

APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
Z2N	1ST GEN ANTIHIST/DECONGEST COMB	BROMPHENIRAMINE & PHENYLEPHRINE	RESPAHIST-II	ORAL	NO	
		BROMPHENIRAMINE & PSEUDOEPHEDRINE	BROVEX SR	ORAL	NO	
		CHLORPHENIRAMINE & PSEUDOEPHEDRINE	WAL-FINATE-D	ORAL	NO	
		CHLORPHENIRAMINE TAN-PHENYLEPHRINE TAN	DALLERGY-JR	ORAL	NO	
		DIPHENHYDRAMINE TAN-PHENYLEPHRINE TAN	DIPHENMAX D	ORAL	NO	
		PROMETHAZINE & PHENYLEPHRINE	PROMETHAZINE VC	ORAL	NO	
		PYRILAMINE-PHENYLEPHRINE	POLY HIST FORTE	ORAL	NO	
Z2O	2ND GEN ANTIHIST-DECONG CMB					
		ACRIVASTINE & PSEUDOEPHEDRINE	SEMPREX-D	ORAL	YES	
		CETIRIZINE-PSEUDOEPHEDRINE	CETIRIZINE-PSEUDOEPHEDRINE	ORAL	YES	
		CETIRIZINE-PSEUDOEPHEDRINE	ZYRTEC-D	ORAL	YES	
		DESLORATADINE & PSEUDOEPHEDRINE	CLARINEX-D 12 HOUR	ORAL	YES	
		FEXOFENADINE-PSE ER	FEXOFENADINE-PSE ER	ORAL	YES	
		FEXOFENADINE-PSEUDOEPHEDRINE	ALLEGRA-D 12 HOUR	ORAL	YES	
		LORATADINE	ALAVERT	ORAL	YES	
		LORATADINE & PSEUDOEPHEDRINE	LORATA-D	ORAL	YES	
W4G	2ND GEN ANTIPROTOZOAL-ANTIBACT					
		TINDAZOLE	TINDAMAX	ORAL	NO	
Z4E	5-LIPOXYGENASE INHIBITORS					
		ZILEUTON	ZYFLO	ORAL	YES	
W2A	ABSORBABLE SULFONAMIDES					
		SULFADIAZINE	SULFADIAZINE	ORAL	NO	
		SULFAMETHOXAZOLE-TRIMETHOPRIM	BACTRIM DS	ORAL	NO	
		SULFASALAZINE	SULFASALAZINE	ORAL	NO	
A4J	ACE INHIB/TTHIAZIDE COMBO					
		BENAZEPRIL- HCTZ	BENAZEPRIL HCL-HCTZ	ORAL	YES	
		CAPTOPRIL - HCTZ	CAPTOPRIL-HCTZ	ORAL	YES	
		ENALAPRIL MALEATE - HCTZ	ENALAPRIL MALEATE-HCTZ	ORAL	YES	
		FOSINOPRIL SODIUM - HCTZ	FOSINOPRIL-HCTZ	ORAL	YES	
		LISINAPRIL - HCTZ	ZESTORETIC	ORAL	YES	
		MOXIPRIL-HCTZ	UNIRETIC	ORAL	YES	
		QUINAPRIL-HCTZ	QUINARETIC	ORAL	YES	
A4K	ACEIN/CAL CHNL BLOCK COMBO					
		AMLODIPINE BESYLATE-BENAZEPRIL	LOTREL	ORAL	YES	
		TRANDOLAPRIL-VERAPAMIL HCL	TARKA	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
L1B	ACNE AGENTS SYSTEMIC	ISOTRETINOIN	CLARAVIS	ORAL	NO	
L5H	ACNE AGENTS TOPICAL	SULFACETAMIDE SODIUM	KLARON	TOPICAL	NO	
H8M	ADHD-TX-ALPHA-2A-RECEP-AGONIST	GUANFACINE HCL	INTUNIV	ORAL	NO	
J5B	ADRENERGIC AGENTS; AROMATIC	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL	ORAL	YES	
		DEXTROAMPHETAMINE SULFATE	DEXDRINE	ORAL	YES	
		LISDEXAMFETAMINE DIMESYLATE	VYVANSE	ORAL	YES	
J7A	ADRENERGIC INHIBITORS	CARVEDILOL	COREG	ORAL	YES	
		LABETALOL HCL	NORMODYNE	ORAL	YES	
J5H	ADRENERGIC VASOPRESSOR AGTS	MIDODRINE HCL	PROAMATINE	ORAL	YES	
P1E	ADRENOCORTICOTROPIC HORMONE	CORTICOTROPIN	ACTHAR H.P.	INJECTION	YES	
H0E	AGENTS TO TREAT MS	GLATIRAMER ACETATE	COPAXONE	SUB-Q	YES	
		INTERFERON BETA-1A	AVONEX	INTRAMUSC	YES	
		INTERFERON BETA-1A	REBIF	SUB-Q	YES	
V1A	ALKYLATING AGENTS	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	ORAL	YES	
J7B	ALPHA ADRENERGIC BLOCKING AG	DIBENZYLINE	DIBENZYLINE	ORAL	YES	
		DOXAZOSIN MESYLATE	CARDURA	ORAL	YES	
		PRAZOSIN HCL	MINIPRESS	ORAL	YES	
		TERAZOSIN HCL	TERAZOSIN HCL	ORAL	YES	
H7B	ALPHA-2 ANTAGONIST ANTIDEPRESS	MIRTAZAPINE	REMERON	ORAL	NO	
H1A	ALZHEIMERS TX-NMDA RECEPT ANTAG	MEMANTINE HCL	NAMENDA	ORAL	YES	
W1F	AMINOGLYCOSIDES	AMIKACIN SULFATE	AMIKACIN SULFATE INJ 250 MG/ML	INJ	NO	
		GENTAMICIN SULFATE	GENTAMICIN SULFATE INJ 40 MG/ML	INJ	NO	
		NEOMYCIN SULFATE	NEOMYCIN SULFATE	ORAL	NO	
		TOBRAMYCIN SULFATE	TOBRAMYCIN NEBU SOLN		NO	
D9A	AMMONIA INHIBITORS	ACETOHYDROXAMIC ACID	LITHOSTAT	ORAL	NO	
		LACTULOSE (ENCEPHALOPATHY)	ENULOSE	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
H6I	AMYOTROPHIC LATERAL SCLEROS	RILUZOLE	RILUTEK	ORAL	NO	
H3E	ANALGESIC/ANTIPIRETTICS, NON	ACETAMINOPHEN	TYLENOL	ORAL	NO	
F1A	ANDROGENIC AGENTS	ACETAMINOPHEN-CAFFEINE	EXCEDRIN TENSION HEADACHE	ORAL	NO	
		METHYLTESTOSTERONE	ANDROID	ORAL	YES	
		OXANDROLONE	OXANDROLONE	ORAL	YES	
		TESTOSTERONE BUCCAL	STRIANT	BUCCAL	YES	
		TESTOSTERONE TD	ANDRODERM	TRANSDERM	YES	
A4I	ANG REC ANTG II THIAZ COMBO	CANDESARTAN GILEXTEL-HCTZ	ATACAND HCT	ORAL	YES	
		EPROSARTAN MESYLATE-HCTZ	TEVETEN HCT	ORAL	YES	
		IRBESARTAN - HCTZ	AVALIDE	ORAL	YES	
		LOSARTAN POTASSIUM - HCTZ	HYZAR	ORAL	YES	
		OLMESARTAN MEDOXOMIL-HCTZ	BENICAR HCT	ORAL	YES	
		TELMISARTAN-HCTZ	MICARDIS HCT	ORAL	YES	
		VALSARTAN-HCTZ	DIOVAN HCT	ORAL	YES	
A4V	ANGIOTEN-REC ANT/CA-CHBLKR/THZ	AMLODIPINE-VALSARTAN-HCTZ	EXFORGE HCT	ORAL	NO	
A4H	ANG-REC ANTG CA CHAN BLCKR	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	AZOR	ORAL	YES	
		AMLODIPINE BESYLATE-VALSARTAN	EXFORGE	ORAL	YES	
J8A	ANOREXIC AGENTS	BENZPHETAMINE HCL	BENZPHETAMINE HCL	ORAL	NO	
D4B	ANTACIDS	ALUM & MAG HYDROXIDE-SIMETHICONE	RULOX	ORAL	NO	
		ALUMINUM & MAGNESIUM HYDROXIDES	ALAMAG	ORAL	NO	
		ALUMINUM HYDROXIDE	ALTERNAGEL	ORAL	NO	
		ALUMINUM HYDROXIDE-MAGNESIUM TRISILICATE	GAVISCON	ORAL	NO	
		CALCIUM CARBONATE	TUMS	ORAL	NO	
		CALCIUM CARBONATE-MAG HYDROXIDE	MYLANTA ULTRA	ORAL	NO	
		CALCIUM CARBONATE-MAG HYDROXIDE Inactive	ROLAIDS	ORAL	NO	
		SODIUM BICARBONATE	PHILLIPS' MILK OF MAGNESIA	ORAL	NO	
		SODIUM BICARBONATE	SODIUM BICARBONATE	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
C0D	ANTIALCOHOLIC PREPARATIONS	ACAMPROSATE CALCIUM DISULFIRAM	CAMPRAL ANTABUSE	ORAL ORAL	YES YES	
AZC	ANTIANGINAL ANTI ISCHEMIC DRUG	RANOLAZINE	RANEXA	ORAL	YES	
H2F	ANTI-ANXIETY DRUGS	ALPRAZOLAM BUSPIRONE HCL CHLORDIAZEPOXIDE HCL CLORAZEPATE DIPOTASSIUM CLORAZEPATE DIPOTASSIUM DIAZEPAM LORAZEPAM MEPROBAMATE OXAZEPAM	XANAX BUSPAR LIBRIUM TRANXENE TRANXENE T-TAB VALIUM ATIVAM MILTOWN SERAX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	NO NO NO NO NO NO NO NO NO	
AZA	ANTIARRHYTHMICS					
AZD	ANTIARRHYTHMICS					
		AMIODARONE HCL DOFETILIDE DRONEDARONE FLECAINIDE ACETATE MEXILETINE HCL PROPAFENONE HCL PROPAFENONE HCL QUINIDINE GLUCONATE METHOTREXATE SODIUM	PACERONE TIKOSYN MULTAQ TAMBOCOR MEXILETINE HCL RYTHMOL RYTHMOL SR QUINIDINE GLUCONATE RHEUMATREX	ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL ORAL	YES YES YES YES YES YES YES YES YES	
S2K	ANTIARTHRITIC/CHELATING AGENTS	PENICILLAMINE		ORAL	YES	
S2H	ANTIARTHRITIS AGENT'S MISC.	GLUCOSAMINE SULFATE GLUCOSAMINE-CHONDROITIN	GLUCOSAMINE SULFATE ARTHX DS	ORAL ORAL	YES YES	
J2D	ANTICHOLINERGICS, ANTISPASMO	DICYCLOMINE HCL	BENTYL	ORAL	NO	
J2B	ANTICHOLINERGICS, QUANTERMAR	CHLORDIAZEPOXIDE-CLIDINIUM GLYCOPYRROLATE PROPANTHELINE BROMIDE	LIBRAX ROBINUL PRO-BANTHINE	ORAL ORAL ORAL	NO NO NO	
H4B	ANTICONVULSANTS	CARBAMAZEPINE CLONAZEPAM DIAZEPAM	TEGRETOL KLONOPIN DIASTAT ACUDIAL	ORAL ORAL RECTAL	NO NO NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	ANTICONVULSANTS (CONT)	DIVALPROEX SODIUM	DEPAKOTE	ORAL	NO	
		ETHOSUXIMIDE	ZARONTIN	ORAL	NO	
		FELBAMATE	FELBATOL	ORAL	NO	
		GABAPENTIN	NEURONTIN	ORAL	NO	
		LAMOTRIGINE	LAMICTAL	ORAL	NO	
		MEPHOBARBITAL	MEBARAL	ORAL	NO	
		OXCARBAZEPINE	TRILEPTAL	ORAL	NO	
		PHENYTOIN SODIUM	DILANTIN	ORAL	NO	
		PRIMIDONE	MYSOLINE	ORAL	NO	
		TOPIRAMATE	TOPAMAX	ORAL	NO	
		VALPROIC ACID	STAVZOR	ORAL	NO	
H4C	ANTICONVULSANTS (CONT)	LACOSAMIDE	VIMPAT	ORAL	NO	
		LEVETIRACETAM	KEPPRA	ORAL	NO	
		PREGABALIN	LYRICA	ORAL	NO	
		TIAGABINE HCL	GABITRIL	ORAL	NO	
		ZONISAMIDE	ZONEGRAN	ORAL	NO	
D4D	ANTIDIARRHEAL MICRO AGENTS	LACTOBACILLUS	BACID	ORAL	NO	
		LACTOBACILLUS	LACTINEX	ORAL	NO	
		LACTOBACILLUS RHAMOSUS (GG)	CULTURELLE	ORAL	NO	
		PROBIOTIC PRODUCT	ALIGN	ORAL	NO	
		PROBIOTIC PRODUCT	RISAQUAD	ORAL	NO	
		SACCHAROMYCES BOULARDII	FLORASTOR	ORAL	NO	
D6D	ANTIDIARRHEALS	BISMUTH SUBSALICYLATE	PEPTO-BISMOL	ORAL	NO	
		DIFENOXIN W/ ATROPINE	MOTOFEN	ORAL	NO	
		DIPHENOXYLATE W/ ATROPINE	LOMOTIL	ORAL	NO	
		LOPERAMIDE	IMODIUM A-D	ORAL	NO	
		PAREGORIC	PAREGORIC	ORAL	NO	
P2B	ANTIDIURETIC AND VASOPRESSOR	DESMOPRESSIN ACETATE	DDAVP	INJECTION	YES	
H6J	ANTI-EMETICS	APREPITANT	EMEND	ORAL	YES	
		DIMENHYDRIMATE	DRAMAMINE	ORAL	YES	
		DOLASETRON MESYLATE	ANZEMET	ORAL	YES	
		DRONABINOL	MARINOL	ORAL	YES	
		GRANISETRON HCL	KYTRIL	ORAL	YES	
		MECLIZINE HCL	ANTIVERT	ORAL	YES	
		ONDANSETRON HCL	ZOFRAN	ORAL	YES	
