG/5ML		
	Dexamethasone Tab 0.5 MG		
	Dexamethasone Tab 0.75 MG		
	Dexamethasone Tab 1 MG		
	Dexamethasone Tab 1.5 MG		
	Dexamethasone Tab 2 MG		
	Dexamethasone Tab 4 MG		
	Dexamethasone Tab 6 MG		
	Dexamethasone Tab Therapy Pack 1.5 MG (21)		
	Dexamethasone Tab Therapy Pack 1.5 MG (35)		
	Dexamethasone Tab Therapy Pack 1.5 MG (51)		
	Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML	YES	
	Dexamethasone Sodium Phosphate Inj 4 MG/ML	YES	
	Dexamethasone Sodium Phosphate Inj 10 MG/ML	YES	
	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	YES	
	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	YES	
	Dexamethasone Sodium Phosphate Inj 100 MG/10ML	YES	
	Hydrocortisone Tab 5 MG		
	Hydrocortisone Tab 10 MG		
	Hydrocortisone Tab 20 MG		
	Methylprednisolone Acetate Inj Susp 40 MG/ML	YES	



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	Methylprednisolone Acetate Inj Susp 80 MG/ML	YES	
	Methylprednisolone Acetate PF Inj Susp 40 MG/ML	YES	
	Methylprednisolone Acetate PF Inj Susp 80 MG/ML	YES	
	Methylprednisolone Sodium Succinate For Inj 125 MG	YES	
	Methylprednisolone Tab 2 MG		
	Methylprednisolone Tab 4 MG		
	Methylprednisolone Tab 8 MG		
	Methylprednisolone Tab 16 MG		
	Methylprednisolone Tab 32 MG		
	Methylprednisolone Tab Therapy Pack 4 MG (21)		
	Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)		
	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)		
	Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq)		
	Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)		
	Prednisolone Tab 5 MG		
	Prednisolone Tab Therapy Pack 5 MG (21)		
	Prednisolone Tab Therapy Pack 5 MG (48)		
	Prednisone Oral Soln 5 MG/5ML		
	Prednisone Tab 1 MG		
	Prednisone Tab 2.5 MG		
	Prednisone Tab 5 MG		
	Prednisone Tab 10 MG		
	Prednisone Tab 20 MG		
	Prednisone Tab 50 MG		
	Prednisone Tab Therapy Pack 5 MG (21)		
	Prednisone Tab Therapy Pack 5 MG (48)		
	Prednisone Tab Therapy Pack 10 MG (21)		
	Prednisone Tab Therapy Pack 10 MG (48)		
	Triamcinolone Acetonide Inj Susp 40 MG/ML	YES	
<b>Gout Agents</b>			
	Allopurinol Tab 100 MG	YES	
	Allopurinol Tab 300 MG	YES	
	Colchicine Cap 0.6 MG	YES	
	Colchicine Tab 0.6 MG	YES	
	Febuxostat Tab 40 MG	YES	
	Febuxostat Tab 80 MG	YES	
<b>Hematopoietic Agents - Cobalamins</b>			
	Cyanocobalamin Cap 1000 MCG	YES	
	Cyanocobalamin Cap 3000 MCG	YES	
	Cyanocobalamin Cap 5000 MCG	YES	
	Cyanocobalamin Tab 500 MCG	YES	
	Cyanocobalamin Tab 1000 MCG	YES	
	Cyanocobalamin Tab 2500 MCG	YES	
<b>Hematopoietic Agents - Folic Acid/Folates</b>			
	Folic Acid Tab 800 MCG	YES	
	Folic Acid Tab 1 MG	YES	
<b>Hematopoietic Agents - Iron</b>			<b>All iron salts and oral dosage forms are covered for allowed conditions</b>
	Carbonyl Iron Tab 45 MG (Elemental Iron)	YES	
	Ferrous Fumarate Tab CR 50 MG (Fe Equivalent)	YES	

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	Ferrous Gluconate Tab 324 MG (38 MG Elemental Iron)	YES	
	Ferrous Sulfate Dried Tab CR 160 MG (50 MG Fe Equivalent)	YES	
	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)	YES	
	Ferrous Sulfate Syrup 300 MG/5ML (60 MG/5ML Elemental Fe)	YES	
	Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	YES	
	Ferrous Sulfate Tab CR 142 MG (45 MG Fe Equivalent)	YES	
	Ferrous Sulfate Tab CR 143 MG (45 MG Fe Equivalent)	YES	
	Ferrous Sulfate Tab CR 47.5 MG (Elemental Fe)	YES	
	Ferrous Sulfate Tab EC 324 MG (65 MG Fe Equivalent)	YES	
	Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)	YES	
	Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent)	YES	
	Polysaccharide Iron Complex Cap 391.3 MG (180 MG Elem Fe)	YES	
<b>Hematopoietic Growth Factors</b>			
	Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML	YES	
	Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	YES	
	Epoetin Alfa Inj 40000 Unit/ML	YES	
	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	YES	
	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	YES	
	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	YES	
	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	YES	
	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	YES	
<b>Hematopoietic Mixtures</b>			
	Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-FA Cap***	YES	
	Fe Asp Gly-Fe Polysacc-Succ Ac-C-Threon Ac Cap***	YES	
	Fe Asparto Gly-Succ Ac-C-Threonic Ac-B12-Des Stom Tab***	YES	
	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	YES	
	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	YES	
	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	YES	
<b>Hematorheologic Agents</b>			
	Pentoxifylline Tab CR 400 MG	YES	
<b>Hemostatics - Systemic</b>			
	Aminocaproic Acid Oral Soln 0.25 GM/ML		
	Aminocaproic Acid Syrup 25%		
	Aminocaproic Acid Tab 500 MG		
	Aminocaproic Acid Tab 1000 MG		
<b>Hepatitis Agents</b>			
	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	YES	
	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	YES	
	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	YES	
	Elbasvir-Grazoprevir Tab 50-100 MG	YES	
	Ledipasvir-Sofosbuvir Tab 90-400 MG	YES	
	Peginterferon alfa-2a Inj 135 MCG/0.5ML	YES	
	Peginterferon alfa-2a Inj 180 MCG/0.5ML	YES	
	Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML	YES	
	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	YES	
	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	YES	
	Ribavirin Cap 200 MG	YES	
	Ribavirin Tab 200 MG	YES	
	Sofosbuvir Tab 400 MG	YES	
	Sofosbuvir-Velpatasvir Tab 400-100 MG	YES	

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<b>Herpes Agents</b>				
	Acyclovir Cap 200 MG	YES		
	Acyclovir Susp 200 MG/5ML	YES		
	Acyclovir Tab 400 MG	YES		
	Acyclovir Tab 800 MG	YES		
	Famciclovir Tab 125 MG	YES		
	Famciclovir Tab 250 MG	YES		
	Famciclovir Tab 500 MG	YES		
	Valacyclovir HCl Tab 500 MG	YES		
	Valacyclovir HCl Tab 1 GM	YES		
<b>Hypnotics - Antihistamine</b>				
	Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep)			
	Ibuprofen-Diphenhydramine Citrate Tab 200-38 MG			
<b>Hypnotics - Barbiturate</b>				
	Butabarbital Sodium Tab 30 MG	YES		
	Phenobarbital Elixir 20 MG/5ML	YES		
	Phenobarbital Tab 15 MG	YES		
	Phenobarbital Tab 16.2 MG	YES		
	Phenobarbital Tab 30 MG	YES		
	Phenobarbital Tab 32.4 MG	YES		
	Phenobarbital Tab 60 MG	YES		
	Phenobarbital Tab 64.8 MG	YES		
	Phenobarbital Tab 97.2 MG	YES		
<b>Hypnotics - Non-Barbiturate</b>				
	Eszopiclone Tab 1 MG		Reimbursement is restricted to only the following drugs in this class: Zolpidem Immediate Release and Continuous release tablets, Temazepam capsules, Zaleplon capsules and Eszopiclone tablets.	
	Eszopiclone Tab 2 MG			
	Eszopiclone Tab 3 MG			
	Temazepam Cap 7.5 MG			
	Temazepam Cap 15 MG			
	Temazepam Cap 22.5 MG			
	Temazepam Cap 30 MG			
	Zaleplon Cap 5 MG			
	Zaleplon Cap 10 MG			
	Zolpidem Tartrate Tab 5 MG			
	Zolpidem Tartrate Tab 10 MG			
	Zolpidem Tartrate Tab CR 6.25 MG			
	Zolpidem Tartrate Tab CR 12.5 MG			
<b>Immunomodulators</b>				
	Lenalidomide Caps 2.5 MG	YES		
	Lenalidomide Cap 5 MG	YES		
	Lenalidomide Cap 10 MG	YES		
	Lenalidomide Cap 20 MG	YES		
<b>Immunosuppressive Agents</b>				
	Azathioprine Tab 50 MG	YES		
	Cyclosporine Cap 100 MG	YES		
	Cyclosporine Modified Cap 25 MG	YES		
	Cyclosporine Modified Cap 100 MG	YES		

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	Cyclosporine Modified Oral Soln 100 MG/ML	YES	
	Cyclosporine Oral Soln 100 MG/ML	YES	
	Everolimus Tab 0.25 MG	YES	
	Everolimus Tab 0.5 MG	YES	
	Everolimus Tab 0.75 MG	YES	
	Mycophenolate Mofetil Cap 250 MG	YES	
	Mycophenolate Mofetil Tab 500 MG	YES	
	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	YES	
	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	YES	
	Sirolimus Oral Soln 1 MG/ML	YES	
	Sirolimus Tab 0.5 MG	YES	
	Sirolimus Tab 1 MG	YES	
	Sirolimus Tab 2 MG	YES	
	Tacrolimus Cap 0.5 MG	YES	
	Tacrolimus Cap 1 MG	YES	
	Tacrolimus Cap 5 MG	YES	
	Tacrolimus Tab SR 24HR 0.75 MG	YES	
	Tacrolimus Tab SR 24HR 1 MG	YES	
	Tacrolimus Tab SR 24HR 4 MG	YES	
<b>Impotence Agents</b>			
	Alprostadil For Inj 20 MCG	YES	Max 6 units per 30 Days
	Alprostadil For Inj Kit 10 MCG	YES	Max 6 units per 30 Days
	Alprostadil For Inj Kit 20 MCG	YES	Max 6 units per 30 Days
	Alprostadil For Inj Kit 40 MCG	YES	Max 6 units per 30 Days
	Alprostadil Urethral Pellet 250 MCG	YES	Max 6 pellet per 30 Days
	Alprostadil Urethral Pellet 500 MCG	YES	Max 6 pellet per 30 Days
	Alprostadil Urethral Pellet 1000 MCG	YES	Max 6 pellet per 30 Days
	Sildenafil Citrate Tab 25 MG	YES	Max 6 tab per 30 Days
	Sildenafil Citrate Tab 50 MG	YES	Max 6 tab per 30 Days
	Sildenafil Citrate Tab 100 MG	YES	Max 6 tab per 30 Days
	Tadalafil Tab 2.5 MG	YES	Max 30 tab per 30 Days
	Tadalafil Tab 5 MG	YES	Max 30 tab per 30 Days
	Tadalafil Tab 10 MG	YES	Max 6 tab per 30 Days
	Tadalafil Tab 20 MG	YES	Max 6 tab per 30 Days
	Vardenafil HCl Tab 5 MG	YES	Max 6 tab per 30 Days
	Vardenafil HCl Tab 10 MG	YES	Max 6 tab per 30 Days
	Vardenafil HCl Tab 20 MG	YES	Max 6 tab per 30 Days
<b>Influenza Agents</b>			
	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	YES	
	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	YES	
<b>Insulin Administration Supplies</b>			
	Insulin Pen Needle 29 G X 5 MM (3/16")	YES	
	Insulin Pen Needle 29 G X 8 MM (5/16")	YES	
	Insulin Pen Needle 29 G X 12 MM (1/2")	YES	
	Insulin Pen Needle 29 G X 12.7 MM	YES	
	Insulin Pen Needle 29 G X 13 MM (1/2")	YES	
	Insulin Pen Needle 30 G X 5 MM (3/16")	YES	
	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	YES	
	Insulin Pen Needle 31 G X 4 MM (1/6")	YES	
	Insulin Pen Needle 31 G X 5 MM (3/16")	YES	