		PROCHLORPERAZINE MALEATE	COMPazine	ORAL	YES	
		PROCHLORPERAZINE MALEATE	COMPazine	RECTAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	ANTI-EMETICS (CONT)	PROMETHAZINE HCL	PHENERGAN	ORAL	YES	
		PROMETHAZINE HCL	PHENERGAN	RECTAL	YES	
		SCOPOLAMINE HYDROBROMIDE	SCOPACE	ORAL	YES	
		SCOPOLAMINE TD	TRANSDERM-SCOP	TRANSDERM	YES	
		TRIMETHOBENZAMIDE HCL	TIGAN	ORAL	YES	
M9D	ANTIFIBRINOLYTIC AGENTS					
D4N	ANTIFLATULENTS	AMINOCAPROIC ACID	AMINOCAPROIC ACID	ORAL	NO	
		SIMETHICONE	SIMETHICONE	ORAL	NO	
W3B	ANTIFUNGAL AGENTS					
W3B	ANTIFUNGAL AGENTS					
W3C	ANTIFUNGAL AGENTS					
		CLOTRIMAZOLE	CLOTRIMAZOLE	MUCOUS MEM	NO	
		CLOTRIMAZOLE	MYCELEX	MUCOUS MEM	NO	
		FLUCONAZOLE	FLUCONAZOLE	ORAL	NO	
		ITRACONAZOLE	SPORANOX	ORAL	NO	
		KETOCONAZOLE	KETOCONAZOLE	ORAL	NO	
		TERBINAFINE HCL	LAMISIL	ORAL	NO	
W3D	ANTIFUNGAL AGENTS (CONT 2)					
		POSACONAZOLE	NOXAFIL	ORAL	NO	
		VORICONAZOLE	VFEND	ORAL	NO	
W3A	ANTIFUNGAL ANTIBIOTICS					
		GRISEOFULVIN	GRIFULVIN V	ORAL	NO	
		MEFLOQUINE HCL	MEFLOQUINE HCL	ORAL	NO	
		NYSTATIN	NYSTATIN	ORAL	NO	
Z2P	ANTIHISTAMINES - 1ST GENERATIO					
		BROMPHENIRAMINE & PSEUDOEPHEDRINE	LODRANE	ORAL	NO	
		BROMPHENIRAMINE MALEATE	LOHIST 12HR	ORAL	NO	
		CARBINOXAMINE MALEATE	CARBINOXAMINE MALEATE	ORAL	NO	
		CARBINOXAMINE MALEATE	PALGIC	ORAL	NO	
		CLEMASTINE FUMARATE	CLEMASTINE FUMARATE	ORAL	NO	
		CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	ORAL	NO	
		DIPHENHYDRAMINE HCL	BENADRYL	ORAL	NO	
		DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	INJECTION	NO	
		DIPHENHYDRAMINE TANNATE	DIPHENMAX	ORAL	NO	
		HYDROXYZINE HCL	HYDROXYZINE HCL	ORAL	NO	
		PROMETHAZINE HCL	PHENERGAN	ORAL	NO	
Z2Q	ANTIHISTAMINES - 2ND GENERATIO					
		CETIRIZINE HCL	ZYRTEC	ORAL	YES	
		DESLORETADINE	CLARINEX	ORAL	YES	
		DIPHENHYDRAMINE HCL	ALLERGY RELIEF	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	ANTIHISTAMINES - 2ND GENERATIO (CONT)	FEXOFENADINE HCL Inactive	ALLEGRA NON-DROWSY ALLERGY	ORAL	YES	
		LEVOCETIRIZINE DIHYDROCHLORIDE	XYZAL	ORAL	YES	
		LORATADINE	CLEAR-ATADINE	ORAL	YES	
B55	ANTIHIST-ANALGESIC, NON,SAL	DIPHENHYDRAMINE WJ / APAP TAB PHENYLTOXAMINE WJ / APAP	EXCEDRIN P.M. FLEXTRA-650	ORAL	NO	
B3X	ANTIHIST-DECONG-ANTICHOLIN-CMB	CHLORPHEN-PSE-A TROPINE-HYOS-SCOPOL TAB SR PE-METHSCOP TAB	RU-TUSS ALLERX PE	ORAL	NO	
C4F	ANTIHYPERGGLY,DPP4 INHIB+BIGUAN	SITAGLIPTIN-METFORMIN	JANUMET	ORAL	YES	
C4J	ANTIHYPERGGLYCEMIC DPP-4 INHIB	SITAGLIPTIN PHOSPHATE	JANUVIA	ORAL	YES	
C4I	ANTI-HYPERGGLYCC,INCRETIN-MIMT	EXENATIDE	BYETTA	SUB-Q	YES	
		LIRAGLUTIDE	LIRAGLUTIDE INJ	SUB-Q	YES	
C4H	ANTI-HYPERGGLYCC-AMYLIN-ANALOG	PRAMLINTIDE ACETATE	SYMLIN	SUB-Q	YES	
W4A	ANTIMALARIAL DRUGS	CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE	ORAL	NO	
		HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE SULFATE	ORAL	NO	
		QUININE SULFATE	QUALAQUIN	ORAL	NO	
H2M	ANTI-MANIA DRUGS	CARBAMAZEPINE LITHIUM CARBONATE	TEGRETOL ESKALITH	ORAL	NO	
		LITHIUM CITRATE	CIBALITH-5	ORAL	NO	
V1B	ANTIMETABOLITES	CAPECTABINE METHOTREXATE	XELODA METHOTREXATE	ORAL	YES	
H3F	ANTIMIGRAINE PREPARATIONS	ALMOTRIPTAN MALATE	AXERT	ORAL	YES	12 units per 30 days
		APAP-ISOMETHEPTENE-DICHLORAL	EPIDRIN	ORAL	YES	
		DIHYDROERGOTAMINE MESYLATE	MIGRANAL	NASAL	YES	
		ELETRIPTAN HYDROBROMIDE	RELMAX	ORAL	YES	6 units per 30 days
		ERGOTAMINE TARTRATE	ERGOMAR	SUBLINGUAL	YES	
		ERGOTAMINE-CAFFEINE	ERGOTAMINE-CAFFEINE	ORAL	YES	
		PROVATRIPTAN SUCCINATE	PROVA	ORAL	YES	9 units per 30 days
		ISOMETH-D-CHLORALPHENAZ-APAP	MIDRIN	ORAL	YES	
		NARATRIPTAN HCL	AMERGE	ORAL	YES	9 units per 30 days

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	ANTIMIGRAINE PREPARATIONS (CONT)	RIZATRIPTAN BENZOATE	MAXALT	ORAL	YES	12 units per 30 days
		RIZATRIPTAN BENZOATE	MAXALT MIT	ORAL	YES	12 units per 30 days
		SUMATRIPTAN	IMITREX	ORAL	YES	9 units per 30 days
		SUMATRIPTAN	IMITREX	NASAL	YES	9 units per 30 days
		SUMATRIPTAN	IMITREX	SUB-Q	YES	9 units per 30 days
		SUMATRIPTAN-NAPROXEN	TREXIMET	ORAL	YES	9 units per 30 days
		ZOLMITRIPTAN	ZOMIG 2.5 MG	ORAL	YES	12 units per 30 days
		ZOLMITRIPTAN	ZOMIG 5.0 MG	ORAL	YES	6 units per 30 days
		ZOLMITRIPTAN	ZOMIG	NASAL	YES	12 units per 30 days
		ZOLMITRIPTAN	ZOMIG ZMT 2.5 MG	ORAL	YES	12 units per 30 days
		ZOLMITRIPTAN	ZOMIG ZMT 5 MG	ORAL	YES	6 units per 30 days
H7W	ANTI-NARCOLEPSY/ANTI-CATALEXY	SODIUM OXYBATE	XYREM	ORAL	NO	
H2V	ANTI-NARCOLEPSY/ANTI-HYPER	ARMODAFINIL	NUVIGIL	ORAL	YES	
		DEXMETHYLPHENIDATE HCL	FOCALIN	ORAL	YES	
		METHYLPHENIDATE HCL	RITALIN	ORAL	YES	
		METHYLPHENIDATE HCL	CONCERTA	ORAL	YES	
		MODAFINIL	PROVIGIL	ORAL	YES	
V1M	ANTINEOPL IMMUNODULATOR AGT	LENALIDOMIDE	REV LIMID	ORAL	NO	
V3F	ANTINEOPLASTIC-AROMATASE INHIB	ANASTROZOLE	ARIMIDEX	ORAL	NO	
		EXEMESTANE	AROMASIN	ORAL	NO	
		LETROZOLE	FEMARA	ORAL	NO	
Z1E	ANTIOXIDANT AGENTS	LUTEIN-ZEAXANTHIN	LUTEIN	ORAL	NO	
H6B	ANTIPARKINSONISM DRUGS, ANTI	BENZTROPINE MESYLATE	COGENTIN	ORAL	YES	
		TRIHENXYPHENIDYL HCL	ARTANE	ORAL	YES	
H6A	ANTIPARKINSONISM DRUGS, OTHE	AMANTADINE HCL	SYMMETREL	ORAL	YES	
		BROMOCRIPTINE MESYLATE	PARLODEL	ORAL	YES	
		CARBIDOPA-LEVODOPA	SINEMET	ORAL	YES	
		CARBIDOPA-LEVODOPA-ENTACAPONE	STALEVO 150	ORAL	YES	
		ENTACAPONE	COMTAN	ORAL	YES	
		PERGOLIDE MESYLATE	PERMAX	ORAL	YES	
		PRAMIPEXOLE DIHYDROCHLORIDE	MIRAPEX	ORAL	YES	
		RASAGILINE MESYLATE	AZILECT	ORAL	YES	
		ROPINIROLE HCL	ROPINIROLE HCL	ORAL	YES	
		ROPINIROLE HYDROCHLORIDE	REQUIP	ORAL	YES	



**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
L8B	ANTIPERSPIRANTS	ALUMINUM CHLORIDE	DRYSOL	TOPICAL	NO	
L3P	ANTI-PRURITICS, TOPICAL					
		DIPHENHYDRAMINE HCL	BENADRYL ITCH STOPPING	TOPICAL	NO	
		DOXEPIN HCL	PRUDOXIN	TOPICAL	NO	
		PRAMOXINE-BENZYL ALCOHOL	ITCH-X	TOPICAL	NO	
		PRAMOXINE-ZINC ACETATE	CALADRYL CLEAR	TOPICAL	NO	
L1A	ANTIPSORIATIC AGENT SYSTEMIC	ACITRETIN	SORIATANE	ORAL	YES	
L5F	ANTIPSORIATICS AGENTS	CALCIPOTRIENE	DOVONEX	TOPICAL	YES	
		TAZAROTENE	TAZORAC	TOPICAL	YES	
H7T	ANTIPSYCHOTIC-ATYPICAL ANTAGON					
		ASENAPINE MALEATE	SAPHIS	SUBLINGUAL	NO	
		CLOZAPINE	CLOZARIL	ORAL	NO	
		OLANZAPINE	ZYPREXA	ORAL	NO	
		PALIPERIDONE	INVEGA	ORAL	NO	
		QUETIAPINE FUMARATE	SEROQUEL	ORAL	NO	
		RISPERIDONE	RISPERDAL	ORAL	NO	
		ZIPRASIDONE HCL	GEODON	ORAL	NO	
H7O	ANTIPSYCHOTIC-BUTYRONPHENONES					
		HALOPERIDOL	HALDOL	ORAL	NO	
H7S	ANTIPSYCHOTIC-DIHYDROINDOLONES					
		MOLINDONE HCL	MOBAN	ORAL	NO	
H7R	ANTIPSYCHOTIC-DIPHENYLBUTYLPIP					
		PIMOZIDE	ORAP	ORAL	NO	
H7U	ANTIPSYCHOTIC-DOPA/SERO ANTG					
		LOXAPINE SUCCINATE	LOXITANE	ORAL	NO	
H2G	ANTI-PSYCHOTICS-PHENOTHIAZIN					
		CHLORPROMAZINE HCL	THORAZINE	ORAL	NO	
		FLUPHENAZINE HCL	PROLIXIN	ORAL	NO	
		PERPHENAZINE	TRILAFON	ORAL	NO	
		THIORIDAZINE HCL	MELLARIL	ORAL	NO	
		TRIFLUOPERAZINE HCL	STELAZINE	ORAL	NO	
H7X	ANTIPSYCHOTICS-ATYPICAL-D2/5HT					
		ARIPRAZOLE	ABILIFY	ORAL	NO	
H7P	ANTIPSYCHOTIC-THIOXANTHENES					
		THIOTHIXENE	NAVANE	ORAL	NO	
W2E	ANTITUBERCULAR AGENTS					
		ETHAMBUTOL HCL	ETHAMBUTOL HCL	ORAL	NO	
		ISONIAZID	ISONIAZID	ORAL	NO	
		PYRAZINAMIDE	PYRAZINAMIDE	ORAL	NO	
		RIFABUTIN	MYCOBUTIN	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
W1G	ANTITUBERCULAR ANTI-BIOTICS	RIFAMPIN	RIFADIN	ORAL	NO	
B3S	ANTITUSS-ANTI-HIST-DECONG-EXPEC					
B3T	ANTITUSS-EXPECTORANT-COMBINATI	PHENYLEPH-CHLORPHEN W/ DM-GG	QUAL-TUSSIN	ORAL	NO	
H6C	ANTITUSSIVE, NON-MARCOTIC	DEXTROMETHORPHAN-GUAIFENESIN SYRUP	ROBITUSSIN-DM COUGH	ORAL	NO	
B3R	ANTITUSSIVE-ANTI-HIST-DECONGEST	BENZONATATE	TESSALON	ORAL	NO	
		DEXTROMETHORPHAN POLISTIREX	DELSYM	ORAL	NO	
		BROMPHENIRAMINE & DEXTROMETHORPHAN	BROMFED-DM	ORAL	NO	
		PHENYLEPH TAN-PYRILAMINE TAN-CARBETA TAN TAB	TUSSI-12D	ORAL	NO	
		PHENYLEPH-EPHED-CPM W/ CARBETAPENTANE	RYNATUSS	ORAL	NO	
		PHENYLEPHRINE-CHLORPHEN-DM	C-PHEN DM	ORAL	NO	
		PHENYLEPHRINE-PYRILAMINE-DM	CODAL-DM	ORAL	NO	