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	Insulin Pen Needle 31 G X 6 MM (1/4")	YES	
	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	YES	
	Insulin Pen Needle 32 G X 4 MM (5/32")	YES	
	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	YES	
	Insulin Pen Needle 32 G X 6 MM (1/4")	YES	
	Insulin Pen Needle 32 G X 8 MM	YES	
	Insulin Pen Needle 33 G X 4 MM (5/32")	YES	
	Insulin Pen Needle 33 G X 5 MM (1/5" or 3/16")	YES	
	Insulin Pen Needle 33 G X 6 MM (1/4")	YES	
	Insulin Pen Needle 33 G X 8 MM (1/3" or 5/16")	YES	
	Insulin Syringe (Disp) U-100 0.3 ML	YES	
	Insulin Syringe (Disp) U-100 1/2 ML	YES	
	Insulin Syringe (Disp) U-100 1 ML	YES	
	Insulin Syringe/Needle U-40 1 ML 25 x 5/8"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 29 G	YES	
	Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 29 x 7/16"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 30 G	YES	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 7/16"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	YES	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 3/8"	YES	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	YES	
	Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM)	YES	
	Insulin Syringe/Needle U-100 1 ML 25 x 1"	YES	
	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	YES	
	Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	YES	
	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1 ML 28 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1 ML 29 G	YES	
	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1 ML 29 x 7/16"	YES	
	Insulin Syringe/Needle U-100 1 ML 30 G	YES	
	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1 ML 30 x 3/8"	YES	
	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1 ML 30 x 7/16"	YES	
	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	YES	
	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	YES	
	Insulin Syringe/Needle U-100 1 ML 31 x 3/8"	YES	
	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	YES	

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	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 28 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 29 G	YES	
	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 29 x 7/16"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 30 G	YES	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 7/16"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 31 x 3/8"	YES	
	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	YES	
	Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8"	YES	
	Insulin Syringe/Needle U-100 2 ML 29 x 1/2"	YES	
<b>Interstitial Cystitis Agents</b>			
	Pentosan Polysulfate Sodium Caps 100 MG	YES	
<b>Iodine Products</b>			
	Potassium Iodide Soln 1 GM/ML	YES	
<b>Laxatives</b>			<b>All laxatives are covered. All bowel prep products are covered for allowed conditions.</b>
<b>Laxative Combinations</b>			
	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit	YES	
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	YES	
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	YES	
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Packet 227.1 GM	YES	
	PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM	YES	
	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	YES	
	Psyllium w/ Calcium Capsule		
	Senosides-Docusate Sodium Tab 8.6-50 MG		
	Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate Oral Soln	YES	
<b>Laxatives - Bulk</b>			
	Calcium Polycarbophil Tab 625 MG		
	Cellulose Powder		
	Methylcellulose Powder Laxative		
	Methylcellulose Tab 500 MG		
	Psyllium Cap 0.52 GM		
	Psyllium Powder 28.3%		
	Psyllium Powder 30.9%		
	Psyllium Powder 33%		
	Psyllium Powder 48.57%		
	Psyllium Powder 49%		
	Psyllium Powder 52.3%		
	Psyllium Powder 58.6%		
	Psyllium Powder Packet 28%		
	Psyllium Powder Packet 58.12%		
	Psyllium Powder Packet 58.6%		
	Psyllium Powder Packet 60.3%		
	Wheat Dextrin Oral Powder**		

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	Wheat Dextrin Packet**		
<b>Laxatives - Lubricant</b>			
	Mineral Oil		
	Mineral Oil Emul 50%		
	Mineral Oil Enema		
<b>Laxatives - Miscellaneous</b>			
	Glycerin Suppos 2 GM		
	Glycerin Suppos 2.1 GM		
	Glycerin Suppos 80.7%		
	Lactulose Oral Crystal Packet 10 GM		
	Lactulose Oral Crystal Packet 20 GM		
	Lactulose Solution 10 GM/15ML		
	Polyethylene Glycol 3350 Oral Packet		
	Polyethylene Glycol 3350 Oral Powder		
	Sorbitol Oral Solution 70%		
	Sorbitol Solution (Bulk)		
<b>Laxatives - Saline</b>			
	Magnesium Citrate Soln		
	Magnesium Hydroxide Susp 400 MG/5ML		
	Sod Phos Mono-Sod Phos Di Tabs 1.102-0.398 GM(1.5GM Na Phos)		
	Sodium Phosphates - Enema***		
<b>Laxatives - Stimulant</b>			
	Bisacodyl Enema 10 MG/30ML		
	Bisacodyl Suppos 10 MG		
	Bisacodyl Tab Delayed Release 5 MG		
	Senna Tab**		
	Sennosides Cap 8.6 MG		
	Sennosides Syrup 8.8 MG/5ML		
	Sennosides Tab 15 MG		
	Sennosides Tab 17.2 MG		
	Sennosides Tab 25 MG		
	Sennosides Tab 8.6 MG		
<b>Laxatives - Surfactant</b>			
	Benzocaine-Docusate Sodium Rectal Enema 20-283 MG		
	Docusate Calcium Cap 240 MG		
	Docusate Sodium Cap 50 MG		
	Docusate Sodium Cap 100 MG		
	Docusate Sodium Cap 250 MG		
	Docusate Sodium Enema 283 MG		
	Docusate Sodium Liquid 150 MG/15ML		
	Docusate Sodium Syrup 60 MG/15ML		
<b>Migraine Products - Misc</b>			
	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	YES	
	Ergotamine w/ Caffeine Tab 1-100 MG	YES	
	Isometheptene-Dichloral-Acetaminophen Cap 65-100-325 MG	YES	
<b>Migraine Products - Serotonin Agonist/NSAID</b>			
	Sumatriptan-Naproxen Sodium Tab 85-500 MG	YES	Max 9 tab per 30 days
<b>Migraine Products - Serotonin Agonists</b>			
	Almotriptan Malate Tab 12.5 MG	YES	Max 12 tab per 30 days
	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	YES	Max 6 tab per 30 days

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	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	YES	Max 6 tab per 30 days
	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	YES	Max 9 tab per 30 days
	Naratriptan HCl Tab 2.5 MG (Base Equiv)	YES	Max 9 tab per 30 days
	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	YES	Max 12 tab per 30 days Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	YES	Max 12 tab per 30 days Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	YES	Max 12 tab per 30 days
	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	YES	Max 12 tab per 30 days
	Sumatriptan Nasal Spray 5 MG/ACT	YES	Max 12 units per 30 days
	Sumatriptan Nasal Spray 20 MG/ACT	YES	Max 6 units per 30 days
	Sumatriptan Succinate Inj 4 MG/0.5ML	YES	Max 8 units per 30 days
	Sumatriptan Succinate Inj 6 MG/0.5ML	YES	Max 10 units per 30 days
	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	YES	Max 8 units per 30 days
	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	YES	Max 10 units per 30 days
	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	YES	Max 8 units per 30 days
	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	YES	Max 10 units per 30 days
	Sumatriptan Succinate Solution Jet-injector 4 MG/0.5ML	YES	Max 8 units per 30 days
	Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML	YES	Max 10 units per 30 days
	Sumatriptan Succinate Tab 25 MG	YES	Max 18 tab per 30 days
	Sumatriptan Succinate Tab 50 MG	YES	Max 9 tab per 30 days
	Sumatriptan Succinate Tab 100 MG	YES	Max 9 tab per 30 days
	Zolmitriptan Nasal Spray 2.5 MG/Spray Unit	YES	Max 12 units per 30 days
	Zolmitriptan Nasal Spray 5 MG/Spray Unit	YES	Max 12 units per 30 days
	Zolmitriptan Orally Disintegrating Tab 2.5 MG	YES	Max 12 tab per 30 days Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Zolmitriptan Orally Disintegrating Tab 5 MG	YES	Max 6 tab per 30 days Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications
	Zolmitriptan Tab 2.5 MG	YES	Max 12 tab per 30 days
	Zolmitriptan Tab 5 MG	YES	Max 6 tab per 30 days
<b>Mineralocorticoids</b>	Fludrocortisone Acetate Tab 0.1 MG	YES	
<b>Minerals - Calcium</b>			<b>All calcium salts and oral dosage forms are covered for allowed conditions</b>
	Calcium & Phosphorus w/ Vit D Chew Tab 100 MG-50 MG-100 Unit	YES	
	Calcium & Phosphorus w/ Vit D Chew Tab 200 MG-96.6 MG-200 Unt	YES	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-100 MG-500 Unt	YES	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-115 MG-250 Unt	YES	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-107 MG-500 Unt	YES	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-135 MG-200 Unt	YES	
	Calcium Acetate Tab 668 MG (169 MG Elemental Ca)	YES	
	Calcium Cap 250 MG	YES	



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	Calcium Carb-Magnesium Oxide-Vit C Tab 400-116.7-166.7 MG	YES	
	Calcium Carbonate Chewable Wafer 500 MG (200 MG Calcium)	YES	
	Calcium Carbonate Susp 1250 MG/5ML (500 MG/5ML Elemental Ca)	YES	
	Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca)	YES	
	Calcium Carbonate Tab 600 MG	YES	
	Calcium Carbonate-Cholecalciferol Cap 600 MG-100 Unit	YES	
	Calcium Carbonate-Cholecalciferol Cap 600 MG-400 Unit	YES	
	Calcium Carbonate-Cholecalciferol Chew Tab 500 MG-100 Unit	YES	
	Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-400 Unit	YES	
	Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-800 Unit	YES	
	Calcium Carbonate-Cholecalciferol Liquid 500-400 MG-UNIT/5ML	YES	
	Calcium Carbonate-Cholecalciferol Tab 250 MG-125 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 500 MG-200 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 500 MG-400 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 500 MG-600 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 600 MG-200 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 600 MG-400 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 600 MG-800 Unit	YES	
	Calcium Carbonate-Cholecalciferol Tab 90 MG-400 Unit	YES	
	Calcium Carbonate-Ergocalciferol Tab 500MG-200 Unit	YES	
	Calcium Carbonate-Vitamin D Tab 250 MG-125 Unit	YES	
	Calcium Carbonate-Vitamin D Tab 500 MG-200 Unit	YES	
	Calcium Carbonate-Vitamin D Tab 500 MG-400 Unit	YES	
	Calcium Carbonate-Vitamin D Tab 600 MG-125 Unit	YES	
	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	YES	
	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	YES	
	Calcium Carb-Vit D w/ Minerals Chew Tab 600 MG-800 Unit***	YES	
	Calcium Carb-Vit D w/ Minerals Tabs 600 MG-800 Unit***	YES	
	Calcium Citrate Cap 150 MG	YES	
	Calcium Citrate Malate-Cholecalciferol Tab 250 MG-100 Unit	YES	
	Calcium Citrate Tab 200 MG	YES	
	Calcium Citrate Tab 950 MG (200 MG Elemental Ca)	YES	
	Calcium Citrate-Vit D Liqd 1000 MG/30ML-400 Unit/30ML	YES	
	Calcium Citrate-Vit D-Vit K w/ Minerals Tabs 200 MG***	YES	
	Calcium Citrate-Vitamin D Chew Tab 500 MG-500 Unit	YES	
	Calcium Citrate-Vitamin D Tab 200 MG-250 Unit (Elemental Ca)	YES	
	Calcium Citrate-Vitamin D Tab 250 MG-200 Unit (Elemental Ca)	YES	
	Calcium Gluconate Tab 500 MG	YES	
	Calcium Lactate Tab 648 MG (84 MG Elemental Ca)	YES	
	Calcium Phosphate-Cholecalciferol Chew Tab 200 MG-200 Unit	YES	
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-100 Unit	YES	
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-400 Unit	YES	
	Calcium Phosphate-Cholecalciferol Tab 115 MG-2000 Unit	YES	
	Calcium w/ Magnesium Cap 70-83 MG	YES	
	Calcium w/ Magnesium Tab 166.67-83.33 MG	YES	
	Calcium w/ Magnesium Tab 200-50 MG	YES	
	Calcium w/ Vitamin D & K Chew Tab 500 MG-1000 Unit-40 MCG	YES	
	Calcium w/ Vitamin D Tab 500 MG-125 Unit	YES	
	Calcium w/ Vitamin D Tab 600 MG-200 Unit	YES	
	Calcium-Cholecalciferol Tab 200 MG-250 Unit	YES	

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	Calcium-Cholecalciferol Tab 500 MG-200 Unit	YES	
	Calcium-Ergocalciferol Tab 250 MG-100 Unit	YES	
	Calcium-Ergocalciferol Tab 500 MG-200 Unit	YES	
	Calcium-Magnesium w/ Vit D Tab SR 24HR 600 MG-40 MG-500 Unit	YES	
	Calcium-Magnesium w/ Vitamin D Chew Tab 300MG-20MG-200 Unit	YES	
	Calcium-Phosphorus-D-Mag Tab 333.3MG-80MG-133.3Unit-133.3MG	YES	
	Calc-Phosphorus-Vit D-Mag Tab 600 MG-280 MG-500 Unit-50 MG	YES	
	Oyster Shell Calcium Tab 500 MG	YES	
<b>Minerals - Magnesium</b>			<b>All magnesium salts and oral dosage forms are covered for allowed conditions</b>
	Magnesium Carbonate Oral Powder 250 MG/GM (Elemental Mg)	YES	
	Magnesium Chloride Tab CR 535 MG (64 MG Elemental Mg)	YES	
	Magnesium Chloride-Calcium Tab DR 64-106 MG (Base Equiv)	YES	
	Magnesium Citrate Tab 100 MG	YES	
	Magnesium Cl-Ca Carbonate Tab DR 71.5-119 MG (Elemental)	YES	
	Magnesium Gluconate Tab 27.5 MG (Elemental Mg)	YES	
	Magnesium Gluconate Tab 500 MG	YES	
	Magnesium Gluconate Tab 500 MG (27 MG Elemental Mg)	YES	
	Magnesium Lactate Tab CR 84 MG (Elemental Mg) (7 MEQ)	YES	
	Magnesium Oxide Cap 400 MG (Elemental Mg) (Mg Supplement)	YES	
	Magnesium Oxide Powder (Mg Supplement)**	YES	
	Magnesium Oxide Tab 250 MG (Mg Supplement)	YES	
	Magnesium Oxide Tab 400 MG (240 MG Elemental Mg)	YES	
	Magnesium Oxide Tab 400 MG (241.3 MG Elemental Mg)	YES	
	Magnesium Tab 250 MG	YES	
	Magnesium Tab 400 MG	YES	
<b>Minerals - Mineral Combinations</b>			
	Multiple Minerals w/ Vitamins Liquid**	YES	
<b>Minerals - Zinc</b>			<b>All zinc salts and oral dosage forms are covered for allowed conditions</b>
	Zinc Gluconate Tab 50 MG (Elemental Zn)	YES	
	Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)	YES	
	Zinc Sulfate Tab 220 MG (50 MG Zinc Equivalent)	YES	
	Zinc Tab 22.5 MG	YES	
	Zinc Tab 50 MG	YES	
<b>Mouth/Throat - Anesthetics Topical Oral</b>			
	Benzocaine Dental Gel 20%	YES	
	Benzocaine Dental Paste 20%	YES	
	Benzocaine Dental Soln 20%	YES	
	Benzocaine-Menthol Lozenge 15-3.6 MG	YES	
	Benzocaine-Menthol Lozenge 15-4 MG	YES	
	Lidocaine HCl Viscous Soln 2%	YES	
<b>Mouth/Throat - Anti-infectives</b>			
	Clotrimazole Troche 10 MG	YES	
	Hydrogen Peroxide Soln 1.5%	YES	
	Nystatin Susp 100000 Unit/ML	YES	
<b>Mouth/Throat - Antiseptics</b>			
	Chlorhexidine Gluconate Soln 0.12%	YES	
	Phenol Liquid 1.4%	YES	

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<b>Mouth/Throat - Dental Products</b>			All combinations and strengths of oral dosage forms are covered for allowed conditions
	Sodium Fluoride Cream 1.1%	YES	
	Sodium Fluoride Gel 1.1% (0.5% F)	YES	
	Stannous Fluoride Paste 0.454%	YES	
<b>Mouth/Throat - Lozenge</b>	Menthol Lozenge 5.4 MG	YES	
<b>Mouth/Throat - Steroids</b>	Triamcinolone Acetonide Dental Paste 0.1%	YES	
<b>Mouth/Throat - Throat Products - Misc</b>	Artificial Saliva - Aero Soln***	YES	
	Cevimeline HCl Cap 30 MG	YES	
	Misc Throat Products - Liquid**	YES	
	Pilocarpine HCl Tab 5 MG	YES	
	Pilocarpine HCl Tab 7.5 MG	YES	
	Povidone-Sodium Hyaluronate-Glycyrrhetic Acid Gel***		
<b>Movement Disorder Drug Therapy</b>	Tetrabenazine Tab 12.5 MG	YES	
	Tetrabenazine Tab 25 MG	YES	
<b>Mucolytics</b>	Acetylcysteine Inhal Soln 10%	YES	
	Acetylcysteine Inhal Soln 20%	YES	
<b>Multiple Sclerosis Agents</b>	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	YES	
	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	YES	
	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)	YES	
	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	YES	
	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	YES	
	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	YES	
	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	YES	
<b>Muscle Relaxants</b>			90 days lifetime supply combined all SMR (excludes all baclofen and dantrolene and tizanidine prescribed for spasticity) & additional 30 days per rolling 365 days when requested via PA. Additional one year of coverage may be requested by PA for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain.
	Baclofen Tab 10 MG		
	Baclofen Tab 20 MG		
	Chlorzoxazone Tab 500 MG	YES	
	Cyclobenzaprine HCl Tab 5 MG	YES	See Drug Class - Muscle Relaxants restrictions above
	Cyclobenzaprine HCl Tab 7.5 MG	YES	See Drug Class - Muscle Relaxants restrictions above
	Cyclobenzaprine HCl Tab 10 MG	YES	See Drug Class - Muscle Relaxants restrictions above
	Dantrolene Sodium Cap 25 MG		
	Dantrolene Sodium Cap 50 MG		
	Dantrolene Sodium Cap 100 MG		

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	Metaxalone Tab 800 MG	YES	Covered ONLY after a 14 day trial of another covered skeletal muscle relaxant which resulted in a therapeutic failure or clinically documented drug specific side effects. Then all class rules apply - 90 days lifetime supply combined all SMR (excludes all baclofen and dantrolene and tizanidine prescribed for spasticity) & additional 30 days per rolling 365 days when requested via PA. Additional one year of coverage may be requested by PA for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain.
	Methocarbamol Tab 500 MG	YES	See Drug Class - Muscle Relaxants restrictions above
	Methocarbamol Tab 750 MG	YES	See Drug Class - Muscle Relaxants restrictions above
	Orphenadrine Citrate Tab SR 12HR 100 MG	YES	See Drug Class - Muscle Relaxants restrictions above
	Tizanidine Products	YES	Tizanidine is subject to the following class restrictions unless a PA is submitted for documented conditions of spasticity in the claim - 90 days lifetime supply combined all SMR (excludes all baclofen and dantrolene) & additional 30 days per rolling 365 days when requested via PA. Additional one year of coverage may be requested by PA for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain.
	Tizanidine HCl Cap 2 MG (Base Equivalent)	YES	See Tizanidine Products restrictions above
	Tizanidine HCl Cap 4 MG (Base Equivalent)	YES	See Tizanidine Products restrictions above
	Tizanidine HCl Cap 6 MG (Base Equivalent)	YES	See Tizanidine Products restrictions above
	Tizanidine HCl Tab 2 MG (Base Equivalent)	YES	See Tizanidine Products restrictions above
	Tizanidine HCl Tab 4 MG (Base Equivalent)	YES	See Tizanidine Products restrictions above
<b>Nasal Agents - Misc</b>			
	Saline Nasal Spray 0.65%	YES	
<b>Nasal Antiallergy</b>			
	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	YES	
	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	YES	
	Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	YES	
	Olopatadine HCl Nasal Soln 0.6%	YES	
<b>Nasal Anticholinergics</b>			
	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	YES	
	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	YES	
<b>Nasal Anti-infectives</b>			
	Mupirocin Calcium Nasal Oint 2%	YES	
<b>Nasal Steroids</b>			
	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	YES	
	Budesonide Nasal Susp 32 MCG/ACT	YES	
	Ciclesonide Nasal Susp 50 MCG/ACT	YES	
	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	YES	
	Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY	YES	
	Fluticasone Propionate Nasal Susp 50 MCG/ACT	YES	
	Mometasone Furoate Nasal Susp 50 MCG/ACT	YES	
	Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT	YES	
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>			
	Celecoxib Cap 50 MG		Max 400 mg (8 cap) per day

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	Celecoxib Cap 100 MG		Max 400 mg (4 cap) per day
	Celecoxib Cap 200 MG		Max 400 mg (2 cap) per day
	Celecoxib Cap 400 MG		Max 400 mg (1 cap) per day
	Diclofenac Potassium Tab 50 MG		
	Diclofenac Sodium Tab Delayed Release 25 MG		
	Diclofenac Sodium Tab Delayed Release 50 MG		
	Diclofenac Sodium Tab Delayed Release 75 MG		
	Diclofenac Sodium Tab SR 24HR 100 MG		
	Etodolac Cap 200 MG		
	Etodolac Cap 300 MG		
	Etodolac Tab 400 MG		
	Etodolac Tab 500 MG		
	Etodolac Tab SR 24HR 400 MG		
	Etodolac Tab SR 24HR 500 MG		
	Etodolac Tab SR 24HR 600 MG		
	Fenoprofen Calcium Cap 200 MG		
	Fenoprofen Calcium Cap 400 MG		
	Fenoprofen Calcium Tab 600 MG		
	Flurbiprofen Tab 50 MG		
	Flurbiprofen Tab 100 MG		
	Ibuprofen Cap 200 MG		
	Ibuprofen Susp 100 MG/5ML		
	Ibuprofen Tab 200 MG		
	Ibuprofen Tab 400 MG		
	Ibuprofen Tab 600 MG		
	Ibuprofen Tab 800 MG		
	Indomethacin Cap 25 MG		
	Indomethacin Cap 50 MG		
	Indomethacin Cap CR 75 MG		
	Ketoprofen Cap 50 MG		
	Ketoprofen Cap 75 MG		
	Ketoprofen Cap SR 24HR 200 MG		
	Ketorolac Tromethamine Tab 10 MG		Quantity shall not exceed 20 units or a 5 day supply, whichever is less, during a rolling 12 month period.
	Meclofenamate Sodium Cap 50 MG		
	Meclofenamate Sodium Cap 100 MG		
	Meloxicam Susp 7.5 MG/5ML		
	Meloxicam Tab 7.5 MG		
	Meloxicam Tab 15 MG		
	Nabumetone Tab 500 MG		
	Nabumetone Tab 750 MG		
	Naproxen Sodium Tab 220 MG		
	Naproxen Sodium Tab 275 MG		
	Naproxen Sodium Tab 550 MG		
	Naproxen Susp 125 MG/5ML		
	Naproxen Tab 250 MG		
	Naproxen Tab 375 MG		
	Naproxen Tab 500 MG		
	Naproxen Tab EC 375 MG		
	Naproxen Tab EC 500 MG		

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	Oxaprozin Tab 600 MG		
	Piroxicam Cap 10 MG		
	Piroxicam Cap 20 MG		
	Sulindac Tab 150 MG		
	Sulindac Tab 200 MG		
	Tolmetin Sodium Cap 400 MG		
	Tolmetin Sodium Tab 200 MG		
	Tolmetin Sodium Tab 600 MG		
<b>Ophthalmic Adrenergic Agents</b>			
	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	YES	
	Brimonidine Tartrate Ophth Soln 0.1%	YES	
	Brimonidine Tartrate Ophth Soln 0.15%	YES	
	Brimonidine Tartrate Ophth Soln 0.2%	YES	
	Cyclosporine (Ophth) Emulsion 0.05%	YES	
<b>Ophthalmic Anti-infectives</b>			
	Azithromycin Ophth Soln 1%		
	Bacitracin Ophth Oint 500 Unit/GM		
	Bacitracin-Polymyxin B Ophth Oint		
	Besifloxacin HCl Ophth Susp 0.6% (Base Equiv)		
	Ciprofloxacin HCl Ophth Oint 0.3%		
	Ciprofloxacin HCl Ophth Soln 0.3%		
	Erythromycin Ophth Oint 5 MG/GM		
	Ganciclovir Ophth Gel 0.15%		
	Gatifloxacin Ophth Soln 0.5%		
	Gentamicin Sulfate Ophth Oint 0.3%		
	Gentamicin Sulfate Ophth Soln 0.3%		
	Levofloxacin Ophth Soln 0.5%		
	Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily)		
	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)		
	Natamycin Ophth Susp 5%		
	Neomycin-Bacitracin Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin		
	Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML		
	Ofloxacin Ophth Soln 0.3%		
	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%		
	Sulfacetamide Sodium Ophth Soln 10%		
	Tobramycin Ophth Oint 0.3%		
	Tobramycin Ophth Soln 0.3%		
	Trifluridine Ophth Soln 1%		
<b>Ophthalmic Artificial Tears and Lubricants</b>			
	Artificial Tear Ophth Gel***	YES	
	Artificial Tear Ophth Insert***	YES	
	Artificial Tear Ophth Ointment***	YES	
	Artificial Tear Ophth Solution***	YES	
	Carboxymethylcell-Glycerin-Polysorb 80 Ophth Soln 0.5-1-0.5%	YES	
	Carboxymethylcellulose Sodium Ophth Gel 1%	YES	
	Carboxymethylcellulose Sodium Ophth Liquid 0.7%	YES	
	Carboxymethylcellulose Sodium Ophth Soln 0.25%	YES	
	Carboxymethylcellulose Sodium Ophth Soln 0.5%	YES	
	Carboxymethylcellulose Sodium Ophth Soln 1%	YES	
	Carboxymethylcellulose-Glycerin Ophth Gel 1-0.9%	YES	