		PSEUDOEPH-BROMPHEN W/ HYDROCODONE SOLN	BROMPLEX DM	ORAL	NO	
		PSEUDOEPHED TAN-BROMPHEN TAN-DM TAN SUSP	ANAPLEX DMX	ORAL	NO	
		PSEUDOEPHED-BROMPHEN-DM SYRUP	BROMETANE DX	ORAL	NO	
		PSEUDOEPHED-BROMPHENPHENIRAMINE	PSE BROM	ORAL	NO	
D4F	ANTI-ULCER H PYLORI AGENTS	AMOXICILLIN CAP-CLARITHRO TAB- LANSOPRAZ	PREVPAC	ORAL	YES	
		IMETRONIDAZ TAB-TETRACYC CAP-BIS SUBSAL	HELIDAC	ORAL	YES	
D4E	ANTI-ULCER PREPARATIONS	MISOPROSTOL	CYTOTEC	ORAL	NO	
		SUCRALFATE	CARAFATE	ORAL	NO	
W5H	ANTIVIRAL GENERAL CONT. 1	VALGANCICLOVIR HCL	VALCYTE	ORAL	YES	
W5A	ANTIVIRALS	ACYCLOVIR	ACYCLOVIR	ORAL	YES	
		FAMCICLOVIR	FAMVIR	ORAL	YES	
		OSELTAMIVIR PHOSPHATE	TAMIFLU	ORAL	YES	
		VALACYCLOVIR HCL	VALTREX	ORAL	YES	
C7F	APPETITE STIMULANTS ANOREXIA	MEGESTROL-ACETATE	MEGACE	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
Q6T	ARTIFICIAL TEARS					
		ARTIFICIAL TEARS	AKWA TEARS	OPHTHALMIC	NO	
		ARTIFICIAL TEARS	LACRISERT	OPHTHALMIC	NO	
		ARTIFICIAL TEARS	NATURE'S TEARS	OPHTHALMIC	NO	
		CARBOXYMETHYLCELLULOSE SODIUM	REFRESH PLUS	OPHTHALMIC	NO	
		CARBOXYMETHYLCELLULOSE-GLYCERIN	OPTIVE	OPHTHALMIC	NO	
		GLYCERIN-POLYSORBATE 80	REFRESH DRY EYE THERAPY	OPHTHALMIC	NO	
		HYPROMELLOSE	GENTEAL	OPHTHALMIC	NO	
		HYPROMELLOSE	ISOPTO TEARS	OPHTHALMIC	NO	
		Inactive	REFRESH LIQUIGEL	OPHTHALMIC	NO	
		POLYETHYLENE GLYCOL-POLYVINYL ALCOHOL	HYPOTEARS	OPHTHALMIC	NO	
		POLYETHYLENE GLYCOL-PROPYLENE GLYCOL	SYSTEME	OPHTHALMIC	NO	
		POLYVINYL ALCOHOL	TEARGEN	OPHTHALMIC	NO	
		POLYVINYL ALCOHOL-POVIDONE	REFRESH	OPHTHALMIC	NO	
		POLYVINYL ALC-POVIDONE-2,4-D DIMETHYLAMINE	FRESHKOTE	OPHTHALMIC	NO	
L4A	ASTRINGENTS					
		ALUMINUM ACETATE	A-MANTLE	TOPICAL	NO	
		ALUMINUM ACETATE SOLN	ALUMINUM ACETATE SOLN	TOPICAL	NO	
		WITCH HAZEL (HAMAMELIS VIRGINIANA)	TUCKS	TOPICAL	NO	
		WITCH HAZEL-GLYCERIN	MEDI PADS	TOPICAL	NO	
H2D	BARBITURATES					
		BUTISOL SODIUM	BUTISOL SODIUM	ORAL	YES	
		PHENOBARBITAL	PHENOBARBITAL	ORAL	YES	
		SECOBARBITAL SODIUM	SECONAL SODIUM	ORAL	YES	
J2A	BELLADONNA ALKALOIDS					
		ATROPINE SULFATE	SAL-TROPINE	ORAL	NO	
		BELLADONNA ALKALOIDS-PHENOBARBITAL	DONNATAL	ORAL	NO	
		HYOSCYAMINE SULFATE	LEVSIN	ORAL	NO	
		METHSCOPOLAMINE BROMIDE	PAMINE	ORAL	NO	
O9B	BENIGN PROSTATIC HYPERTROPHY					
		ALFUZOSIN HCL	UROXATRAL	ORAL	YES	
		DUTASTERIDE	AVODART	ORAL	YES	
		FINASTERIDE	FINASTERIDE	ORAL	YES	
		SILODOSIN	RAPAFLO	ORAL	YES	
		TAMSULOSIN HCL	FLOWAX	ORAL	YES	
J7C	BETA ADRENERGIC BLOCKING A GE 5					
		ACEBUTOLOL HCL	ACEBUTOLOL HCL	ORAL	YES	
		ATENLOLOL	TENORMIN	ORAL	YES	
		BISOPROLOL FUMARATE	BISOPROLOL FUMARATE	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	BETA ADRENERGIC BLOCKING AGENTS (CONT)	METOPROLOL SUCCINATE	TOPROL XL	ORAL	YES	
		METOPROLOL TARTRATE	LOPRESSOR	ORAL	YES	
		NADOLOL	CORGARD	ORAL	YES	
		PINDOLOL	PINDOLOL	ORAL	YES	
		PROPRANOLOL HCL	INDERAL	ORAL	YES	
		SOTALOL	SOTALOL	ORAL	YES	
		TIMOLOL MALEATE	TIMOLOL MALEATE	ORAL	YES	
J7D	BETA ADRENERGIC BLOCKING CON					
		NEBIVOLOL HCL	BYSTOLIC	ORAL	NO	
J5D	BETA-ADRENERGIC AGENTS					
		ALBUTEROL SULFATE	ALBUTEROL	INHALATION	NO	
		ALBUTEROL SULFATE	PROVENTIL	ORAL	NO	
		ARFORMOTEROL TARTRATE	BROVANA	INHALATION	NO	
		FORMOTEROL FUMARATE	FORADIL	INHALATION	NO	
		LEVALBUTEROL HCL	XOPENEX	INHALATION	NO	
		METAPROTERENOL SULFATE	METAPREL	ORAL	NO	
		METAPROTERENOL SULFATE	METAPREL	INHALATION	NO	
		PIRBUTEROL ACETATE	MAXAIR AUTOHALER	INHALATION	NO	
		SALMETEROL XINAFOATE	SEREVENT DISKUS	INHALATION	NO	
		TERBUTALINE SULFATE	BRETHINE	ORAL	NO	
J5J	BETA-ADRENERGIC/ANTICHOLIN CMB					
		IPRATROPIUM-ALBUTEROL	COMBIVENT	INHALATION	NO	
J5G	BETA-ADRENERGICS GLUCOCORTIC					
		BUDESONIDE-FORMOTEROL FUMARATE DIHYD	SYMBICORT	INHALATION	NO	
		FLUTICASON-SALMETEROL	ADVAIR	INHALATION	NO	
		FORMOTEROL FUMARATE	DULERA	INHALATION	NO	
J7H	BETA-BLOCKER/THIAZIDE COMBO					
		ATENOLOL-CHLORTHALIDONE	ATENLOL-CHLORTHALIDONE	ORAL	NO	
		BISOPROLOL & HYDROCHLOROTHIAZIDE	ZIAC	ORAL	NO	
		BISOPROLOL FUMARATE-HCTZ	BISOPROLOL FUMARATE-HCTZ	ORAL	NO	
		METOPROLOL-HYDROCHLOROTHIAZIDE	METOPROLOL-HYDROCHLOROTHIAZIDE	ORAL	NO	
D7L	BILE SALT INHIBITORS					
		CHOLESTYRAMINE	PREVALITE	ORAL	YES	
		COLESEVELAM HCL	WELGOL	ORAL	YES	
		COLESTIPOL HCL	COLESTID	ORAL	YES	
D7A	BILE SALTS					
		URSODIOL	URSO FORTE	ORAL	YES	
P4B	BONE FORM STIM AGTS-PT HORMO					
		TERIPARATIDE (RECOMBINANT)	FORTEO	SUB-Q	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
P4L	BONE OSSIFICATION SUPPRESSIO					
		ALENDRONATE SODIUM	FOSAMAX	ORAL	YES	
		CALCITONIN (SALMON)	MIACALCIN	NASAL	YES	
		ETIDRONATE DISODIUM	ETIDRONATE DISODIUM	ORAL	YES	
		IBANDRONATE SODIUM	BONIVA	ORAL	YES	
		RALOXIFENE HCL	EVISTA	ORAL	YES	
		RISEDRONATE SODIUM	ACTONEL	ORAL	YES	
P4O	BONE RESORP INHIB-CALCIUM COM					
		RISEDRONATE SOD WITH CALCIUM CARBONATE	ACTONEL WITH CALCIUM	ORAL	YES	
P4N	BONE RESORPTION INHIB & VIT D					
		ALENDRONATE SODIUM-CHOLECALCIFEROL	FOSAMAX PLUS D	ORAL	YES	
P4M	BONE RJ, SENSITIVITY ENHANCER					
		CINACALCET HCL	SENSIPAR	ORAL	YES	
C6S	C6S VITAMIN B & C COMBINATION					All combinations and strengths of oral dosage forms are covered for allowed conditions
		MULTIPLE VITAMINS W/ MINERALS	THERAPEUTIC-M	ORAL	NO	
C6V	C6V PRINTL VITAMIN PREPS(CONT1)					All combinations and strengths of oral dosage forms are covered for allowed conditions
		PRENATAL VIT W/ DSS-IRON CARBONYL-FA	ULTRA NATALCARE	ORAL	YES	
A9A	CALCIUM CHANNEL BLOCKING AGT					
		AMLODIPINE BESYLATE	NORVASC	ORAL	YES	
		DILTIAZEM HCL	CARDIZEM	ORAL	YES	
		FELODIPINE	FELODIPINE ER	ORAL	YES	
		ISRADIPINE	DYNACIRC CR	ORAL	YES	
		NICARDIPINE HCL	CARDENE	ORAL	YES	
		NIFEDIPINE	PROCARDIA	ORAL	YES	
		NISOLDIPINE	SULAR	ORAL	YES	
		VERAPAMIL HCL	VERELAN	ORAL	YES	
C1F	CALCIUM REPLACEMENT					All calcium salts and oral dosage forms are covered for allowed conditions
		CALCIUM CARBONATE-VITAMIN D	CALCIUM 500 + VIT D	ORAL	YES	
		CALCIUM CITRATE-VITAMIN D	CALCITRATE	ORAL	YES	
		CALCIUM GLUCONATE	CALCIUM GLUCONATE	ORAL	YES	
		CALCIUM W/ MAGNESIUM	CALCIUM-MAGNESIUM	ORAL	YES	
R1E	CARBONIC ANHYDRASE INHIBITOR					
		ACETAZOLAMIDE	ACETAZOLAMIDE	ORAL	YES	
		METHAZOLAMIDE	METHAZOLAMIDE	ORAL	YES	
W1W	CEPHALOSPORIN, 1ST GENERAT					
		CEFADROXIL	CEFADROXIL	ORAL	NO	
		CEPHELEXIN	KEFLEX	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
W1X	CEPHALOSPORIN, 2ND GENERAT	CEFACLOR	CEFACLOR	ORAL	NO	
		CEFPROZIL	CEFPROZIL	ORAL	NO	
		CEFUROXIME AXETIL	CEFTIN	ORAL	NO	
W1Y	CEPHALOSPORIN, 3RD GENERAT					
		CEFDINIR	OMNICEF	ORAL	NO	
		CEFDITOREN PVOXIL	SPECTRACEF	ORAL	NO	
		CEFIXIME	SUPRAX	ORAL	NO	
		CEFTAZIDIME	CEFTAZIDIME	INJECTION	NO	
		CEFTIBUTEN	CEDEX	ORAL	NO	
		CEFTRIAXONE	CEFTRIAXONE	INJECTION	NO	
W1Z	CEPHALOSPORIN, 4TH GENERAT					
		CEFEPIME HCL	CEFEPIME	INTRAVEN	NO	
		CEFEPIME HCL	CEFEPIME HCL	INJECTION	NO	
J1B	CHOLINESTERASE INHIBITORS					
		DONEPEZIL HYDROCHLORIDE	ARICEPT	ORAL	YES	
		GALANTAMINE HYDROBROMIDE	RAZADYNE	ORAL	YES	
		PYRIDOSTIGMINE BROMIDE	MESTINON	ORAL	YES	
		RIVASTIGMINE TARTRATE	EXELON	ORAL	YES	
Z2F	CHROMOLYN AND DERIVATIVES					
		CHROMOLYN SODIUM	CROMOLYN SODIUM	INHALATION	NO	
D6F	CHRONIC COLON INFLAM DRUG TX					
		BALSALAZIDE DISODIUM	BALSALAZIDE DISODIUM	ORAL	YES	
		MESALAMINE	ASACOL	ORAL	YES	
		OLSALAZINE SODIUM	DIPENTUM	ORAL	YES	
S2A	COLCHICINE					
		COLCHICINE	COLCHICINE	ORAL	YES	
Q3E	COLON INFLAM DRUG, RECTAL					
		MESALAMINE	CANASA	RECTAL	YES	
A7B	CORONARY VASODILATORS					
		ISOSORBIDE DINITRATE	ISOSORBIDE DINITRATE	ORAL	YES	
		ISOSORBIDE MONONITRATE	ISMO	ORAL	YES	
		NITROGLYCERIN	NITROGLYCERIN	ORAL	YES	
		NITROGLYCERIN OINT 2%	NITRO-BID OINT	TRANSDERM	YES	
		NITROGLYCERIN PATCH	NITROGLYCERIN PATCH	TRANSDERM	YES	
		NITROGLYCERIN SL	NITROSTAT	SUBLINGUAL	YES	
		NITROGLYCERIN TL SOLN	NITROLINGUAL	TRANSLINGUAL	YES	
B4T	DECONGEST-ANALGESIC, NON-SALICYLATE COMB.					