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	Carboxymethylcellulose-Glycerin Ophth Soln 0.5-0.9%	YES	
	Carboxymethylcellulose-Hypromellose Gel 0.25-0.3%	YES	
	Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.2-1%	YES	
	Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.36-1%	YES	
	Hypromellose Ophth Gel 0.3%	YES	
	Hypromellose Ophth Soln 0.2%	YES	
	Hypromellose Ophth Soln 0.3%	YES	
	Hypromellose Ophth Soln 0.4%	YES	
	Hypromellose Ophth Soln 0.5%	YES	
	Light Mineral Oil-Mineral Oil Ophth Emulsion 0.5-0.5%	YES	
	Polyethylene Glycol-Polyvinyl Alcohol Ophth Soln 1-1%	YES	
	Polyethylene Glycol-Propylene Glycol Ophth Gel 0.4-0.3%	YES	
	Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3%	YES	
	Polysorbate 80 Ophth Soln 1%	YES	
	Polyvinyl Alcohol Ophth Soln 1.4%	YES	
	Polyvinyl Alcohol-Povidone Ophth Soln 1.4-0.6%	YES	
	Polyvinyl Alcohol-Povidone Ophth Soln 2.7-2%	YES	
	Polyvinyl Alcohol-Povidone Ophth Soln 5-6 MG/ML (0.5-0.6%)	YES	
	Propylene Glycol Ophth Soln 0.6%	YES	
	Propylene Glycol-Glycerin Ophth Soln 0.6-0.6%	YES	
	Propylene Glycol-Glycerin Ophth Soln 1-0.3%	YES	
	White Petrolatum-Mineral Oil Ophth Ointment****	YES	
<b>Ophthalmic Beta-blockers</b>			
	Betaxolol HCl Ophth Susp 0.25%	YES	
	Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%	YES	
	Carteolol HCl Ophth Soln 1%	YES	
	Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF	YES	
	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	YES	
	Levobunolol HCl Ophth Soln 0.25%	YES	
	Levobunolol HCl Ophth Soln 0.5%	YES	
	Timolol Maleate Ophth Gel Forming Soln 0.25%	YES	
	Timolol Maleate Ophth Gel Forming Soln 0.5%	YES	
	Timolol Maleate Ophth Soln 0.25%	YES	
	Timolol Maleate Ophth Soln 0.5%	YES	
	Timolol Maleate Ophth Soln 0.5% (Once-Daily)	YES	
	Timolol Maleate Preservative Free Ophth Soln 0.25%	YES	
	Timolol Maleate Preservative Free Ophth Soln 0.5%	YES	
	Timolol Ophth Soln 0.25%	YES	
	Timolol Ophth Soln 0.5%	YES	
<b>Ophthalmic Cycloplegic Mydriatics</b>			
	Atropine Sulfate Ophth Oint 1%	YES	
	Atropine Sulfate Ophth Soln 1%	YES	
	Cyclopentolate HCl Ophth Soln 1%	YES	
	Cyclopentolate HCl Ophth Soln 2%	YES	
	Homatropine HBr Ophth Soln 2%	YES	
	Homatropine HBr Ophth Soln 5%	YES	
	Scopolamine HBr Ophth Soln 0.25%	YES	
<b>Ophthalmic Decongestants</b>			
	Naphazoline w/ Pheniramine Ophth Soln 0.025-0.3%	YES	
<b>Ophthalmic Miotics</b>			

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	Carbachol Ophth Soln 1.5%	YES	
	Pilocarpine HCl Ophth Soln 1%	YES	
	Pilocarpine HCl Ophth Soln 2%	YES	
	Pilocarpine HCl Ophth Soln 4%	YES	
<b>Ophthalmic Prostaglandins</b>			
	Bimatoprost Ophth Soln 0.01%	YES	
	Bimatoprost Ophth Soln 0.03%	YES	
	Latanoprost Ophth Soln 0.005%	YES	
	Travoprost Ophth Soln 0.004%	YES	
	Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)	YES	
<b>Ophthalmic Steroids</b>			
	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%		
	Dexamethasone Ophth Susp 0.1%		
	Dexamethasone Sodium Phosphate Ophth Soln 0.1%		
	Diffuprednate Ophth Emulsion 0.05%		
	Fluorometholone Acetate Ophth Susp 0.1%		
	Fluorometholone Ophth Oint 0.1%		
	Fluorometholone Ophth Susp 0.1%		
	Fluorometholone Ophth Susp 0.25%		
	Gentamicin-Prednisolone Ace Ophth Susp 0.3-1%		
	Loteprednol Etabonate Ophth Gel 0.5%		
	Loteprednol Etabonate Ophth Oint 0.5%		
	Loteprednol Etabonate Ophth Susp 0.2%		
	Loteprednol Etabonate Ophth Susp 0.5%		
	Loteprednol Etabonate-Tobramycin Ophth Susp 0.5-0.3%		
	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%		
	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%		
	Neomycin-Polymyxin-HC Ophth Susp		
	Prednisolone Acetate Ophth Susp 0.12%		
	Prednisolone Acetate Ophth Susp 1%		
	Prednisolone Sodium Phosphate Ophth Soln 1%		
	Rimexolone Ophth Susp 1%		
	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%		
	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%		
	Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2%		
	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%		
	Tobramycin-Dexamethasone Ophth Susp 0.3-0.05%		
	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%		
<b>Ophthalmics - Misc</b>			
	Azelastine HCl Ophth Soln 0.05%	YES	
	Brinzolamide Ophth Susp 1%	YES	
	Bromfenac Sodium Ophth Soln 0.07% (Base Equivalent)		
	Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)		
	Bromfenac Sodium Ophth Soln 0.09% (Base Equivalent)		
	Cromolyn Sodium Ophth Soln 4%	YES	
	Diclofenac Sodium Ophth Soln 0.1%		
	Dorzolamide HCl Ophth Soln 2%	YES	
	Epinastine HCl Ophth Soln 0.05%	YES	
	Flurbiprofen Sodium Ophth Soln 0.03%		
	Ketorolac Tromethamine Ophth Soln 0.4%		



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	Ketorolac Tromethamine Ophth Soln 0.45%		
	Ketorolac Tromethamine Ophth Soln 0.5%		
	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)	YES	
	Nepafenac Ophth Susp 0.1%		
	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	YES	
	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	YES	
	Sodium Chloride Hypertonic Ophth Oint 5%	YES	
	Sodium Chloride Hypertonic Ophth Soln 2%	YES	
	Sodium Chloride Hypertonic Ophth Soln 5%	YES	
	Tyloxapol Ophth Soln 0.25%	YES	
Opioid Agonists - Immediate Release			<p><b>Immediate Release Opioid Dose Formulations Restrictions:</b>            Effective January 1, 2017 the following limitations will be effective; initial coverage of any immediate release opioid for use in a non-post operative condition will be limited to 7 days of coverage or 30 doses, whichever is <u>less</u>; concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization. A quantity limit of 180 doses (6 doses per day) for any immediate release opioid, will be implemented in all claims. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Current claims exceeding this limit will be limited to their current daily dose</p>
	Codeine Sulfate Tab Products		Reimbursement is limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
	Codeine Sulfate Tab 15 MG		See Codeine Sulfate Tab Products restrictions above
	Codeine Sulfate Tab 30 MG		See Codeine Sulfate Tab Products restrictions above
	Codeine Sulfate Tab 60 MG		See Codeine Sulfate Tab Products restrictions above
	Fentanyl Citrate Buccal Tab Products	YES	Claim must be allowed for neoplasm or malignancy for reimbursement.
	Fentanyl Citrate Buccal Tab 100 MCG (Base Equiv)	YES	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 200 MCG (Base Equiv)	YES	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 400 MCG (Base Equiv)	YES	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 600 MCG (Base Equiv)	YES	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Buccal Tab 800 MCG (Base Equiv)	YES	See Fentanyl Citrate Buccal Tab Products restrictions above
	Fentanyl Citrate Lozenge Products	YES	Claim must be allowed for neoplasm or malignancy for reimbursement.
	Fentanyl Citrate Lozenge on a Handle 200 MCG	YES	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 400 MCG	YES	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 600 MCG	YES	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 800 MCG	YES	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 1200 MCG	YES	See Fentanyl Citrate Lozenge Products restrictions above
	Fentanyl Citrate Lozenge on a Handle 1600 MCG	YES	See Fentanyl Citrate Lozenge Products restrictions above

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	Hydromorphone HCl Liqd 1 MG/ML		
	Hydromorphone HCl Suppos 3 MG		
	Hydromorphone HCl Tab Products		Reimbursement is limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
	Hydromorphone HCl Tab 2 MG		See Immediate release opioid restrictions in addition to Hydromorphone HCl Tab Products restrictions above
	Hydromorphone HCl Tab 4 MG		See Hydromorphone HCl Tab Products restrictions above
	Hydromorphone HCl Tab 8 MG		See Hydromorphone HCl Tab Products restrictions above
	Levorphanol Tartrate Tab 2 MG		Effective January 1, 2017 Levorphanol will be removed from the formulary and reimbursement for all dosage forms of Levorphanol will be discontinued. Reimbursement will continue for any claim in which Levorphanol was being covered as of January 1, 2017.
	Meperidine HCl Oral Soln 50 MG/5ML		
	Meperidine HCl Tab Products		Effective January 1, 2017 reimbursement for this product will be limited to 6 doses per day or 180 doses per calendar month. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Effective January 1, 2017 Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid.
	Meperidine HCl Tab 50 MG		See Meperidine HCl Tab Products restrictions above
	Meperidine HCl Tab 100 MG		See Meperidine HCl Tab Products restrictions above
	Morphine Sulfate Oral Soln Products		Effective January 1, 2017, reimbursement shall be restricted to not exceed a total dose of 400 mg per day. Prior Authorization is required for reimbursement for any doses above this level. Coverage will not be permitted for this product concurrently with any other immediate release opioid.
	Morphine Sulfate Oral Soln 10 MG/5ML		See Morphine Sulfate Oral Soln Products restrictions above
	Morphine Sulfate Oral Soln 20 MG/5ML		See Morphine Sulfate Oral Soln Products restrictions above
	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)		See Morphine Sulfate Oral Soln Products restrictions above
	Morphine Sulfate Tab (IR) Products		Effective January 1, 2017 reimbursement for this product will be limited to 6 doses per day or 180 doses per calendar month. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Effective January 1, 2017 Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid.
	Morphine Sulfate Tab 15 MG		See Morphine Sulfate Tab (IR) Products restrictions above
	Morphine Sulfate Tab 30 MG		See Morphine Sulfate Tab (IR) Products restrictions above

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Drug Class Name	Drug Generic Name	May Require Prior Authorization	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.	
	Oxycodone HCl Cap 5 MG		Effective January 1, 2017 reimbursement for this product will be limited to 6 doses per day or 180 doses per calendar month. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Effective January 1, 2017 Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid.	
	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)			
	Oxycodone HCl Soln 5 MG/5ML			
	Oxycodone HCl Tab (IR) Products		Effective January 1, 2017 reimbursement for this product will be limited to 6 doses per day or 180 doses per calendar month. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Effective January 1, 2017 Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid.	
	Oxycodone HCl Tab 5 MG			See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 10 MG			See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 15 MG			See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 20 MG			See Oxycodone HCl Tab (IR) Products restrictions above
	Oxycodone HCl Tab 30 MG			See Oxycodone HCl Tab (IR) Products restrictions above
	Oxymorphone HCl Tab (IR) Products		Effective January 1, 2017 reimbursement for this product will be limited to 6 doses per day or 180 doses per calendar month. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Effective January 1, 2017 Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid.	
	Oxymorphone HCl Tab 5 MG			See Oxymorphone HCl Tab (IR) Products restrictions above
	Oxymorphone HCl Tab 10 MG			See Oxymorphone HCl Tab (IR) Products restrictions above
	Tapentadol HCl Tab (IR) Products		Reimbursement for this product shall not exceed 600 mg per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid product or sustained release tapentadol products.	
	Tapentadol HCl Tab 50 MG			See Tapentadol HCl Tab (IR) Products restrictions above
	Tapentadol HCl Tab 75 MG			See Tapentadol HCl Tab (IR) Products restrictions above
	Tapentadol HCl Tab 100 MG			See Tapentadol HCl Tab (IR) Products restrictions above
	Tramadol HCl Orally Disintegrating Tab 50 MG	YES	The oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Prior Authorization is required. Reimbursement for this product shall not exceed 8 tablets (400 mg) per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid.	
	Tramadol HCl Tab 50 MG		Reimbursement for this product shall not exceed 8 tablets (400 mg) per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid.	

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Opioid Agonists - Sustained Release			Sustained Release Opioid Dosage Form Class Restrictions: Effective January 1, 2017; coverage will not be permitted for concurrent treatment with multiple SR Opioids (Including methadone); concurrent use of any SR opioid, oral or transdermal, with any parenteral pain management medications (e.g. IM, SC, IV, IT analgesic medications) will not be covered.; sustained release opioids will not be covered in post operative conditions unless the injured worker was being treated with the sustained release drug prior to surgery.
	Fentanyl TD Patch Products	YES	
	Fentanyl TD Patch 72HR 12 MCG/HR	YES	
	Fentanyl TD Patch 72HR 25 MCG/HR	YES	
	Fentanyl TD Patch 72HR 50 MCG/HR	YES	
	Fentanyl TD Patch 72HR 75 MCG/HR	YES	See Fentanyl TD Patch Products restrictions above
	Fentanyl TD Patch 72HR 100 MCG/HR	YES	See Fentanyl TD Patch Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter Products		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 tablet per day of any strength or combination of strengths. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG		See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter Products	YES	Effective January 1, 2017 for any claim in which this drug was not currently being reimbursed, prior authorization is required showing documentation of clinical failure of or allergic reaction to Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed one tablet per day. Prior authorization is required for reimbursement of doses above this limit. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.

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Drug Class Name	Drug Generic Name	May Require Prior Authorization	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.
	Hydromorphone HCl Tab ER 24HR Deter 8 MG	YES	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter 12 MG	YES	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter 16 MG	YES	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Hydromorphone HCl Tab ER 24HR Deter 32 MG	YES	See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above
	Methadone Products	YES	Effective January 1, 2017 all oral forms of methadone shall be considered to be long acting opioids and will be subject to the formulary limitations of sustained release drug formulations. Initial coverage of oral methadone requires documentation of a 12 lead electrocardiogram within the previous 6 months. Ongoing coverage of oral methadone requires the documentation of an annual 12 lead electrocardiogram. Oral methadone will be eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine or hydrocodone. Prior Authorization is required. Reimbursement for this product may not exceed a maximum dose of 90 mg per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Methadone HCl Tab 5 MG	YES	See Methadone Products Restrictions above
	Methadone HCl Tab 10 MG	YES	See Methadone Products Restrictions above
	Methadone HCl Soln 5 MG/5ML	YES	See Methadone Products Restrictions above
	Methadone HCl Soln 10 MG/5ML	YES	See Methadone Products Restrictions above
	Morphine Sulfate Tab CR Products		Effective January 1, 2017, reimbursement shall be restricted to not exceed 3 tablets per day for doses less than 200 mg per tablet and 2 tablets per day for doses of 200 mg per tablet. Prior Authorization is required for reimbursement for any doses above this level. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Morphine Sulfate Tab CR 15 MG		See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 30 MG		See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 60 MG		See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 100 MG		See Morphine Sulfate Tab CR Products restrictions above
	Morphine Sulfate Tab CR 200 MG		See Morphine Sulfate Tab CR Products restrictions above
	Morphine-Naltrexone Cap CR Products		Reimbursement for this product shall not exceed 2 capsules per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Morphine-Naltrexone Cap CR 20-0.8 MG		See Morphine-Naltrexone Cap CR Products restrictions above
	Morphine-Naltrexone Cap CR 30-1.2 MG		See Morphine-Naltrexone Cap CR Products restrictions above

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

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	Oxymorphone HCl Tab ER 12HR Deter Products	YES	Effective January 1, 2017 for any claim in which this drug was not currently being reimbursed, prior authorization is required showing documentation of clinical failure of or allergic reaction to Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed two tablets per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Oxymorphone HCl Tab ER 12HR Deter 5 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab ER 12HR Deter 7.5 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab ER 12HR Deter 10 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab ER 12HR Deter 15 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab ER 12HR Deter 20 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab ER 12HR Deter 30 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Oxymorphone HCl Tab ER 12HR Deter 40 MG	YES	See Oxymorphone HCl Tab ER 12HR Deter Products restrictions above
	Tapentadol HCl Tab SR 12HR Products		Reimbursement shall not exceed 500 mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid or immediate release tapentadol products. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Tapentadol HCl Tab SR 12HR 50 MG		See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 100 MG		See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 150 MG		See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 200 MG		See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tapentadol HCl Tab SR 12HR 250 MG		See Tapentadol HCl Tab SR 12HR Products restrictions above
	Tramadol HCl Tab SR 24HR Products		Reimbursement for this product shall not exceed 300 mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.
	Tramadol HCl Tab SR 24HR 100 MG		See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR 200 MG		See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR 300 MG		See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR Biphasic Release 100 MG		See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR Biphasic Release 200 MG		See Tramadol HCl Tab SR 24HR Products restrictions above
	Tramadol HCl Tab SR 24HR Biphasic Release 300 MG		See Tramadol HCl Tab SR 24HR Products restrictions above
<b>Opioid Antagonists</b>			
	Naloxone HCl Nasal Spray 4 MG/0.1ML	YES	Covered effective 12/01/2017. Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs.

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	Naloxone HCl Solution Auto-injector 0.4 MG/0.4ML	YES	Effective 12/1/2017 prescriptions for Naloxone HCL Solution Auto-injector will no longer be eligible for reimbursement.
	Naltrexone HCl Tab 50 MG	YES	
<b>Opioid Combinations</b>			
	Acetaminophen w/ Codeine Products		Reimbursement is limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement for oral solid dosage forms of Codeine/Acetaminophen (APAP) is restricted to products that contain 300 mg of APAP. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
	Acetaminophen w/ Codeine Soln 120-12 MG/5ML		See Acetaminophen w/ Codeine Products
	Acetaminophen w/ Codeine Tab 300-15 MG		See Acetaminophen w/ Codeine Products
	Acetaminophen w/ Codeine Tab 300-30 MG		See Acetaminophen w/ Codeine Products
	Acetaminophen w/ Codeine Tab 300-60 MG		See Acetaminophen w/ Codeine Products
	Aspirin-Caffeine-Dihydrocodeine Cap 356.4-30-16 MG		
	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	YES	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 (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	YES	Reimbursement for this product shall not exceed 24 cap per calendar month and is restricted to only those claims that have the condition of headache specified as a documented allowance in the claim.
	Hydrocodone-Acetaminophen Tab Products		Reimbursement is restricted to combinations of Hydrocodone/Acetaminophen (APAP) that contain 325mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. Reimbursement is limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
	Hydrocodone-Acetaminophen Tab 5-325 MG		See Hydrocodone-Acetaminophen Tab Products restrictions above
	Hydrocodone-Acetaminophen Tab 7.5-325 MG		See Hydrocodone-Acetaminophen Tab Products restrictions above



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	Hydrocodone-Acetaminophen Tab 10-325 MG		See Hydrocodone-Acetaminophen Tab Products restrictions above
	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML		
	Hydrocodone-Acetaminophen Soln 10-325 MG/15ML		
	Hydrocodone-Ibuprofen Tab Products		
	Hydrocodone-Ibuprofen Tab 2.5-200 MG		
	Hydrocodone-Ibuprofen Tab 5-200 MG		
	Hydrocodone-Ibuprofen Tab 7.5-200 MG		
	Hydrocodone-Ibuprofen Tab 10-200 MG		
	Oxycodone w/ Acetaminophen Tab Products		Reimbursement is restricted to combinations of Oxycodone/Acetaminophen (APAP) that contain 325 mg of APAP. Reimbursement for these products shall not exceed 4 grams/day of APAP. Reimbursement is limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
	Oxycodone w/ Acetaminophen Tab 2.5-325 MG		See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Tab 5-325 MG		See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Tab 7.5-325 MG		See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Tab 10-325 MG		See Oxycodone w/ Acetaminophen Tab Products restrictions above
	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML		
	Oxycodone-Aspirin Tab 4.8355-325 MG		Reimbursement is limited to 6 doses per day. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
	Oxycodone-Ibuprofen Tab 5-400 MG		
	Tramadol-Acetaminophen Tab 37.5-325 MG		Reimbursement is restricted to only those combinations of Tramadol/Acetaminophen (APAP) that contain 325 mg of APAP. Prescribed dosing of these products may not exceed 4 grams/day of APAP. Reimbursement is limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Reimbursement will not be permitted for this product concurrently with any other immediate release opioid. These coverage restrictions shall apply effective March 1, 2017 for claims in which this drug was reimbursed by BWC prior to January 1, 2017, and January 1, 2017 for all other claims.
<b>Opioid Partial Agonists - Immediate Release</b>			
	Butorphanol Tartrate Nasal Soln 10 MG/ML		
	Pentazocine w/ Naloxone Tab 50-0.5 MG		

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<b>Opioid Partial Agonists - Sustained Release</b>			
	Buprenorphine TD Patch Products		Effective January 1, 2017 for all claims, coverage is limited to a maximum quantity of 4 patches of any strength per 28 days. The maximum daily dose covered for this product is 20 mcg/day. Coverage of this product is limited to only those claims with a daily Morphine Equivalent Dose (MED) requirement of 90 mg or less. Coverage will not be permitted for this product concurrently with any other sustained release opioid.
	Buprenorphine TD Patch Weekly 5 MCG/HR		See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 7.5 MCG/HR		See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 10 MCG/HR		See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 15 MCG/HR		See Buprenorphine TD Patch Product restrictions above
	Buprenorphine TD Patch Weekly 20 MCG/HR		See Buprenorphine TD Patch Product restrictions above
<b>Otic Agents - Misc</b>			
	Acetic Acid Otic Soln 2%	YES	
	Antipyrine-Benzocaine Otic Soln 54-14 MG/ML (5.4-1.4%)	YES	
	Antipyrine-Benzocaine-Polycosanol Otic Sol 5.4-1.4-0.0097%*	YES	
	Cresyl Acetate Otic Soln 25%	YES	
	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	YES	
<b>Otic Anti-infective/Steroid</b>			
	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	YES	
	Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1%	YES	
	Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML	YES	
	Neomycin-Polymyxin-HC Otic Soln 1%	YES	
	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	YES	
<b>Otic Anti-infectives</b>			
	Ofloxacin Otic Soln 0.3%	YES	
<b>Otic Steroids</b>			
	Fluocinolone Acetonide (Otic) Oil 0.01%	YES	
	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	YES	
<b>Oxytocics</b>			
	Methylergonovine Maleate Tab 0.2 MG	YES	
<b>Phosphate Binder Agents</b>			
	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	YES	
	Lanthanum Carbonate Chew Tab 750 MG (Elemental)	YES	
	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	YES	
	Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental)	YES	
	Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental)	YES	
	Sevelamer Carbonate Packet 2.4 GM	YES	
	Sevelamer Carbonate Tab 800 MG	YES	
	Sevelamer HCl Tab 800 MG	YES	
<b>Platelet Aggregation Inhibitors</b>			
	Aspirin-Dipyridamole Cap SR 12HR 25-200 MG	YES	
	Cilostazol Tab 50 MG	YES	
	Cilostazol Tab 100 MG	YES	
	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	YES	
	Dipyridamole Tab 25 MG	YES	