		PHENYLEPHRINE W/ ACETAMINOPHEN	PHENYLEPHRINE W/ ACETAMINOPHEN	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
B4W	DECONGESTANT-EXPECTORANT COMB					
		PHENYLEPHRINE-GUAIFENESIN CAP SR	GENEXA LA	ORAL	NO	
B4U	DECONGEST-ANTICHOLINERGIC COMB					
		PSEUDOPHEDRINE-GUAIFENESIN TAB SR	MUCINEX D	ORAL	NO	
		PSEUDOPHEDRINE-METHSCOPOLAMINE TAB	PSEUDOPHEDRINE-METHSCOPOLAMINE TAB	ORAL	NO	
D1D	DENTAL AIDS AND PREPARATIONS					
		CHLORHEXIDINE GLUCONATE	PERIOGARD	MUCOUS MEM	YES	
		TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	DENTAL	YES	
L8A	DEODORANTS					
		OSTOMY SUPPLIES	M9	MISCELL	NO	
L0C	DIABETIC USLSE PREP TOPICAL					
		BECAPLERMIN	REGRANEX	TOPICAL	YES	
A1A	DIGITALIS GLYCOSIDES					
		DIGOXIN	LANOXIN	Oral	YES	
F2A	DRUGS TO TREAT IMPOTENCY					
		ALPROSTADIL	CAVERJECT	INTRACAVER	YES	6 UNITS PER 30 DAYS
		ALPROSTADIL	EDEX	INTRACAVER	YES	6 UNITS PER 30 DAYS
		ALPROSTADIL URETHRAL PELLETT	MUJE	URETHRAL	YES	6 UNITS PER 30 DAYS
		SILDENAFIL CITRATE	VIAGRA	ORAL	YES	6 UNITS PER 30 DAYS
		TADALAFIL	CIALIS	ORAL	YES	10mg or 20mg = 6 Units per 30 days, 2.5mg or 5mg = 30units per 30 days
		VARDENAFIL HCL	LEVITRA	ORAL	YES	6 UNITS PER 30 DAYS
		YOHIMBINE HCL	YOHIMBINE HCL	ORAL	YES	PA required but no monthly quantity restrictions
Q8W	EAR PREPS ANTIBIOTICS					
		Inactive	ANTIBIOTIC EAR SUSPENSION	OTIC	NO	
		Inactive	FLOXIN	OTIC	NO	
		NEOMYCIN-COLISTIN-HC-THONZONIUM	CORTISPORIN-TC	OTIC	NO	
		NEOMYCIN-POLYMYXIN-HC	CORTOMYCIN	OTIC	NO	
		OFLOXACIN	OFLOXACIN	OTIC	NO	
Q8P	EAR PREPS ANTIINFLAMMATORY					
		FLUCINOLONE ACETONIDE	DERMOTIC	OTIC	NO	
Q8H	EAR PREPS LOCAL ANESTHETIC					
		ACETIC ACID-ANTIPYRINE-BENZOCAIN	ACETIC ACID-ANTIPYRINE-BENZOCAL	OTIC	NO	
		BENZOCAIN-POLY COSANOL				
		ANTIPYRINE-BENZOCAIN-POLY COSANOL	AURALGAN	OTIC	NO	
		BENZOCAIN-ANTIPYRINE	AURODEX EAR DROPS	OTIC	NO	
Q8B	EAR PREPS MISC ANTINFECTIVE					
		ACETIC ACID	ACETIC ACID	OTIC	NO	
		ACETIC ACID-ALUMINIUM	ACETIC ACID-ALUMINIUM	OTIC	NO	
		ACETIC ACID-HYDROCORTISONE	ACETIC ACID-HYDROCORTISONE	OTIC	NO	
		CRESYL ACETATE	CRESYLATE	OTIC	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	EAR PREPS MISC ANTIINFECTIVE CONT	HYDROCORTISONE W/ ACETIC ACID	ACETASOL HC	OTC	NO	
		PRAMOXINE-HC-CHLOROXYLENOL	PRAMOXINE-HC-CHLOROXYLENOL OTIC SOL	OTIC	NO	
O8Y	EAR PREPS MISC OTC ONLY	Inactive	STAR-OTIC	OTIC	NO	
CJA	ELECTROLYTE DEPLETERS					
		CALCIUM ACETATE (PHOSPHATE BINDER)	PHOSLO	ORAL	YES	
		LANTHANUM CARBONATE	FOSRENOL	ORAL	YES	
		SEVELAMER CARBONATE	REVELA	ORAL	YES	
		SEVELAMER HCL	RENAGEL	ORAL	YES	
		SODIUM POLYSTYRENE SULFONATE	KAYEXALATE	ORAL	YES	
C1Z	ELECTROLYTE REPLACEMENT					
		SALIVA SUBSTITUTE	SALIVA SUBSTITUTE	MUCOUS MEM	NO	
L2A	EMOLLIENTS					
		ALOE VERA	ALOE VERA	TOPICAL	NO	
		AMMONIUM LACTATE	AMMONIUM LACTATE	TOPICAL	NO	
		BABY OIL	BABY OIL	TOPICAL	NO	
		DERMATOLOGICAL PRODUCTS MISC	XCLAIR	TOPICAL	NO	
		EMOLLIENT	NIVEA	TOPICAL	NO	
		EMOLLIENT	SHEPARD'S SKIN CREAM	TOPICAL	NO	
		LACTIC ACID (AMMONIUM LACTATE)	LAC-HYDRIN	TOPICAL	NO	
		LANOLIN	LANOLIN	TOPICAL	NO	
		NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	NO	
		SALINE NASAL	AVR SALINE	TOPICAL	NO	
		SCAR TREATMENT PRODUCTS	MEDERMA	TOPICAL	NO	
		SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	NO	
		TROLAMINE SALICYLATE	ASPERERME	TOPICAL	NO	
		VITAMINS A & D	VITAMIN A & D	TOPICAL	NO	
L2B	EMOLLIENTS (CONT 1)					
		EMOLLIENT	ELETONE	TOPICAL	NO	
		WOUND DRESSINGS	BIAFINE	TOPICAL	NO	
L2C	EMOLLIENTS (CONTINUED 2)					
		DERMATOLOGICAL PRODUCTS MISC	EPICERAM	TOPICAL	NO	
		EMOLLIENT	MIMYX	TOPICAL	NO	
		SKIN PROTECTANTS MISC	EUCERIN	TOPICAL	NO	
G1A	ESTROGENIC AGENTS					
		ESTRADIOL	ESTRADIOL	ORAL	YES	
W7B	EXANTHEMATOUS AND TUMOR CAU					
		ZOSTER VACCINE LIVE	ZOSTAVAX	SUB-Q	NO	



**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
B3J	EXPECTORANTS	GUAFENESIN	ROBITUSSIN	ORAL	NO	
Q6I	EYE ANTI-BIOTIC-CORTICOID	GENTAMICIN-PREDNISOLONE	PRED-G	OPHTHALMIC	NO	
		LOTEPREDNOL ETABONATE-TOBRAMYCIN	ZYLET	OPHTHALMIC	NO	
		NEOMYCIN-BACITRACIN-POLY-HC	NEOMYCIN	OPHTHALMIC	NO	
		NEOMYCIN-POLYMYXIN-DEXAMETH	NEO-DECADRON	OPHTHALMIC	NO	
		NEOMYCIN-POLYMYXIN-HC	POLYMYCIN	OPHTHALMIC	NO	
		TOBRAMYCIN-DEXAMETHASONE	TOBRADEX	OPHTHALMIC	NO	
Q6W	EYE ANTI-BIOTICS	AZITHROMYCIN	AZASITE	OPHTHALMIC	NO	
		BACITRACIN	BACITRACIN	OPHTHALMIC	NO	
		BACITRACIN-POLYMYXIN	BACITRACIN-POLYMYXIN	OPHTHALMIC	NO	
		BACITRACIN-POLYMYXIN B	AK-POLY-BAC	OPHTHALMIC	NO	
		BESIFLOXACIN HCL	BESIVANCE	OPHTHALMIC	NO	
		CIPROFLOXACIN HCL	CILOXAN	OPHTHALMIC	NO	
		ERYTHROMYCIN	ERYTHROMYCIN	OPHTHALMIC	NO	
		GATIFLOXACIN	ZYMAR	OPHTHALMIC	NO	
		GENTAMICIN SULFATE	GENTAK	OPHTHALMIC	NO	
		LEVOFLOXACIN	IQUIX	OPHTHALMIC	NO	
		MOXIFLOXACIN HCL	VIGAMOX	OPHTHALMIC	NO	
		NATAMYCIN	NATAMYCIN OPHTH SUSP	OPHTHALMIC	NO	
		NEOMYCIN-BACITRACIN-POLYMYXIN	NEOMYCIN-BACITRACIN-POLYMYXIN	OPHTHALMIC	NO	
		NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN	OPHTHALMIC	NO	
		OFLOXACIN	OCUFLOX	OPHTHALMIC	NO	
		POLYMYXIN B SUL-TRIMETHOPRIM	POLYMYXIN B SUL-TRIMETHOPRIM	OPHTHALMIC	NO	
		TOBRAMYCIN SULFATE	TOBREX	OPHTHALMIC	NO	
Q6R	EYE ANTIHISTAMINES	AZELASTINE HCL	AZELASTINE HCL	OPHTHALMIC	NO	
		AZELASTINE HCL	OPTIVAR	OPHTHALMIC	NO	
		EPINASTINE HCL	ELESTAT	OPHTHALMIC	NO	
		KETOTIFEN FUMARATE	ALAWAY	OPHTHALMIC	NO	
		KETOTIFEN FUMARATE	EYE ITCH RELIEF	OPHTHALMIC	NO	
		KETOTIFEN FUMARATE	ZADITOR	OPHTHALMIC	NO	
		OLOPATADINE HCL	PATANOL	OPHTHALMIC	NO	
Q6P	EYE ANTIINFLAMMATORY AGENTS	BROMFENAC SODIUM	XIBROM	OPHTHALMIC	NO	
		DEXAMETHASONE	MAXIDEX	OPHTHALMIC	NO	
		DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	NO	
		DICLOFENAC SODIUM	VOLTAREN	OPHTHALMIC	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	EYE ANTIINFLAMMATORY AGENTS (CONT)	DIFLUPREDNATE	DUREZOL	OPHTHALMIC	NO	
		FLUOROMETHOLONE	FLUOROMETHOLONE	OPHTHALMIC	NO	
		FLUOROMETHOLONE	FWIL FORTE	OPHTHALMIC	NO	
		FLUOROMETHOLONE ACETATE	FLAREX	OPHTHALMIC	NO	
		FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM	OPHTHALMIC	NO	
		KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	OPHTHALMIC	NO	
		KETOROLAC TROMETHAMINE	ACULAR	OPHTHALMIC	NO	
		LOTEPREDNOL ETABONATE	LOTEMAX	OPHTHALMIC	NO	
		LOTEPREDNOL ETABONATE	ALREX	OPHTHALMIC	NO	
		NEPAFENAC	NEVANAC	OPHTHALMIC	NO	
		PREDNISOLONE ACETATE	OMNIPRED	OPHTHALMIC	NO	
		PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	NO	
		RIMEXOLONE	VEXOL	OPHTHALMIC	NO	
O6V	EYE ANTIVIRALS	TRIFLURIDINE	VIROPTIC	OPHTHALMIC	NO	
O6E	EYE IRRIGATIONS	OPHTHALMIC IRRIGATION SOLUTION	BSS	INTRAOCULAR	NO	
O6Y	EYE PREPARATIONS, MISC OTC	ARTIFICIAL TEARS	LAcri-LUBE S.O.P.	OPHTHALMIC	NO	
		POLYVINYL ALCOHOL	AKWA TEARS	OPHTHALMIC	NO	
		PROPYLENE GLYCOL-GLYCERIN	SOOTHE	OPHTHALMIC	NO	
		TYLOXAPOL	ENUCLENE	OPHTHALMIC	NO	
		WHITE PETROLATUM-MINERAL OIL	PURALUBE	OPHTHALMIC	NO	
O6A	EYE PREPS, MISC (RX ONLY)	SODIUM CHLORIDE	SODIUM CHLORIDE	OPHTHALMIC	NO	
O6S	EYE SULFONAMIDS	SULFACETAMIDE SODIUM	BLEPH-10	OPHTHALMIC	NO	
		SULFACETAMIDE SODIUM-PREDNISOLONE	BLEPHAMIDE	OPHTHALMIC	NO	
		SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE	OPHTHALMIC	NO	
O6C	EYE VASOCONSTRICTRS(RX ONLY)	NAPHAZOLINE HCL	AK-CON	OPHTHALMIC	NO	
O6D	EYE VASOCONSTRICTRS (OTC ONLY)	NAPHAZOLINE W/ PHENIRAMINE	NAPHCON-A	OPHTHALMIC	NO	
H0G	FIBROMYALGIA AGENTS, SNRI	MILNACIPRAN HCL	SAVELLA	ORAL	NO	
D2A	FLUORIDE PREPARATIONS	SODIUM FLUORIDE	DENTA 5000 PLUS	DENTAL	YES	
C6M	FOLIC ACID PREPARATIONS	FOLIC ACID	FOLIC ACID	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
		L-METHYLFOLATE	DEPLIN	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
B5R	F5T GEN ANTIHISTAMINE ANALGES					
		APAP-MG SALICYLATE-PHENYTOLOX-CAFFEINE-APAP-MAG	DURABAC FORTE	ORAL	NO	
D4G	GASTRIC ENZYMES					
		LACTASE		ORAL	NO	
A1D	GENERAL BRONCHODILATORS					
		IPRATROPIUM BROMIDE HFA	ATROVENT HFA	Inhalation	NO	
		TIOTROPIUM BROMIDE INH	SPIRIVA	Inhalation	NO	
B0A	GENERAL INHALATION AGENTS					
		SODIUM CHLORIDE AERO SOLN	BRONCHO SALINE	INHALATION	NO	
T0C						
		SINECATCHINS	VEREGEN	TOPICAL	NO	
C6G	GERIATRIC VITAMIN PREPARE					
		MULTIPLE VITAMINS W/ MINERALS	CENTRUM SILVER	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
P5A	GLUCOCORTICIDS, SYSTEMIC					
P5B						
		BECLOMETHASONE DIPROPIONATE	QVAR	INHALATION	NO	
		BUDESONIDE	PULMICORT	INHALATION	NO	
		CORTISONE ACETATE	CORTISONE	ORAL	NO	
		DEXAMETHASONE	DECADRON	ORAL	NO	
		HYDROCORTISONE	CORTEF	ORAL	NO	
		METHYLPREDNISOLONE	MEDROL	ORAL	NO	
		PREDNISOLONE	MILLIPRED	ORAL	NO	
		PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE	ORAL	NO	
		PREDNISONE	PREDNISONE	ORAL	NO	
P5C	GLUCOCORTICIDS, TOPICAL					
		FLUNISOLIDE	AEROBID	INHALATION	NO	
		FLUTICASONE PROPIONATE	FLOVENT DISKUS	INHALATION	NO	
		MOMETASONE FUROATE	ASMANEX	INHALATION	NO	
		TRIAMCINOLONE ACETONIDE	AZMACORT	INHALATION	NO	
S2C	GOLD SALTS					
		AURANOFIN	RIDAURA	ORAL	YES	
P1A	GROWTH HORMONES					
		SOMATROPIN	HUMATROPE	INJECTION	NO	
N1B	HEMATINICS, OTHER					
		DARBEPOETIN ALFA-POLYSORBATE 80 SOLN	DARBEPOETIN ALFA-POLYSORBATE 80 SOLN	INJECTION	YES	
		EPOETIN ALFA	PROCRIT	INJECTION	YES	
M9S	HEMORRHOLOGIC AGENT					
		PENTOXIFYLLINE	TRENTAL	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the restrictive drugs below. Unless otherwise restricted, all dosage forms and strengths of a listed drug are eligible for reimbursement in accordance with OAC 4123-6-21.
Q3H	HEMORRHOIDAL PREF (CONT)	DIBUCAINE LIDOCAINE	NUPERCAINAL LMX 5	RECTAL TOPICAL	YES YES	
Q3D	HEMORRHOIDAL PREPARATIONS	HYDROCORTISONE - PRAMOXINE PHENYLEPH- SHARK LIVER OIL-COCOA BUTTER PRAMOXINE HCL PRAMOX-PE-GLYCERIN-PETROLATUM RECTAL	ANALPRAM HC HEMORRHOIDAL SUPPOSITORIES PROCTOFOAM PREPARATION H	RECTAL RECTAL TOPICAL RECTAL	YES YES YES YES	
Q3I		LIDOCAINE-HYDROCORTISONE	LIDAZONE HC	RECTAL	YES	
M9K	HEPARIN PREPARATIONS	DALTEPARIN SODIUM ENOXAPARIN FONDAPARINUX SODIUM	FRAGMIN LOVENOX ARIXTRA	SUB-Q SUB-Q SUB-Q	NO NO NO	
W5F	HEPATITIS B TREATMENT	LAMIVUDINE	EPIVIR HBV	ORAL	YES	
W5G	HEPATITIS C TREATMENT	PEGINTERFERON ALFA-2A RIBAVIRIN	PEGASYS RIBASPHERE	SUB-Q ORAL	YES YES	
Z2D	HISTAMINE H2 INHIBITORS	CIMETIDINE FAMOTIDINE NIZATIDINE RANITIDINE HCL	CIMETIDINE PEPCID AC AXID ZANTAC	ORAL ORAL ORAL ORAL	NO NO NO NO	
W5Q	HIV-ANTIRETROVIAL COMBINATION	EFAVIRENZ-EMTRICITABINE-TENOFOVIR	ATRIPLA	ORAL	NO	
W5O	HIV-SPEC AV-NUCLEOSIDE/TIDE	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	TRUVADA	ORAL	NO	
W5J	HIV-SPEC NUCLEOSIDE ANLG, RTI	LAMIVUDINE ZIDOVIDUINE	EPIVIR ZIDOVIDUINE	ORAL ORAL	NO NO	
W5K	HIV-SPEC NON-NECLESOSIDE, RTI	EFAVIRENZ	SUSTIVA	ORAL	NO	
W5L	HIV-SPEC NUCLEOSIDE, RTI COMBO	LAMIVUDINE-ZIDOVIDUINE	COMBIVIR	ORAL	NO	
W5M	HIV-SPEC PROTEASE INHIB COMBO	LOPINAVIR-RITONAVIR	KALETRA	ORAL	NO	
M4M	HMG COA INHIB CHOLST AB INHIB	EZETIMIBE-SIMVASTATIN	VYTORIN	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
M4D	HMG COA REDUCTASE INHIBITORS	ATORVASTATIN CALCIUM	LIPITOR	ORAL	YES	
		FLUVASTATIN SODIUM	LESCOL XL	ORAL	YES	
		LOVASTATIN	ALTOPREV	ORAL	YES	
		PITAVASTATIN CALCIUM	LIVALO	ORAL	YES	
		PRAVASTATIN SODIUM	PRAVACHOL	ORAL	YES	
		ROSUVASTATIN CALCIUM	CRESTOR	ORAL	YES	
		SIMVASTATIN	ZOCOR	ORAL	YES	
M4L	HMG COA REDUCTASE INHIB NIACIN	NIACIN-LOVASTATIN	ADVICOR	ORAL	YES	
		NIACIN-SIMVASTATIN	SIMCOR	ORAL	YES	
M4G	HYPERGLYCEMICS	GLUCAGON (RDNA)	GLUCAGON EMERGENCY KIT	INJECTION	YES	
		GLUCOSE	INSTA-GLUCOSE	ORAL	YES	
P4D	HYPERPARATHYROID TX AGENTS	DOXERCALCIFEROL	HECTOROL	ORAL	YES	
		PARICALCITOL	ZEMPLAR	ORAL	YES	
H8B	HYPNOTICS-MELATONIN AGONISTS	RAMELTEON	ROZEREM	ORAL	NO	
H8F	HYPNOTICS-MELATONIN COMBOS	MELATONIN	MELATONIN	ORAL	NO	
C4S	HYPOGLY INSUL REL BIGUAN CMB	GLYBURIDE-METFORMIN	GLUCOVANCE	ORAL	YES	
C4T	HYPOGLY INSUL RESP BIGUAN CMB	ROSIGLITAZONE MALEATE-METFORMIN HCL	AVANDAMET	ORAL	YES	
C4L	HYPOGLYCEMIC NON-SULFONYLU	METFORMIN HCL	METFORMIN HCL	ORAL	YES	
C4K	HYPOGLYCEMIC SULFONYLUREAS	GLIMEPIRIDE	AMARYL	ORAL	YES	
		GLIPIZIDE	GLIPIZIDE	ORAL	YES	
		GLYBURIDE	GLYBURIDE	ORAL	YES	
		NATEGLINIDE	STARLIX	ORAL	YES	
C4M	HYPOGLYCEMICS ALPHA INHIB	ACARBOSE	PRECOSE	ORAL	YES	
C4N	HYPOGLYCEMICS INSULIN ENH	PIOGLITAZONE HCL	ACTOS	ORAL	YES	
		PIOGLITAZONE HCL-METFORMIN	ACTOPLUS MET	ORAL	YES	
		ROSIGLITAZONE MALEATE	AVANDIA	ORAL	YES	
A4F	HYPOTENSIVES ANGIO RECEPT ANT	CANDESARTAN CILEXETIL	ATACAND	ORAL	YES	
		EPROSARTAN MESYLATE	TEVETEN	ORAL	YES	
		IRBESARTAN	AVAPRO	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	HYPOTENSIVES ANGIO RECEPT ANT (CONT)	LOSARTAN POTASSIUM	COZAAR	ORAL	YES	
		OLMESARTAN MEDOXOMIL	BENICAR	ORAL	YES	
		TELMISARTAN	MICARDIS	ORAL	YES	
		VALSARTAN	DIOVAN	ORAL	YES	
A4D	HYPOTENSIVES ANGIOTENSIN BLK					
		BENAZEPRIL HCL	BENAZEPRIL HCL	ORAL	YES	
		CAPTOPRIL	CAPTOPRIL	ORAL	YES	
		ENALAPRIL MALEATE	ENALAPRIL MALEATE	ORAL	YES	
		FOSINOPRIL SODIUM	FOSINOPRIL SODIUM	ORAL	YES	
		LISINAPRIL	PRINIVIL	ORAL	YES	
		MOEXIPRIL HCL	UNIVASC	ORAL	YES	
		PERINDOPRIL ERBUMINE	ACEON	ORAL	YES	
		QUINAPRIL HCL	QUINAPRIL HCL	ORAL	YES	
		RAMIPRIL	ALTACE	ORAL	YES	
		TRANDOLAPRIL	MAVIK	ORAL	YES	
A4B	HYPOTENSIVES SYMPATHOLYTIC					
		CLONIDINE HCL	CATAPRES	ORAL	YES	
		CLONIDINE HCL TD PATCH	CLONIDINE	TRANSDERM	YES	
		GUANFACINE HCL	TENEX	ORAL	YES	
A4A	HYPOTENSIVES VASODILATORS					
		HYDRALAZINE HCL	APRESOLINE	ORAL	YES	
		MINOXIDIL	MINOXIDIL	ORAL	YES	
Z2L	IMMUNOGLOBULIN E (IGE) BLOCKERS					
		OMALIZUMAB	XOLAIR	SUB-Q	YES	
Z2G	IMMUNOMODULATORS					
		IMIQIMOD	ALDARA	TOPICAL	YES	
		INTERFERON GAMMA-1B	ACTIMUNE	SUB-Q	YES	
Z2E	IMMUNOSUPPRESSIVES					
		AZATHIOPRINE	AZATHIOPRINE	ORAL	YES	
		CYCLOSPORINE	GENGRAF	ORAL	YES	
		MYCOPHENOLATE MOFETIL	CELLCEPT	ORAL	YES	
		MYCOPHENOLATE SODIUM	MYFORTIC	ORAL	YES	
		SIROLIMUS	RAPAMUNE	ORAL	YES	
		TACROLIMUS	PROGRAF	ORAL	YES	
		TACROLIMUS	TACROLIMUS ANHYDROUS	ORAL	YES	
W5C	INHIBITORS HIV PROTEASE					
		ATAZANAVIR SULFATE	REYATAZ	ORAL	NO	
		INDINAVIR SULFATE	CRIVIAN	ORAL	NO	
		NEFINAVIR MESYLATE	VIRACEPT	ORAL	NO	
		RITONAVIR	NOVIR	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with DAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with DAC 4123-6-21.