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Drug Class Name	Drug Generic Name	May Require Prior Authorization	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.
	Dipyridamole Tab 50 MG	YES	
	Dipyridamole Tab 75 MG	YES	
	Prasugrel HCl Tab 10 MG (Base Equiv)	YES	
<b>Postherpetic Neuralgia (PHN) Agents</b>			
	Gabapentin (Once-Daily) Tab 300 MG	YES	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. .
	Gabapentin (Once-Daily) Tab 600 MG	YES	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. .
<b>Potassium Removing Agents</b>			
	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	YES	
	Sodium Polystyrene Sulfonate Powder**	YES	
<b>Progestins</b>			
	Medroxyprogesterone Acetate Tab 10 MG	YES	
	Megestrol Acetate Susp 625 MG/5ML	YES	
<b>Prostatic Hypertrophy Agents</b>			
	Alfuzosin HCl Tab SR 24HR 10 MG	YES	
	Dutasteride Cap 0.5 MG	YES	
	Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	YES	
	Finasteride Tab 5 MG	YES	
	Sildenafil Cap 4 MG	YES	
	Sildenafil Cap 8 MG	YES	
	Tamsulosin HCl Cap 0.4 MG	YES	
<b>Pseudobulbar Affect (PBA) Agents</b>			
	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	YES	
<b>Pulmonary Hypertension - Receptor Antagonists</b>	<b>Endothelin</b>		
	Ambrisentan Tab 10 MG	YES	
<b>Pulmonary Hypertension - Inhibitors</b>	<b>Phosphodiesterase</b>		
	Sildenafil Citrate Tab 20 MG	YES	
<b>Pyrimidine Synthesis Inhibitors</b>			
	Leflunomide Tab 10 MG	YES	
	Leflunomide Tab 20 MG	YES	
<b>Rectal - Intrarectal Steroids</b>			
	Hydrocortisone Enema 100 MG/60ML	YES	
<b>Rectal - Local Anesthetics</b>			
	Dibucaine Rectal Ointment 1%		
	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%	YES	
	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%	YES	
	Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1%	YES	
	Lidocaine Anorectal Cream 5%	YES	
	Lidocaine Anorectal Gel 5%	YES	

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	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%	YES	
	Phenylephrine-Shark Liver Oil-MO-Pet Oint 0.25-3-14-71.9%	YES	
	Phenyleph-Shark Liver Oil-Cocoa Butter Suppos 0.25-3-85.5%	YES	
	Pramoxine HCl Rectal Foam 1%	YES	
	Pramox-PE-Glycerin-Petrolatum Rectal Cream 1-0.25-14.4-15%	YES	
<b>Rectal - Steroids</b>			
	Hydrocortisone Acetate Suppos 25 MG	YES	
	Hydrocortisone Acetate Suppos 30 MG	YES	
	Hydrocortisone Rectal Cream 1%	YES	
	Hydrocortisone Rectal Cream 2.5%	YES	
<b>Respiratory - Antiasthmatic - Monoclonal Antibodies</b>			
	Omalizumab For Inj 150 MG	YES	
<b>Respiratory - Anticholinergics</b>			
	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	YES	
	Ipratropium Bromide Inhal Soln 0.02%	YES	
	Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT	YES	
	Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT	YES	
	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	YES	
<b>Respiratory - Anti-Inflammatory Agents</b>			
	Cromolyn Sodium Soln Nebu 20 MG/2ML	YES	
<b>Respiratory - Leukotriene Modulators</b>			
	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	YES	
	Montelukast Sodium Tab 10 MG (Base Equiv)	YES	
	Zafirlukast Tab 20 MG	YES	
	Zileuton Tab SR 12HR 600 MG	YES	
<b>Respiratory - Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>			
	Roflumilast Tab 500 MCG	YES	
<b>Respiratory - Steroid Inhalants</b>			
	Beclomethasone Diprop Inhal Aero Soln 40 MCG/ACT (50/Valve)	YES	
	Beclomethasone Diprop Inhal Aero Soln 80 MCG/ACT (100/Valve)	YES	
	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	YES	
	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	YES	
	Budesonide Inhalation Susp 0.25 MG/2ML	YES	
	Budesonide Inhalation Susp 0.5 MG/2ML	YES	
	Budesonide Inhalation Susp 1 MG/2ML	YES	
	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	YES	
	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	YES	
	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	YES	
	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	YES	
	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	YES	
	Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT	YES	
	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT	YES	
	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	YES	
	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	YES	
<b>Respiratory - Sympathomimetics</b>			
	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	YES	
	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	YES	
	Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	YES	

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	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)	YES	
	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	YES	
	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	YES	
	Albuterol Sulfate Syrup 2 MG/5ML	YES	
	Albuterol Sulfate Tab 2 MG	YES	
	Albuterol Sulfate Tab 4 MG	YES	
	Albuterol Sulfate Tab SR 12HR 4 MG	YES	
	Albuterol Sulfate Tab SR 12HR 8 MG	YES	
	Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)	YES	
	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	YES	
	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	YES	
	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	YES	
	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	YES	
	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	YES	
	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	YES	
	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	YES	
	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	YES	
	Formoterol Fumarate Inhal Cap 12 MCG	YES	
	Formoterol Fumarate Soln Nebu 20 MCG/2ML	YES	
	Ipratropium-Albuterol Aerosol 18-103 MCG/ACT (20-120MCG/ACT)	YES	
	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	YES	
	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	YES	
	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	YES	
	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	YES	
	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	YES	
	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	YES	
	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	YES	
	Metaproterenol Sulfate Tab 10 MG	YES	
	Metaproterenol Sulfate Tab 20 MG	YES	
	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT	YES	
	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	YES	
	Pirbuterol Acetate Breath Activated Inhal Aerosol 200MCG/INH	YES	
	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	YES	
	Terbutaline Sulfate Tab 2.5 MG	YES	
	Terbutaline Sulfate Tab 5 MG	YES	
<b>Respiratory - Xanthines</b>			
	Theophylline Cap SR 24HR 100 MG	YES	
	Theophylline Cap SR 24HR 200 MG	YES	
	Theophylline Cap SR 24HR 300 MG	YES	
	Theophylline Cap SR 24HR 400 MG	YES	
	Theophylline Tab SR 12HR 100 MG	YES	
	Theophylline Tab SR 12HR 200 MG	YES	
	Theophylline Tab SR 12HR 300 MG	YES	
	Theophylline Tab SR 24HR 400 MG	YES	
	Theophylline Tab SR 24HR 600 MG	YES	
<b>Respiratory Inhalants - Misc</b>			
	Camphor-Eucalyptus-Menthol - Oint***		
	Sodium Chloride Aero Soln 0.9%	YES	
	Sodium Chloride Soln Nebu 0.9%	YES	
<b>Restless Leg Syndrome (RLS) Agents</b>			

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	Gabapentin Enacarbil Tab CR 300 MG	YES	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. .
	Gabapentin Enacarbil Tab CR 600 MG	YES	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. .
<b>Rosacea Agents - Oral</b>	Doxycycline (Rosacea) Cap Delayed Release 40 MG	YES	
<b>Salicylates</b>	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG		
	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 500 MG		
	Aspirin Chew Tab 81 MG		
	Aspirin Tab 81 MG		
	Aspirin Tab 325 MG		
	Aspirin Tab 500 MG		
	Aspirin Tab Delayed Release 81 MG		
	Aspirin Tab Delayed Release 325 MG		
	Aspirin Tab Delayed Release 500 MG		
	Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 500-33-33-237 MG		
	Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 325 MG***		
	Choline & Magnesium Salicylates Tab 1000 MG		
	Choline & Magnesium Salicylates Tab 500 MG		
	Choline & Magnesium Salicylates Tab 750 MG		
	Diflunisal Tab 500 MG		
	Salsalate Tab 500 MG		
	Salsalate Tab 750 MG		
<b>Sympathomimetic Decongestants</b>	Oxymetazoline HCl Nasal Soln 0.05%	YES	
	Phenylephrine HCl Tab 10 MG	YES	
	Pseudoephedrine HCl Syrup 30 MG/5ML	YES	
	Pseudoephedrine HCl Tab 30 MG	YES	
	Pseudoephedrine HCl Tab 60 MG	YES	
	Pseudoephedrine HCl Tab SR 12HR 120 MG	YES	
	Pseudoephedrine HCl Tab SR 24HR 240 MG	YES	
<b>Thyroid Hormones</b>	Levothyroxine Sodium Tab 25 MCG	YES	
	Levothyroxine Sodium Tab 50 MCG	YES	
	Levothyroxine Sodium Tab 75 MCG	YES	
	Levothyroxine Sodium Tab 88 MCG	YES	
	Levothyroxine Sodium Tab 100 MCG	YES	
	Levothyroxine Sodium Tab 112 MCG	YES	
	Levothyroxine Sodium Tab 125 MCG	YES	
	Levothyroxine Sodium Tab 137 MCG	YES	
	Levothyroxine Sodium Tab 150 MCG	YES	

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	Levothyroxine Sodium Tab 175 MCG	YES	
	Levothyroxine Sodium Tab 200 MCG	YES	
	Levothyroxine Sodium Tab 300 MCG	YES	
	Liothyronine Sodium Tab 5 MCG	YES	
	Liothyronine Sodium Tab 25 MCG	YES	
	Liothyronine Sodium Tab 50 MCG	YES	
	Thyroid Tab 30 MG (1/2 Grain)	YES	
	Thyroid Tab 60 MG (1 Grain)	YES	
	Thyroid Tab 81.25 MG	YES	
	Thyroid Tab 90 MG (1 1/2 Grain)	YES	
	Thyroid Tab 113.75 MG	YES	
	Thyroid Tab 162.5 MG (2 1/2 Grain)	YES	
	Thyroid Tab 146.25 MG	YES	
<b>TNF - Anti-TNF-alpha - Monoclonal Antibodies</b>			
	Adalimumab Pen-injector Kit 40 MG/0.8ML	YES	
	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	YES	
<b>TNF - Soluble Tumor Necrosis Factor Receptor Agents</b>			
	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	YES	
	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	YES	
	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	YES	
<b>Topical - Acne Products</b>			
	Benzoyl Peroxide-Erythromycin Gel 5-3%	YES	
	Clindamycin Phosphate Foam 1%	YES	
	Clindamycin Phosphate Gel 1%	YES	
	Clindamycin Phosphate Lotion 1%	YES	
	Clindamycin Phosphate Soln 1%	YES	
	Clindamycin Phosphate Swab 1%	YES	
	Erythromycin Gel 2%	YES	
	Erythromycin Soln 2%	YES	
	Sulfacetamide Sodium w/ Sulfur Cream 10-5%	YES	
	Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%	YES	
	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	YES	
	Sulfacetamide Sodium w/ Sulfur Foam 10-5%	YES	
	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%	YES	
	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%	YES	
<b>Topical - Agents for External Genital and Perianal Warts</b>			
	Sinecatechins Oint 15%	YES	
<b>Topical - Analgesics</b>			
	Menthol Gel 2%		
	Menthol Gel 2.5%		
	Menthol Gel 3.5%		
	Menthol Gel 4%		
	Menthol Gel 16%		
	Menthol Liquid 3.1%		
	Menthol Pad 154 MG		
	Menthol Pad 5%		
<b>Topical - Antibiotics</b>			
	Bacitracin Oint 500 Unit/GM		
	Bacitracin Zinc Oint 500 Unit/GM		

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	Bacitracin-Polymyxin B Oint***		
	Bacitracin-Polymyxin-Neomycin HC Oint 1%	YES	
	Gentamicin Sulfate Cream 0.1%		
	Gentamicin Sulfate Oint 0.1%		
	Mupirocin Calcium Cream 2%		
	Mupirocin Oint 2%		
	Neomycin-Bacitracin-Polymyxin Oint***		
	Neomycin-Bacitracin-Polymyxin-Pramoxine Oint 1%		
	Neomycin-Polymyxin w/ Pramoxine Cream 1%		
	Neomycin-Polymyxin-HC Crm 3.5 MG/GM-10000 UNT/GM-0.5%	YES	
	Retapamulin Oint 1%	YES	
<b>Topical - Antifungals</b>			
	Butenafine HCl Cream 1%	YES	
	Ciclopirox Gel 0.77%	YES	
	Ciclopirox Olamine Cream 0.77% (Base Equiv)	YES	
	Ciclopirox Olamine Susp 0.77% (Base Equiv)	YES	
	Ciclopirox Shampoo 1%	YES	
	Ciclopirox Solution 8%	YES	
	Clotrimazole Cream 1%	YES	
	Clotrimazole Ointment 1%	YES	
	Clotrimazole Soln 1%	YES	
	Clotrimazole w/ Betamethasone Cream 1-0.05%	YES	
	Clotrimazole w/ Betamethasone Lotion 1-0.05%	YES	
	Econazole Nitrate Cream 1%	YES	
	Gentian Violet Soln 1%	YES	
	Iodoquinol-HC Cream 1%	YES	
	Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%***	YES	
	Ketoconazole Cream 2%	YES	
	Ketoconazole Foam 2%	YES	
	Ketoconazole Shampoo 2%	YES	
	Miconazole Nitrate Cream 2%	YES	
	Miconazole Nitrate Ointment 2%	YES	
	Miconazole Nitrate Powder 2%	YES	
	Miconazole Nitrate Soln 2%	YES	
	Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35%	YES	
	Naftifine HCl Cream 1%	YES	
	Naftifine HCl Gel 1%	YES	
	Nystatin Cream 100000 Unit/GM	YES	
	Nystatin Oint 100000 Unit/GM	YES	
	Nystatin Topical Powder**	YES	
	Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%	YES	
	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	YES	
	Oxiconazole Nitrate Cream 1%	YES	
	Oxiconazole Nitrate Lotion 1%	YES	
	Sertaconazole Nitrate Cream 2%	YES	
	Sulconazole Nitrate Cream 1%	YES	
	Terbinafine HCl Cream 1%	YES	
	Terbinafine HCl Soln 1%	YES	
	Tolnaftate Aerosol Pow 1%	YES	
	Tolnaftate Cream 1%	YES	



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	Tolnaftate Powder 1%	YES	
	Tolnaftate Soln 1%	YES	
<b>Topical - Antihistamines</b>			
	Diphenhydramine HCl Cream 2%	YES	
<b>Topical - Anti-inflammatory Agents</b>			
	Diclofenac Sodium Gel 1%		
	Diclofenac Sodium Soln 1.5%	YES	Reimbursement will be provided only in claims with osteoarthritis of the knee as an allowed condition.
<b>Topical - Antineoplastic or Premalignant Lesion Agents</b>			
	Diclofenac Sodium (Actinic Keratoses) Gel 3%		ONLY reimbursed in claims with Actinic Keratoses allowed.
	Fluorouracil Cream 0.5%	YES	
	Fluorouracil Cream 4%	YES	
	Fluorouracil Cream 5%	YES	
<b>Topical - Antipruritics</b>			
	Camphor & Menthol Gel 0.2-3.5%		
	Camphor & Menthol Lotion 0.5-0.5%		
	Doxepin HCl Cream 5%	YES	
<b>Topical - Antipsoriatics</b>			
	Calcipotriene Cream 0.005%	YES	
	Calcipotriene Soln 0.005% (50 MCG/ML)	YES	
	Tazarotene Cream 0.1%	YES	
<b>Topical - Antivirals</b>			
	Acyclovir Cream 5%	YES	
	Acyclovir Oint 5%	YES	
	Penciclovir Cream 1%	YES	
<b>Topical - Burn Products</b>			
	Mafenide Acetate Cream 85 MG/GM		
	Mafenide Acetate Packet For Topical Soln 5% (50 GM)		
	Silver Sulfadiazine Cream 1%		
<b>Topical - Cauterizing Agents</b>			
	Silver Nitrate-Potassium Nitrate Applicator 75-25%		
<b>Topical - Corticosteroids</b>			
	Alclometasone Dipropionate Cream 0.05%		
	Alclometasone Dipropionate Oint 0.05%		
	Amcinonide Cream 0.1%		
	Amcinonide Oint 0.1%		
	Betamethasone Dipropionate Augmented Cream 0.05%		
	Betamethasone Dipropionate Augmented Gel 0.05%		
	Betamethasone Dipropionate Augmented Lotion 0.05%		
	Betamethasone Dipropionate Augmented Oint 0.05%		
	Betamethasone Dipropionate Cream 0.05%		
	Betamethasone Dipropionate Lotion 0.05%		
	Betamethasone Dipropionate Oint 0.05%		
	Betamethasone Valerate Aerosol Foam 0.12%		
	Betamethasone Valerate Cream 0.1%		
	Betamethasone Valerate Lotion 0.1%		
	Betamethasone Valerate Oint 0.1%		
	Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064%	YES	
	Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%	YES	

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	Clobetasol Propionate Cream 0.05%		
	Clobetasol Propionate Emollient Base Cream 0.05%		
	Clobetasol Propionate Emulsion Foam 0.05%		
	Clobetasol Propionate Foam 0.05%		
	Clobetasol Propionate Gel 0.05%		
	Clobetasol Propionate Lotion 0.05%		
	Clobetasol Propionate Oint 0.05%		
	Clobetasol Propionate Shampoo 0.05%		
	Clobetasol Propionate Soln 0.05%		
	Clobetasol Propionate Spray 0.05%		
	Clocortolone Pivalate Cream 0.1%		
	Desonide Cream 0.05%		
	Desonide Foam 0.05%		
	Desonide Gel 0.05%		
	Desonide Lotion 0.05%		
	Desonide Oint 0.05%		
	Desoximetasone Cream 0.05%		
	Desoximetasone Cream 0.25%		
	Desoximetasone Gel 0.05%		
	Desoximetasone Oint 0.25%		
	Difforasonone Diacetate Cream 0.05%		
	Difforasonone Diacetate Emollient Base Cream 0.05%		
	Difforasonone Diacetate Oint 0.05%		
	Fluocinolone Acetonide Cream 0.01%		
	Fluocinolone Acetonide Cream 0.025%		
	Fluocinolone Acetonide Oil 0.01% (Body Oil)		
	Fluocinolone Acetonide Oil 0.01% (Scalp Oil)		
	Fluocinolone Acetonide Oint 0.025%		
	Fluocinolone Acetonide Shampoo 0.01%		
	Fluocinolone Acetonide Soln 0.01%		
	Fluocinonide Cream 0.05%		
	Fluocinonide Cream 0.1%		
	Fluocinonide Emulsified Base Cream 0.05%		
	Fluocinonide Gel 0.05%		
	Fluocinonide Oint 0.05%		
	Fluocinonide Soln 0.05%		
	Flurandrenolide Cream 0.05%		
	Flurandrenolide Tape 4 MCG/SQCM		
	Fluticasone Propionate Cream 0.05%		
	Fluticasone Propionate Lotion 0.05%		
	Fluticasone Propionate Oint 0.005%		
	Halcinonide Cream 0.1%		
	Halcinonide Oint 0.1%		
	Halobetasol Propionate Cream 0.05%		
	Halobetasol Propionate Oint 0.05%		
	Hydrocortisone Butyrate Cream 0.1%		
	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%		
	Hydrocortisone Butyrate Lotion 0.1%		
	Hydrocortisone Butyrate Oint 0.1%		
	Hydrocortisone Butyrate Soln 0.1%		

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	Hydrocortisone Cream 0.5%		
	Hydrocortisone Cream 1%		
	Hydrocortisone Cream 2.5%		
	Hydrocortisone Gel 1%		
	Hydrocortisone Lotion 1%		
	Hydrocortisone Lotion 2.5%		
	Hydrocortisone Oint 0.5%		
	Hydrocortisone Oint 1%		
	Hydrocortisone Oint 2.5%		
	Hydrocortisone Probutate Cream 0.1%		
	Hydrocortisone Valerate Cream 0.2%		
	Hydrocortisone Valerate Oint 0.2%		
	Hydrocortisone-Aloe Vera Cream 1%		
	Mometasone Furoate Cream 0.1%		
	Mometasone Furoate Oint 0.1%		
	Mometasone Furoate Solution 0.1% (Lotion)		
	Pramoxine-HC Cream 1-1%	YES	
	Pramoxine-HC Lotion 1-2.5%	YES	
	Pramoxine-HC Oint 1-2.5%	YES	
	Prednicarbate Oint 0.1%		
	Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM		
	Triamcinolone Acetonide Cream 0.025%		
	Triamcinolone Acetonide Cream 0.1%		
	Triamcinolone Acetonide Cream 0.5%		
	Triamcinolone Acetonide Lotion 0.025%		
	Triamcinolone Acetonide Lotion 0.1%		
	Triamcinolone Acetonide Oint 0.025%		
	Triamcinolone Acetonide Oint 0.05%		
	Triamcinolone Acetonide Oint 0.1%		
	Triamcinolone Acetonide Oint 0.5%		
<b>Topical - Emollient/Keratolytic Agents</b>			
	Urea Lotion 10%		
	Urea-Hyaluronate Sodium Susp 40-0.3%		
<b>Topical - Emollients</b>			
	Emollient - Cream**		
	Emollient - Lotion**		
	Emollient - Ointment**		
	Hyaluronate Sodium (Emollient) Gel 0.2%		
	Hyaluronate Sodium (Emollient) Lotion 0.1%		
	Lactic Acid (Ammonium Lactate) Cream 12%		
	Lactic Acid (Ammonium Lactate) Lotion 12%		
	Lactic Acid (Ammonium Lactate) Lotion 5%		
	Vitamins A & D Cream**		
	Vitamins A & D Oint**		
<b>Topical - Enzymes</b>			
	Collagenase Oint 250 Unit/GM	YES	
	Trypsin w/ Castor Oil & Peruvian Balsam Gel	YES	
	Trypsin w/ Castor Oil & Peruvian Balsam Oint	YES	
	Trypsin w/ Castor Oil & Peruvian Balsam Spray	YES	
<b>Topical - Hair Growth Agents (Eye Lash)</b>			

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	Bimatoprost Soln 0.03%	YES	
<b>Topical - Immunomodulating Agents</b>			
	Imiquimod Cream 3.75%	YES	
	Imiquimod Cream 5%	YES	
	Pimecrolimus Cream 1%	YES	
	Tacrolimus Oint 0.1%	YES	
<b>Topical - Keratolytic/Antimitotic Agents</b>			
	Salicylic Acid & Benzoic Acid Oint 3-6%	YES	
<b>Topical - Liniments</b>			
	Capsaicin-Menthol-Methyl Salicylate Cream 0.025-1-12%		
	Capsaicin-Menthol-Methyl Salicylate Cream 0.035-10-25%		
	Capsaicin-Menthol-Methyl Salicylate Cream 0.035-6-30%		
	Capsicum Oleoresin Cream 0.025%		
	Capsicum Oleoresin Cream 0.075%		
	Liniments & Rubs - Cream**		
	Liniments & Rubs - Gel**		
	Liniments & Rubs - Lotion**		
	Liniments & Rubs - Pad**		
	Menthol-Camphor Lotion 16-4%		
	Menthol-Methyl Salicylate Cream***		
	Menthol-Methyl Salicylate Ointment***		
	Menthol-Methyl Salicylate Stick***		
	Methyl Salicylate Liniment 10%		
	Methyl Salicylate Liquid**		
	Trolamine Salicylate Cream 10%		
	Trolamine Salicylate Lotion 10%		
<b>Topical - Local Anesthetics</b>			
	Benzocaine Aerosol 10%		
	Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%		
	Capsaicin Cream 0.025%		
	Capsaicin Cream 0.035%		
	Capsaicin Cream 0.075%		
	Capsaicin Cream 0.1%		
	Capsaicin in Lidocaine Vehicle Cream 0.25%		
	Capsaicin Liquid 0.15%		
	Capsaicin Pad 0.025%		
	Dibucaine Oint 1%		
	Ethyl Chloride Aerosol Spray		
	Lidocaine Cream 4%		
	Lidocaine Gel 4%		
	Lidocaine HCl Cream 3%		
	Lidocaine HCl Gel 2%	YES	
	Lidocaine HCl Lotion 3%		
	Lidocaine Oint 5%		
	Lidocaine Patch 5%		ONLY reimbursed in claims with post herpetic neuralgia allowed.
	Lidocaine-Prilocaine Cream 2.5-2.5%		
	Lidocaine-Tetracaine Topical Patch 70-70 MG		
	Pentafluoropropane-Tetrafluoroethane Aero Spray		
	Pramoxine HCl Lotion 1%		
	Pramoxine-Benzyl Alcohol Gel 1-10%	YES	