C4R	INSULIN RESPON RELEASE COMB	PIOGITAZONE HCL-GLIMEPIRIDE	DUETACT	ORAL	YES	
C4G	INSULINS	ROSIGLITAZONE MALEATE-GLIMEPIRIDE	AVANDARYL	ORAL	YES	
J9A	INTESTINAL MOTILITY STIMULAN	INSULIN	INSULIN	SC	YES	All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim
C3H	IODINE REPLACEMENT	METOCLOPRAMIDE HCL	REGLAN	ORAL	NO	
C3B	IRON REPLACEMENT	POTASSIUM IODIDE	SSKI	ORAL	YES	
		FE FUMARATE W/ B12-VIT C-FA-IFC	FEROCON	ORAL	YES	All iron salts and oral dosage forms are covered for allowed conditions
		FERROUS GLUCONATE	FERGON	ORAL	YES	
		FERROUS SULFATE	FEOSOL	ORAL	YES	
L6A	IRRITANTS	POLYSACCHARIDE IRON COMPLEX	FERREX 150	ORAL	YES	
		ALOE VERA	ALOE VERA	TOPICAL	NO	
		CAMPHOR & MENTHOL	SARNA	TOPICAL	NO	
		CAMPHOR & MENTHOL	FREEZE IT	TOPICAL	NO	
		CAMPHOR-EUCALYPTUS-MENTHOL	VICKS VAPORUB	TOPICAL	NO	
		CAPSAICIN	ARTHRITIS PAIN RELIEF	TOPICAL	NO	
		CAPSAICIN IN LIDOCAINE VEHICLE	ZOSTRIX	TOPICAL	NO	
		CAPSAICIN-MENTHOL-METHYL SALICYLATE	ZIKS	TOPICAL	NO	
		CAPSICUM OLEORESIN	CAPSICUM OLEORESIN	TOPICAL	NO	
		CAPSICUM OLEORESIN	TRXAICIN	TOPICAL	NO	
		LINIMENTS & RUBS	BIOFLEXOR	TOPICAL	NO	
		LINIMENTS & RUBS	BANALG	TOPICAL	NO	
		LINIMENTS & RUBS	SALONPAS	TOPICAL	NO	
		MENTHOL	BENGAY	TOPICAL	NO	
		MENTHOL	PAIN RELIEVING PATCH	TOPICAL	NO	
		MENTHOL-METHYL SALICYLATE	THERA-GESIC	TOPICAL	NO	
		METHYL SALICYLATE	METHYL SALICYLATE	TOPICAL	NO	
		TROLAMINE SALICYLATE	MOBISYL	TOPICAL	NO	
		TROLAMINE SALICYLATE	ANALGESIC CREME	TOPICAL	NO	
		TROLAMINE SALICYLATE	ASPERCREME	TOPICAL	NO	
W9A	KEYTOLIDES					
		TELITHROMYCIN	KETEK	ORAL	NO	
L5O	KERAT-GLUCOCORT COMB					

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
L5A	KERATOLYTICS	SILVER NITRATE	SILVER NITRATE APPLICATOR	TOPICAL	NO	
		UREA	UREA	TOPICAL	NO	
O35	LAXATIVE LOCAL/RECTAL	UREA-HYALURONATE SODIUM	UREA-HYALURONATE SODIUM SUSP	TOPICAL	NO	
		BISACODYL	DULCOLAX	RECTAL	NO	
		DOCUSATE SODIUM	COLACE	RECTAL	NO	
		GLYCERIN	SANI-SUPP	RECTAL	NO	
		MINERAL OIL	MINERAL OIL ENEMA	RECTAL	NO	
		SODIUM PHOSPHATES	PHOSPHATE ENEMA	RECTAL	NO	
D65	LAXATIVES AND CATHARTICS					All laxatives and bowel prep products are covered for allowed conditions
D6T	LAXATIVES AND CATHARTICS					
		BISACODYL	DULCOLAX	ORAL	YES	
		BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL	HALFLYTEL	ORAL	YES	
		BISMUTH SUBSALICYLATE	KAOPRECTATE	ORAL	YES	
		CALCIUM POLYCARBOPHIL	FIBER TABS	ORAL	YES	
		CASANTHRANOL-DSS	DOCUSATE SODIUM CASANTHRANOL	ORAL	YES	
		CELLULOSE	UNIFIBER	ORAL	YES	
		DOCUSATE CALCIUM	SUR-Q-LAX	ORAL	YES	
		DOCUSATE SODIUM	COLACE	ORAL	YES	
		LACTULOSE	CONSTULOSE	ORAL	YES	
		LUBIPROSTONE	AMITIZA	ORAL	YES	
		MAGNESIUM CITRATE	MAGNESIUM CITRATE	ORAL	YES	
		MAGNESIUM CITRATE	CITROMA	ORAL	YES	
		MAGNESIUM SULFATE	EPSOM SALT	ORAL	YES	
		METHYLCELLULOSE	CITRUCEL	ORAL	YES	
		MILK OF MAGNESIA	MILK OF MAGNESIA	ORAL	YES	
		MINERAL OIL	KONDREMUL	ORAL	YES	
		MINERAL OIL	MINERAL OIL	ORAL	YES	
		PEG 3350-KCL-NA BICARB-NACL-NA SULFATE	GOLYTELY	ORAL	YES	
		PEG 3350-KCL-SOD BICARB-NACL	NULYTELY	ORAL	YES	
		POLYETHYLENE GLYCOL 3350	GLYCOLAX	ORAL	YES	
		POLYETHYLENE GLYCOL 3350	MIRALAX	ORAL	YES	
		PSYLLIUM	KONSYL	ORAL	YES	
		SENNOSIDES	SENOKOT	ORAL	YES	
		SENNOSIDES-DOCUSATE SODIUM	SENNA S	ORAL	YES	
		SENNOSIDES-DOCUSATE SODIUM	PERI-COLACE	ORAL	YES	
		SOD PHOS MONO-SOD PHOS DI	VISCOL	ORAL	YES	
		SODIUM PHOSPHATES	PHOSPHO-SODA	ORAL	YES	
		WHEAT DEXTRIN	BENEFIBER	ORAL	NO	



**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
NIC	LEUKOCYTE (WBC) STIMULANTS					
		FILGRASTIM	NEUPOGEN	INJECTION	NO	
		PEGFILGRASTIM	NEULASTA	SUB-Q	NO	
Z4B	LEUKOTRIENE RECEPTOR ANTAG					
		MONTELUKAST SODIUM	SINGULAIR	ORAL	YES	
		ZAFIRLUKAST	ACCOLATE	ORAL	YES	
W1K	LINCOSAMIDES					
		CLINDAMYCIN HCL	CLINDAMYCIN HCL	ORAL	NO	
		CLINDAMYCIN PALMITATE	CLEOCIN PALMITATE	ORAL	NO	
M4I	LIPOTROPIC/CA CHAN BLOCK COMBO					
		AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	CADUET	ORAL	YES	
M4E	LIPOTROPICS					
		FENOFIBRATE	TRICOR	ORAL	YES	
		FENOFIBRATE	ANTARA	ORAL	YES	
		FISH OIL	FISH OIL	ORAL	YES	
		GEMFIBROZIL	GEMFIBROZIL	ORAL	YES	
		LECITHIN	LECITHIN	ORAL	YES	
		NIACIN	NIASPAN	ORAL	YES	
		OMEGA-3 FATTY ACIDS	OMEGA-3	ORAL	YES	
		OMEGA-3-ACID ETHYL ESTERS	LOVAZA	ORAL	YES	
		VITAMINS W/ LIPOTROPICS	LIPOTRIAD	ORAL	YES	
M4C	LIPOTROPICS (CONT 2)					
		CHOLINE FENOFIBRATE	TRILIPIX	ORAL	NO	
M4F	LIPOTROPICS (CONT)					
		EZETIMIBE	ZETIA	ORAL	YES	
H0A	LOCAL ANESTHETICS					
		BENZOCAINE DENTAL PASTE	ORABASE-B	MUCOUS MEM	NO	
		LIDOCAINE HCL	LIDOCAINE HCL LOCA	MUCOUS MEM	NO	
		PHENOL	CHLORASEPTIC	MUCOUS MEM	NO	
H0B	LOCAL ANESTHETICS (CONT)					
		BENZOCAINE DENTAL GEL	AMBESOL	MUCOUS MEM	NO	
		BENZOCAINE DENTAL GEL	HURRICANE	MUCOUS MEM	NO	
		BENZOCAINE-MENTHOL	CEPA COL SORE THROAT	MUCOUS MEM	NO	
		CETYLPYRIDINIUM CHLORIDE	CEPA COL	MUCOUS MEM	NO	
		LIDOCAINE HCL	XYLOCAINE	MUCOUS MEM	NO	
		LIDOCAINE HCL VISCOUS	LIDOCAINE HCL VISCOUS	MUCOUS MEM	NO	
R1M	LOOP DIURETICS					
		BUIMETANIDE	BUIMETANIDE	ORAL	YES	
		FUROSEMIDE	LASIX	ORAL	YES	
		TORSEMIDE	DEMADEX	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
W1D	MACROLUDES					
		AZITHROMYCIN	AZITHROMYCIN	ORAL	NO	
		AZITHROMYCIN	ZITHROMAX	ORAL	NO	
		CLARITHROMYCIN	BIAXIN	ORAL	NO	
		ERYTHROCIN STEARATE	ERYTHROCIN STEARATE	ORAL	NO	
		ERYTHROMYCIN	ERY-TAB	ORAL	NO	
		ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE	ORAL	NO	
C1H	MAGNESIUM REPLACEMENT					All magnesium salts and oral dosage forms are covered for allowed conditions
		MAGNESIUM CHLORIDE	MAG64	ORAL	YES	
		MAGNESIUM GLUCONATE	MAG-G	ORAL	YES	
		MAGNESIUM LACTATE	MAG-TAB SR	ORAL	YES	
		MAGNESIUM OXIDE	MAGOX	ORAL	YES	
H7J	MAOIS-NON-SELECT & IRREVERSIBL					
		PHENELZINE SULFATE	NARDIL	ORAL	NO	
		TRANLYCPROMINE SULFATE	TRANLYCPROMINE SULFATE	ORAL	NO	
X2A	MED SUPPLIES NEEDLES					
		Insulin Syringe & Needle	ULTICARE	MISCELL	NO	
C8A	METALLIC POISON ANTIDOTES					
		SUCCIMER	CHEMET	ORAL	NO	
P5S	MINERALCORTICIDS					
		FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE	ORAL	NO	
O6G	MIOTICS AND OTHER INTRAOCULA					
		APRACLOININE HCL	LOPIDINE	OPHTHALMIC	NO	
		BETA-XOLOL HCL	BETOPTIC S	OPHTHALMIC	NO	
		BIMATOPROST	LUMIGAN	OPHTHALMIC	NO	
		BRIMONIDINE TARTRATE	ALPHAGAN P	OPHTHALMIC	NO	
		BRIMONIDINE TARTRATE-TIMOLOL MALEATE	COMBIGAN	OPHTHALMIC	NO	
		BRINZOLAMIDE	AZOPT	OPHTHALMIC	NO	
		CARBACHOL	ISOPTO CARBACHOL	OPHTHALMIC	NO	
		CARTEOLOL HCL	CARTEOLOL HCL	OPHTHALMIC	NO	
		DORZOLAMIDE	TRUSOPT	OPHTHALMIC	NO	
		DORZOLAMIDE HCL-TIMOLOL MALEATE	COSOPT	OPHTHALMIC	NO	
		IMOLOL MALEATE	ISTALOL	OPHTHALMIC	NO	
		LATANOPROST	XALATAN	OPHTHALMIC	NO	
		LEVUNOLOL HCL	BETAGAN	OPHTHALMIC	NO	
		PILOCARPINE HCL	ISOPTO CARPINE	OPHTHALMIC	NO	
		TIMOLOL MALEATE	TIMOPTIC	OPHTHALMIC	NO	
		TRAVOPROST	TRAVATAN	OPHTHALMIC	NO	
W2G	MISC ANTIBACTERIAL CHEMOTHER					
		FOFOMYCIN TROMETHAMINE	MONUROL	ORAL	NO	
		METHENAMINE HIPPURATE	HIPREX	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	MISC ANTIBACTERIAL CHEMOTHER. (CONT)	METHENAMINE MANDELATE METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL	MANDELAMINE	ORAL	NO	
		METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL	PROSED-DS	ORAL	NO	
		TRIMETHOPRIM	DARCALMA	ORAL	NO	
C3M	MISCELLANEOUS MINERAL REPL	MULTIPLE MINERALS W/ FE-FA-B12-VIT C-DSS	PRIMSOL	ORAL	NO	
L9A	MISCELLANEOUS TOPICAL AGENTS	EMOLLIENT SOAP & CLEANSERS UREA CREAM	GLUTOFAC-MX CERAVE PERI-WASH AQUA CARE	ORAL TOPICAL TOPICAL TOPICAL	NO NO NO NO	
H2H	MONOAMINEOXIDASE (MAO) INHIB	SELEGILINE TD	EMSAM	TRANSDERM	NO	
B3A	MUCOLYTICS	ACETILCYSTEINE DORNASE ALFA INHAL SOLN	ACETYLCYSTEINE PULMOZYME	MISCELL INHALATION	NO NO	
C6Z	MULTIVITAMIN PREPARATIONS	B-COMPLEX W/ C & E + ZN MULTIPLE VITAMIN TAB MULTIPLE VITAMINS W/ MINERALS	STRESS WITH ZINC MULTI-DAY CENTRUM	ORAL ORAL ORAL	YES YES YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
O6J	MYDRIATICS	ATROPINE SULFATE CYCLOPENTOLATE HCL CYCLOPENTOLATE HCL HOMATROPINE HBR SCOPOLAMINE HBR	ATROPINE SULFATE CYCLOLYL AK-PENTOLATE HOMATROPAIRE ISOPTO HYOSCINE	OPHTHALMIC OPHTHALMIC OPHTHALMIC OPHTHALMIC OPHTHALMIC	NO NO NO NO NO	
B4C	NARC ANTITUSS-ANTICHOLIN CMB	HYDROCODONE BT-HOMATROPINE MBR	HYDROCODONE BT-HOMATROPINE MBR	ORAL	NO	
B3Q	NARC ANTITUSS-ANTHIST-DECONG	BROMPHENIRAMINE-HYDROCOD-PSE PHENYLEPH-CHLORPHEN W/ HYDROCODONE SYRUP PHENYLEPHRINE-BROMPHEN PHENYLEPHRINE-CHLORPHEN- DIHYDROCODEINE PHENYLEPHRINE-DEXBROMPHEN- HYDROCODONE PHENYLEPHRINE-PYRILAMINE W/ CODEINE	BROMPHENIRAMINE-HYDROCOD-PSE H-C TUSSIVE POLY-TUSSIN COLD COUGH PD CYTUSS-HC PRO-RED AC	ORAL ORAL ORAL ORAL ORAL	NO NO NO NO NO	
		PHENYLEPHRINE-PYRILAMINE-DM PROMETHAZINE VC-CODEINE	CODAL-DH PROMETHAZINE VC-CODEINE	ORAL ORAL	NO NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	NARC ANTITUSS-ANTHIST-DECONG (CONT)	PSEUDOEPH-BROMPHEN W/ HYDROCODONE	VISVEX HC	ORAL	NO	
		PSEUDOEPHED-BROMPHEN	BROMCOMP HC	ORAL	NO	
B4Q	NARC ANTITUSS-DECONG-EXPECT		CHERATUSSIN DAC	ORAL	NO	
B4S	NARC ANTITUSS-EXPECTORANT CMB					
B4D	NARC ANTITUSSIVE-ANTHISTCMB	GUAIFENESIN W/CODEINE	GUAIFENESIN W/CODEINE	ORAL	NO	
		CHLORPHENIRAMINE W/ HYDROCODONE CR SUSP	TUSSIONEX	ORAL	NO	
		HYDROCOD POLST-CHLORPHEN POLSTCAP SR	TUSSICAPS	ORAL	NO	
		PROMETHAZINE-CODEINE	PROMETHAZINE-CODEINE	ORAL	NO	
H3M	NARC-NON-SAL ANLG-BARBIT-XANTH					
H3X	NARCOTIC ANALG/SALICYLATE COMB	BUTALBITAL-APAP-CAFF W/ COD	FORICET W/CODEINE	ORAL	NO	
H3N	NARCOTIC ANALGESIC/NSAID COMBO	ASPIRIN WITH CODEINE	ASPIRIN WITH CODEINE	ORAL	NO	
		HYDROCODONE-IBUPROFEN	VICOPROFEN	ORAL	NO	
		OXYCODONE-IBUPROFEN	COMBUNOX	ORAL	NO	
H3A	NARCOTIC ANALGESICS					
		APAP-CAFFEINE-DIHYDROCODONE	SYNALGOS-DC	ORAL	NO	
		CODEINE SULFATE	CODEINE SULFATE	ORAL	NO	
		FENTANYL CITRATE	ACTIQ	BUCCAL	NO	Claim must be allowed for neoplasm or malignancy (buccal formulations only)
		FENTANYL CITRATE	FENTORA	BUCCAL	NO	Claim must be allowed for neoplasm or malignancy (buccal formulations only)
		FENTANYL TD	DURAGESIC	TRANSFORM	NO	Claim must be allowed for neoplasm or malignancy (buccal formulations only)
		HYDROCODONE-ACETAMINOPHEN	VICODIN	ORAL	NO	All strengths and oral formulations of acetaminophen and hydrocodone are covered
		HYDROMORPHONE HCL	DILAUDID	ORAL	NO	
		LEVORPHANOL TARTRATE	LEVO-DROMORAN	ORAL	NO	
		MEPERIDINE HCL	DEMEROL	ORAL	NO	
		MEPERIDINE-PROMETHAZINE	MEPERGAN	ORAL	NO	
		METHADONE HCL	DOLOPHINE	ORAL	NO	
		MORPHINE SULFATE	AVINZA	ORAL	NO	
		MORPHINE SULFATE	KADIAN	ORAL	NO	
		MORPHINE-NALTREXONE	EMBEDA	ORAL	NO	
		OPIUM TINCTURE	PAREGORIC	ORAL	NO	
		OXYCODONE HCL	OXY IR, OXYCONTIN	ORAL	NO	
		OXYCODONE W/ ACETAMINOPHEN	PERCOCET	ORAL	NO	All strengths and oral formulations of acetaminophen and oxycodone are covered
		OXYCODONE W/ ASPIRIN	PERCODAN	ORAL	NO	
		OXYMORPHONE HCL	OPANA, OPANA ER	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
H3B	NARCOTIC ANALGESICS (CONT)	BUTORPHANOL TARTRATE	STADOL NASAL	NASAL	NO	
		PENTAZOCINE - ACETAMINOPHEN	TALACEN	ORAL	NO	
		PENTAZOCINE AND NALOXONE HCL	TALWIN NX	ORAL	NO	
		TAPENTADOL HCL	NUCYNTA	ORAL	NO	
		TRAMADOL HCL	ULTRAM	ORAL	NO	
		TRAMADOL-ACETAMINOPHEN	ULTRACET	ORAL	NO	
H3Y	NARCOTIC ANTAG, PERIPH-ACTING	METHYLNALTREXONE BROMIDE	RELISTOR	SUB-Q	NO	
H3T	NARCOTIC ANTAGONISTS	NALTREXONE HCL	RE VIA	ORAL	NO	
H3U	NARCOTIC-NON-SALIC ANALG COMBO	ACETAMINOPHEN-CODEINE	TYLENOL W/CODEINE NO.3	ORAL	NO	
H3R	NARC-SALIC ANALG-BARB-XANTHINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE	FIORINAL WITH CODEINE #3	ORAL	NO	
Q7E	NASAL ANTIHISTAMINE	AZELASTINE HCL	ASTELIN	NASAL	YES	
		OLOPATADINE HCL	PATANASE	NASAL	YES	
Q7H	NASAL MAST CELL STABILIZERS	CROMOLYN SODIUM	NASALCROM	NASAL	YES	
C6N	NIACIN PREPARATIONS	NIACIN	NIACIN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
W2F	NITROFURAN DERIVATIVES	NITROFURANTOIN	MACRODANTIN	ORAL	NO	
H2E	NON-BARBITURATE, SEDATIVE	CHLORAL HYDRATE	CHLORAL HYDRATE	ORAL	NO	
		CHLORAL HYDRATE	NOCTEC	ORAL	NO	
		DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	ORAL	NO	
		DOXEPIN HCL	DOXEPIN HCL (SLEEP) TAB	ORAL	NO	
		ESTAZOLAM	PROSOM	ORAL	NO	
		ESZOPICLONE	LUNESTA	ORAL	NO	
		FLURAZEPAM HCL	DALMANE	ORAL	NO	
		TEMAZEPAM	RESTORIL	ORAL	NO	
		TRIAZOLAM	HALCION	ORAL	NO	
		ZALEPLON	SONATA	ORAL	NO	
		ZOLPIDEM TARTRATE	AMBIEN	ORAL	NO	
		ZOLPIDEM TARTRATE SL	EDUIAR	SUBLINGUAL	NO	
B4E	NON-NARC ANTIITUSS-ANTIHCMB	CAR-B-PEN TA/CHLOR-TAN	CAR-B-PEN TA/CHLOR-TAN	ORAL	NO	
		CHLORPHENIRAMINE-DM	CHLORPHENIRAMINE-DM	ORAL	NO	
		PROMETHAZINE-DM	PROMETHAZINE-DM	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
B4R	NON-NARC ANTI-TUSS-DECONG-EXPECT	PHENYLEPHRINE W/ DM-GG	ROBITUSSIN COUGH & COLD CF	ORAL	NO	
		PSEUDOEPHEDRINE W/ DM-GG TAB	CAPMIST DM	ORAL	NO	
H3K	NON-SAL ANALG-BARBITURATE CMB	BUTALBITAL-ACETAMINOPHEN	PHRENILIN	ORAL	NO	
H3L	NON-SAL ANALG-BARBIT-XANTHINE	BUTALBITAL-APAP-CAFFEINE	FORICET	ORAL	NO	
H7D	NOREPINEPH/DOPAMINE REUP INHIB	BUPROPION HBR	APLENZIN	ORAL	NO	
		BUPROPION HCL	WELLBUTRIN	ORAL	NO	
Q7W	NOSE PREPS ANTIBIOTICS	MUPIROCIIN CALCIUM	BACTROBAN NASAL	NASAL	YES	
Q7P	NOSE PREPS ANTIINFLAMMATORY	BECLOMETHASONE DIPROPIONATE	BECONASE AQ	NASAL	YES	
		BUDESONIDE	RHINOCORT AQUA	NASAL	YES	
		CICLESONIDE	OMNARIS	NASAL	YES	
		FLUNISOLIDE	FLUNISOLIDE	NASAL	YES	
		FLUTICASONE FUROATE	VERAMYST	NASAL	YES	
		FLUTICASONE PROPIONATE	FLOMASE	NASAL	YES	
		MOMETASONE FUROATE	NASONEX	NASAL	YES	
		TRIAMCINOLONE ACETONIDE	NASACORT AQ	NASAL	YES	
Q7Y	NOSE PREPS MISC OTC ONLY	SALINE	SEA SOFT	NASAL	YES	
Q7A	NOSE PREPS MISC RX ONLY	IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	NASAL	YES	
Q7D	NOSE PREPS VASOCONSTRICTORS	OXYMETAZOLINE HCL	12 HOUR NASAL SPRAY	NASAL	YES	
		PHENYLEPHRINE HCL	NEO-SYNEPHRINE	NASAL	YES	
S2T	NSAID & PROSTAGLANDIN COMBO	DICLOFENAC W/ MISOPROSTOL	ARTHROTEC 50	ORAL	NO	
S2P	NSAID & PROTON PUMP INHIB COMB	Inactive	PREVACID NAPRAPAC	ORAL	NO	
S2S	NSAID-1STGEN ANTIHIST-SEDATIVE	IBUPROFEN-DIPHENHYDRAMINE	ADVIL PM	ORAL	NO	
S2B	NSAIDS	CELECOXIB	CELEBREX	ORAL	NO	
		DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	ORAL	NO	
		DICLOFENAC SODIUM	VOLTAREN	ORAL	NO	
		ETODOLAC	ETODOLAC	ORAL	NO	
		FENOPROFEN CALCIUM	FENOPROFEN CALCIUM	ORAL	NO	
		FENOPROFEN CALCIUM	NALFON	ORAL	NO	
		FLURBIPROFEN	FLURBIPROFEN	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	NSAIDS (CONT)	IBUPROFEN	MOTRIN	ORAL	NO	
		INDOMETHACIN	INDOMETHACIN	ORAL	NO	
		KETOPROFEN	KETOPROFEN	ORAL	NO	
		KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	ORAL	NO	
		MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM	ORAL	NO	
		NABUMETONE	NABUMETONE	ORAL	NO	
		NAPROXEN SODIUM	NAPROXEN	ORAL	NO	
		NAPROXEN-ESOMEPRAZOLE MAGNESIUM	NAPROXEN-ESOMEPRAZOLE MAGNESIUM	ORAL	NO	
		PIROXICAM	PIROXICAM	ORAL	NO	
		SULINDAC	SULINDAC	ORAL	NO	
		TOLMETIN SODIUM	TOLMETIN SODIUM	ORAL	NO	
S2D	NSAIDS (CONT-A)	MEFENAMIC ACID	MEFENAMIC ACID	ORAL	NO	
		MEFENAMIC ACID	MEFENAMIC ACID	ORAL	NO	
		OXAPROZIN	OXAPROZIN	ORAL	NO	
S2E	NSAIDS (CONT-B)	MELOXICAM	MOBIC	ORAL	NO	
S2R	NSAIDS/DIETARY SUPP COMBO	Inactive	IC800	ORAL	NO	
U6E	OINTMENT/CREAM BASES	EMOLLIENT	DIABETIDERM	TOPICAL	NO	
		VASELINE PETROLEUM	VASELINE PETROLEUM	TOPICAL	NO	
Q2C	OPHTH ANTI-INFLAM IMMUNOMODULA	CYCLOSPORINE (OPHTH)	RESTASIS	OPHTHALMIC	YES	
Q6U	OPHTHALMIC MAST CELL STAB	CROMOLYN SODIUM	CROMOLYN SODIUM	OPHTHALMIC	YES	
M9L	ORAL ANTICOAGULANTS, COUMARI	WARFARIN SODIUM	COUMADIN	ORAL	NO	
D4H	ORAL MUCOSITIS/STOMATITIS AG	POVIDONE-SODIUM HYALURONATE-GLYCYRRHETINIC ACID	GELCLAIR	MUCOUS MEM	NO	
Q8F	OTIC PREPARATIONS ANTI-INFLA	CIPROFLOXACIN-HYDROCORTISONE	CIPRO HC	OTIC	NO	