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	Pramoxine-Zinc Acetate Lotion 1-0.1%	YES	
<b>Topical - Misc</b>			
	Aloe Vera Liquid**		
	Aloe Vera Lotion**		
	Aluminum Acetate Soln		
	Aluminum Chloride in Alcohol Solution 15%	YES	
	Aluminum Chloride Soln 20%	YES	
	Aluminum Hydroxide Oint		
	Benzoin Tincture		
	Dimethicone Cream 1%		
	Dimethicone-Petrolatum Cream 3-30%		
	Menthol-Zinc Oxide Oint 0.44-20.6%		
	Menthol-Zinc Oxide Oint 0.44-20.625%		
	Petrolatum-Zinc Oxide Oint 49-15%		
	Skin Protectants Misc - Cream***		
	Skin Protectants Misc - Ointment***		
	Skin Protectants Misc - Paste***		
	Sodium Chloride External Soln 0.9%		
	Talc Topical Powder		
	Witch Hazel-Glycerin Cleansing Pads		
	Zinc Oxide Cream 13%		
	Zinc Oxide Cream 30.6%		
	Zinc Oxide Oint 12.8%		
	Zinc Oxide Oint 20%		
	Zinc Oxide Oint 40%		
<b>Topical - Misc Dermatological Products</b>			
	Dermatological Products Misc - Cream**		
	Dermatological Products Misc - Emulsion**		
<b>Topical - Rosacea Agents</b>			
	Metronidazole Cream 0.75%	YES	
	Metronidazole Gel 0.75%	YES	
	Metronidazole Gel 1%	YES	
<b>Topical - Scabicides &amp; Pediculicides</b>			
	Crotamiton Cream 10%	YES	
	Crotamiton Lotion 10%	YES	
	Lindane Lotion 1%	YES	
	Lindane Shampoo 1%	YES	
	Malathion Lotion 0.5%	YES	
	Permethrin Cream 5%	YES	
	Permethrin Lotion 1%	YES	
	Pyrethrins-Piperonyl Butoxide Liq 0.33-4%	YES	
	Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%	YES	
<b>Topical - Scar Treatment</b>			
	Scar Treatment Products - Cream**		
	Scar Treatment Products - Gel**		
<b>Topical - Wound Care</b>			
	Becaplermin Gel 0.01%	YES	
	Hyaluronate Sodium Gel 0.2%		
	Lidocaine HCl-Collagen-Aloe Vera Gel 2%		
	Wound Cleansers - Liquid**		

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	Wound Dressings - Emulsion***		
	Wound Dressings - Gel***		
<b>Ulcer Drugs - Antispasmodics</b>			
	Belladonna Alkaloids & Opium Suppos 16.2-30 MG	YES	
	Belladonna Alkaloids & Opium Suppos 16.2-60 MG	YES	
	Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	YES	
	Dicyclomine HCl Cap 10 MG	YES	
	Dicyclomine HCl Oral Soln 10 MG/5ML	YES	
	Dicyclomine HCl Tab 20 MG	YES	
	Glycopyrrolate Tab 1 MG	YES	
	Glycopyrrolate Tab 2 MG	YES	
	Hyoscyamine Sulfate Elixir 0.125 MG/5ML	YES	
	Hyoscyamine Sulfate Tab 0.125 MG	YES	
	Hyoscyamine Sulfate Tab CR 0.375 MG (0.125 MG IR/0.25 MG CR)	YES	
	Hyoscyamine Sulfate Tab Disp 0.125 MG	YES	
	Hyoscyamine Sulfate Tab SL 0.125 MG	YES	
	Hyoscyamine Sulfate Tab SR 12HR 0.375 MG	YES	
	Methscopolamine Bromide Tab 2.5 MG	YES	
	Methscopolamine Bromide Tab 5 MG	YES	
	PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG	YES	
	PB-Hyoscy-Atrop-Scopol Tab CR 48.6-0.3111-0.0582-0.0195 MG	YES	
	Propantheline Bromide Tab 15 MG	YES	
<b>Ulcer Drugs - H-2 Antagonists</b>			
	Famotidine Tab 10 MG	YES	
	Famotidine Tab 20 MG	YES	
	Famotidine Tab 40 MG	YES	
	Ranitidine HCl Cap 150 MG	YES	
	Ranitidine HCl Cap 300 MG	YES	
	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	YES	
	Ranitidine HCl Tab 75 MG	YES	
	Ranitidine HCl Tab 150 MG	YES	
	Ranitidine HCl Tab 300 MG	YES	
<b>Ulcer Drugs - Misc</b>			
	Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack	YES	
	Metronidaz Tab-Tetracyc Cap-Bis Subsal Chew Tab Therapy Pack	YES	
	Sucralfate Susp 1 GM/10ML	YES	
	Sucralfate Tab 1 GM	YES	
<b>Ulcer Drugs - Prostaglandins</b>			
	Misoprostol Tab 100 MCG	YES	
	Misoprostol Tab 200 MCG	YES	

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Ulcer Drugs - Proton Pump Inhibitors			<p>Proton Pump Drug Class Restrictions: Reimbursement is restricted to only the following drugs in this class:            Prescription Strength Delayed Release Products: Omeprazole 10mg, 20mg, 40mg            Prescription Strength Dispersible Tablets: Prevacid Solutab (15mg, 30mg Requires Prior Authorization to document inability to use the standard oral product.            Over the Counter (OTC) Products: Omeprazole OTC 20mg            Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)</p>
	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	YES	<p>Prior Authorization required to document inability to use a formulary omeprazole oral product.            Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease).</p>
	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	YES	<p>Prior Authorization required to document inability to use a formulary omeprazole oral product.            Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease).</p>
	Omeprazole Cap Delayed Release 10 MG	YES	<p>Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)</p>
	Omeprazole Cap Delayed Release 20 MG	YES	<p>Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)</p>
	Omeprazole Cap Delayed Release 40 MG	YES	<p>Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)</p>
	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	YES	<p>Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)</p>
Urinary Analgesics	Phenazopyridine HCl Tab 100 MG	YES	

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	Phenazopyridine HCl Tab 200 MG	YES	
<b>Urinary Anti-infectives</b>			
	Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)	YES	
	Methenamine Hippurate Tab 1 GM	YES	
	Methenamine Mandelate Tab 1 GM	YES	
	Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG	YES	
	Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***	YES	
	Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***	YES	
	Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***	YES	
	Nitrofurantoin Macrocrystalline Cap 100 MG	YES	
	Nitrofurantoin Macrocrystalline Cap 50 MG	YES	
	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	YES	
<b>Urinary Antispasmodic</b>			
	Bethanechol Chloride Tab 5 MG	YES	
	Bethanechol Chloride Tab 10 MG	YES	
	Bethanechol Chloride Tab 25 MG	YES	
	Bethanechol Chloride Tab 50 MG	YES	
	Darifenacin Hydrobromide Tab SR 24HR 7.5 MG (Base Equiv)	YES	
	Darifenacin Hydrobromide Tab SR 24HR 15 MG (Base Equiv)	YES	
	Fesoterodine Fumarate Tab SR 24HR 4 MG	YES	
	Fesoterodine Fumarate Tab SR 24HR 8 MG	YES	
	Flavoxate HCl Tab 100 MG	YES	
	Oxybutynin Chloride Syrup 5 MG/5ML	YES	
	Oxybutynin Chloride Tab 5 MG	YES	
	Oxybutynin Chloride Tab SR 24HR 5 MG	YES	
	Oxybutynin Chloride Tab SR 24HR 10 MG	YES	
	Oxybutynin Chloride Tab SR 24HR 15 MG	YES	
	Oxybutynin Chloride TD Gel 10%	YES	
	Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR	YES	
	Solifenacin Succinate Tab 5 MG	YES	
	Solifenacin Succinate Tab 10 MG	YES	
	Tolterodine Tartrate Cap SR 24HR 2 MG	YES	
	Tolterodine Tartrate Cap SR 24HR 4 MG	YES	
	Tolterodine Tartrate Tab 1 MG	YES	
	Tolterodine Tartrate Tab 2 MG	YES	
	Trospium Chloride Cap SR 24HR 60 MG	YES	
	Trospium Chloride Tab 20 MG	YES	
<b>Urinary Stone Agents</b>			
	Acetohydroxamic Acid Tab 250 MG	YES	
<b>Vaccines</b>			
	Zoster Vaccine Live For Inj 19400 Unit/0.65ML	YES	
<b>Vaginal Anti-infectives</b>			
	Metronidazole Vaginal Gel 0.75%	YES	
	Miconazole Nitrate Vaginal Cream 2%	YES	
	Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM)	YES	
	Terconazole Vaginal Cream 0.8%	YES	
<b>Vaginal Estrogens</b>			
	Estradiol Vaginal Cream 0.1 MG/GM	YES	
	Estradiol Vaginal Tab 10 MCG	YES	
<b>Vasopressors</b>			



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	Midodrine HCl Tab 2.5 MG	YES	
	Midodrine HCl Tab 5 MG	YES	
	Midodrine HCl Tab 10 MG	YES	
<b>Vitamins - B-Complex w/ C</b>			All combinations and strengths of oral dosage forms are covered for allowed conditions
	B-Complex w/ C & E + Zn Tab***	YES	
	B-Complex w/ C Tab**	YES	
<b>Vitamins - B-Complex w/ Folic Acid</b>			
	B-Complex w/ C & Folic Acid Cap 1 MG***	YES	
	B-Complex w/ C & Folic Acid Tab 0.8 MG***	YES	
	B-Complex w/ C & Folic Acid Tab***	YES	
	B-Complex w/ C-Biotin-Vit E & Folic Acid Tab 0.4 MG***	YES	
	B-Complex w/Biotin & Folic Acid Tab CR***	YES	
<b>Vitamins - Multiple Vitamins w/ Iron</b>			All combinations and strengths of oral dosage forms are covered for allowed conditions
	Multiple Vitamins w/ Iron Tab**	YES	
<b>Vitamins - Multiple Vitamins w/ Minerals</b>			All combinations and strengths of oral dosage forms are covered for allowed conditions
	Multiple Vitamins w/ Calcium Cap**	YES	
	Multiple Vitamins w/ Calcium Chew Tab**	YES	
	Multiple Vitamins w/ Calcium Tab**	YES	
	Multiple Vitamins w/ Minerals & FA Cap 0.5 MG***	YES	
	Multiple Vitamins w/ Minerals Cap**	YES	
	Multiple Vitamins w/ Minerals EC Tab**	YES	
	Multiple Vitamins w/ Minerals Effer Tab**	YES	
	Multiple Vitamins w/ Minerals Liquid**	YES	
	Multiple Vitamins w/ Minerals Tab**	YES	
<b>Vitamins - Multivitamins</b>			
	Multiple Vitamin Liquid**	YES	
	Multiple Vitamin Tab**	YES	
<b>Vitamins - Oil Soluble Vitamins</b>			
	Cholecalciferol Cap 400 Unit	YES	
	Cholecalciferol Cap 1000 Unit	YES	
	Cholecalciferol Cap 2000 Unit	YES	
	Cholecalciferol Cap 5000 Unit	YES	
	Cholecalciferol Cap 10000 Unit	YES	
	Cholecalciferol Cap 50000 Unit	YES	
	Cholecalciferol Chewable Wafer 50000 Unit	YES	
	Cholecalciferol Tab 400 Unit	YES	
	Cholecalciferol Tab 1000 Unit	YES	
	Cholecalciferol Tab 2000 Unit	YES	
	Ergocalciferol Cap 50000 Unit	YES	
	Ergocalciferol Soln 8000 Unit/ML	YES	
	Ergocalciferol Tab 2000 Unit	YES	
	Phytonadione Tab 5 MG	YES	
	Vitamin A Tab 8000 Unit	YES	
	Vitamin E Cap 1000 Unit	YES	
<b>Vitamins - Vitamin Mixtures</b>			
	Cholecalciferol-Vitamin C Cap 1000 Unit-500 MG	YES	
	Niacinamide w/ Zn-Cu-Methylfolate Tab 750-25-1.5-0.5 MG***	YES	

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	Niacinamide w/ Zn-Cu-Methylfol-Se-Cr Tab 750-27-2-0.5 MG***	YES	
	Vit C-Cholecalciferol-Rose Hips Cap 500 MG-1000 Unit-20 MG	YES	
	Vitamin A-Vitamin D-Minerals Cap***	YES	
	Vitamin C-Vitamin D-Zinc Tab***	YES	
	Vitamin D & K Cap***	YES	
	Vitamins A & C Chew Tab***	YES	
	Vitamins A & D Cap***	YES	
<b>Vitamins - Water Soluble Vitamins</b>			
	Ascorbic Acid Cap CR 500 MG	YES	
	Ascorbic Acid Chew Tab 250 MG	YES	
	Ascorbic Acid Chew Tab 500 MG	YES	
	Ascorbic Acid Chew Tab 1000 MG	YES	
	Ascorbic Acid Syrup 500 MG/5ML	YES	
	Ascorbic Acid Tab 250 MG	YES	
	Ascorbic Acid Tab 500 MG	YES	
	Ascorbic Acid Tab 1000 MG	YES	
	Ascorbic Acid Tab CR 500 MG	YES	
	Ascorbic Acid Tab Disp 60 MG	YES	
	Niacin Tab CR 250 MG	YES	
	Niacin Tab CR 750 MG	YES	
	Potassium Aminobenzoate Tab 500 MG	YES	
	Pyridoxine HCl Tab 50 MG	YES	
	Pyridoxine HCl Tab 100 MG	YES	
	Riboflavin Tab 100 MG	YES	
	Thiamine HCl Tab 50 MG	YES	
	Thiamine HCl Tab 100 MG	YES	
	Thiamine Mononitrate Tab 100 MG	YES	