W1O	OXAZOLIDINONES	LINEZOLID	ZYVOX	ORAL	NO	
W8D	OXIDIZING AGENTS	DAKIN'S SOLUTION	DAKIN'S	MISCELL	NO	
		HYDROGEN PEROXIDE	HYDROGEN PEROXIDE	MISCELL	NO	
G3A	OXYTOCICS	METHYLERGONOVINE MALEATE	METHERGINE	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
D8A	PANCREATIC ENZYMES	AMY-LIP-PROT	PANCREAZE MT 10	ORAL	YES	All oral formulations of these drugs are covered for allowed conditions
		AMY-LIP-PROT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP	ORAL	YES	
		PANCRELIPASE (LIP-PROT-AMYL)	CREON	ORAL	YES	
J1A	PARASYMPATHETIC AGENTS					
		BETHANECHOL CHLORIDE	URECHOLINE	ORAL	NO	
		CEVIMELINE HCL	EVOXAC	ORAL	NO	
		PILOCARPINE HCL	PILOCAR	ORAL	NO	
C6H	PEDIATRIC VITAMIN PREPARE					All combinations and strengths of oral dosage forms are covered for allowed conditions
		PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW	CEROVITE JR	ORAL	YES	
W1A	PENICILLINS					
		AMOXICILLIN	AMOXICILLIN	ORAL	NO	
		AMOXICILLIN & K CLAVULANATE	AUGMENTIN	ORAL	NO	
		AMOXICILLIN (TRIHYDRATE)	MOXATAG	ORAL	NO	
		AMPICILLIN TRIHYDRATE	AMPICILLIN TRIHYDRATE	ORAL	NO	
		DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM	ORAL	NO	
		Inactive	GEOCILLIN	ORAL	NO	
		PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM	ORAL	NO	
D1A	PERIODONTAL COLL INHIBITORS					
		DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE	ORAL	YES	
A7C	PERIPHERAL VASODILATORS					
		ISOSUPRINE HCL	VASODILAN	ORAL	YES	
		PAPAVERINE HCL	PAVABID	ORAL	YES	
C1P	PHOSPATE REPLACEMENT					
		POTASSIUM & SODIUM PHOSPHATES	NEUTRA-PHOS	ORAL	YES	
M9P	PLATELET AGGREGATION INHIBIT					
		ASPIRIN-DIPYRIDAMOLE	AGGRENEX	ORAL	YES	
		CILOSTAZOL	CILOSTAZOL	ORAL	YES	
		CLOPIDOGREL BISULFATE	PLAVIX	ORAL	YES	
		DIPYRIDAMOLE	DIPYRIDAMOLE	ORAL	YES	
		PERSANTINE	PERSANTINE	ORAL	YES	
		TICLOPIDINE HCL	TICLOPIDINE HCL	ORAL	YES	
B1B	PLUM ANTIHYPERTEN ENDO REC ANT					
		AMBRISANTAN	LETAIRIS	ORAL	YES	
		BOSENTAN	TRACLEER	ORAL	YES	
C1D	POTASSIUM REPLACEMENT					
		POTASSIUM BICARBONATE EFFER	KLOR-CON-EF	ORAL	YES	All potassium salts and oral dosage forms are covered for allowed conditions
		POTASSIUM CHLORIDE	KLOR-CON	ORAL	YES	



**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
R1H	POTASSIUM SPARING DIURETICS					
R1L	POTASSIUM SPARING DIURETICS					
		AMILORIDE HCL	AMILORIDE HCL	ORAL	YES	
		AMILORIDE HCL-HCTZ	AMILORIDE HCL-HCTZ	ORAL	YES	
		EPIRENONE	INSPRA	ORAL	YES	
		SPIRONOLACTONE	ALDACTONE	ORAL	YES	
		SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	ALDACTAZIDE	ORAL	YES	
		SPIRONOLACTONE-HCTZ	SPIRONOLACTONE-HCTZ	ORAL	YES	
		TRIAMTERENE & HYDROCHLOROTHIAZIDE	DYAZIDE	ORAL	YES	
		TRIAMTERENE W/HCTZ	TRIAMTERENE W/HCTZ	ORAL	YES	
C6F	PRENATAL VITAMIN PREPARATION					All combinations and strengths of oral dosage forms are covered for allowed conditions
		PRENATAL VIT W/ DSS-FE FUMARATE-FA	PRENATAL 19	ORAL	YES	
		PRENATAL VIT W/ FE FUMARATE-FA	PRENATAL PLUS	ORAL	YES	
G2A	PROGESTATIONAL AGENTS					
		MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE	ORAL	YES	
L3A	PROTECTIVES					
L3B	PROTECTIVES					
		ALUMINUM HYDROXIDE	DERMAGRAN	TOPICAL	NO	
		BENZOIN	BENZOIN	TOPICAL	NO	
		DERMATOLOGICAL PRODUCTS MISC	TETRIX	TOPICAL	NO	
		DIMETHICONE	PROSHIELD PLUS	TOPICAL	NO	
		DIMETHICONE	PACQUIN MEDICATED	TOPICAL	NO	
		HYALURONATE SODIUM	BIONECT	TOPICAL	NO	
		HYALURONATE SODIUM (EMOLLIENT)	HYLIRA	TOPICAL	NO	
		MENTHOL-ZINC OXIDE	CALMOSEPTINE	TOPICAL	NO	
		PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	NO	
		PETROLATUM-ZINC OXIDE	SENSI-CARE	TOPICAL	NO	
		SKIN PROTECTANTS MISC	PELEVERUS GOLD	TOPICAL	NO	
		SKIN PROTECTANTS MISC	ALOE VESTA	TOPICAL	NO	
		SODIUM HYALURONATE	SODIUM HYALURONATE	TOPICAL	NO	
		TALC TOPICAL POWDER	TALC TOPICAL POWDER	TOPICAL	NO	
		TINCTURE OF BENZOIN	TINCTURE OF BENZOIN	TOPICAL	NO	
	PROTECTIVES (CONT)	WOUND CLEANSERS	PELEVERUS	TOPICAL	NO	
		ZINC OXIDE	DESITIN	TOPICAL	NO	
		ZINC OXIDE	BOUDREAUXS	TOPICAL	NO	
D4J	PROTON PUMP INHIBITORS					
		ESOMEPRAZOLE MAGNESIUM	NEXIUM	ORAL	NO	
		LANSOPRAZOLE	PREVACID	ORAL	NO	
		OMEPRAZOLE	PRILOSEC	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	PROTON PUMP INHIBITORS (CONT)	OMEPRAZOLE-SODIUM BICARBONATE PANTOPRAZOLE SODIUM RABEPRAZOLE SODIUM	ZEGERID PROTONIX ACIPHEX	ORAL ORAL ORAL	NO NO NO	
B1D	PULMONARY ANTIHYPERTENSIVES	SILDENAFIL CITRATE (Pulmonary)	REVATIO	ORAL	YES	
C7A	PURINE INHIBITORS	ALLOPURINOL FEBUXOSTAT	ALLOPURINOL ULORIC	ORAL ORAL	YES YES	
S2I	PYRIMIDINE SYNTHESIS INHIBITR	LEFLUNOMIDE	LEFLUNOMIDE	ORAL	YES	
W1Q	QUINOLONES	CIPROFLOXACIN HCL GEMIFLOXACIN MESYLATE LEVOFLOXACIN MOXIFLOXACIN HCL NORFLOXACIN OFLOXACIN	CIPRO FACTIVE LEVAQUIN AVELOX NOROXIN OFLOXACIN	ORAL ORAL ORAL ORAL ORAL ORAL	NO NO NO NO NO NO	
Q3B	RECTAL LOWER BOWEL PREP	HYDROCORTISONE HYDROCORTISONE ACETATE	COLOCORT CORTIFOAM	RECTAL RECTAL	YES YES	
Q3A	RECTAL PREPARATIONS	HYDROCORTISONE HYDROCORTISONE ACETATE W/ PRAMOXINE STARCH	PROCTOCORT PROCTOFOAM-HC TUCKS	RECTAL RECTAL RECTAL	NO NO NO	
A4U	RENIN INHIB/TTHIAZIDE DIURETIC	ALISKIREN-HCTZ	TEKTURNA HCT	ORAL	NO	
A4T	RENIN INHIBITOK, DIRECT	ALISKIREN FUMARATE	TEKTURNA	ORAL	YES	
A4W	RENIN-INH/ANGIOTENSIN-REC-ANT	ALISKIREN-VALSARTAN	VALTURNA	ORAL	NO	
W9C	RIFAMYCINS/RELATED ANTIBIOTICS	RIFAXIMIN	XIFAXAN	ORAL	NO	
L5G	ROSACEA AGENTS, TOPICAL	METRONIDAZOLE	METROGEL	TOPICAL	YES	
H3O	SALICYL ANLG-BARBITUR-XANTHINE	BUTALBITAL-ASPIRIN-CAFFEINE	FORINAL	ORAL	NO	
H3D	SALICYLATE ANALGESICS	ACETAMINOPHEN-SALICYLAMIDE- PHENYLTOLAXAMINE APAP-SALICYLAMIDE-PHENYLTOLAX- CAFFEINE	BE-FLEX PLUS DURABAC	ORAL ORAL	NO NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	SALICYLATE ANALGESICS (CONT)	ASPIRIN ASPIRIN BUFFERED (CA CARB-MG CARB-MG OX)	ASPIRIN	ORAL	NO	
		ASPIRIN W/ANTACID	ASPIRIN W/ANTACID	ORAL	NO	
		ASPIRIN-ACETAMINOPHEN-CAFFEINE	EXCEDRIN	ORAL	NO	
		ASPIRIN-AL HYDRO-MG HYDRO-CA CARB	ASCRIPTIN	ORAL	NO	
		ASPIRIN-APAP-SALICYLAMIDE-CAFFEINE	LEVACET	ORAL	NO	
		ASPIRIN-CAFFEINE	ANACIN	ORAL	NO	
		CHOLINE MAG TRISALICYLATE	TRILISATE	ORAL	NO	
		DIFLUNISAL	DOLOBID	ORAL	NO	
		MEPROBAMATE-ASPIRIN	EQUAGESIC	ORAL	NO	
		SALSALATE	DISALCID	ORAL	NO	
D4L	SALIVA SUBSTITUTE AGENTS	ARTIFICIAL SALIVA	AQUORAL	MUCOUS MEM	NO	
		MISC THROAT PRODUCTS	OASIS	MUCOUS MEM	NO	
V1T	SEL ESTROGEN RECEPT MODULATORS	TAMOXIFEN CITRATE	TAMOXIFEN CITRATE	ORAL	YES	
H7E	SEROTONIN-2 ANTAG/REUP INHIB	NEFAZODONE HCL	NEFAZODONE HCL	ORAL	NO	
		TRAZADONE HCL	TRAZADONE HCL	ORAL	NO	
H7C	SEROTONIN-NOREPINEPH REUP INHI	DESVENLAFAXINE SUCCINATE	PRISTIQ	ORAL	NO	
		DULOXETINE HCL	CYMBALTA	ORAL	NO	
		VENLAFAXINE HCL	EFFEXOR	ORAL	NO	
H2S	SERTONIN SPEC REUP INHIB-SSRI	CITALOPRAM HYDROBROMIDE	CELEXA	ORAL	NO	
		ESCITALOPRAM OXALATE	LEXAPRO	ORAL	NO	
		FLUOXETINE HCL	PROZAC	ORAL	NO	All oral formulations and strengths are covered
		FLUVOXAMINE MALEATE	LUVOX CR	ORAL	NO	
		PAROXETINE HCL	PAXIL	ORAL	NO	
		PAROXETINE MESYLATE	PEXEVA	ORAL	NO	
		SERTRALINE HCL	ZOLOFT	ORAL	NO	
L7A	SHAMPOOS	INFANT CARE PRODUCTS	BABY SHAMPOO	TOPICAL	NO	
H6H	SKELETAL MUSCLE RELAXANTS					Excluding Baclofen and Dantrolene, agents in this class are
U6J	SOLVENTS					
U6K	SOLVENTS	MINERAL OIL	MINERAL OIL	MISCELL	NO	
		RUBBING ALCOHOL	RUBBING ALCOHOL	MISCELL	NO	
H7Z	SSRI/ANTIPSYCHOTIC, COMBINATIO	OLANZAPINE-FLUOXETINE HCL	SYMBYAX	ORAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
V1E	STEROID ANTINEOPLASTICS	MEGESTROL ACETATE	MEGESTROL ACETATE	ORAL	YES	
L5B	SUNSCREENS	SUNSCREEN LOTION	TOTAL BLOCK	TOPICAL	NO	
J5E	SYMPATHOMIMETIC AGENTS	PHENYLEPHRINE HCL	NEO-SYNEPHRINE	ORAL	NO	
H2X	TCA/BENZODIAZEPINE COMBIN	PSEUDOEPHEDRINE HCL	SUDAFED	ORAL	NO	
H2W	TCA/PHENOTHIAZINE COMBINATION	AMITRIPTYLINE-CHLORDIAZEPOXIDE	AMITRIPTYLINE-CHLORDIAZEPOXIDE	ORAL	NO	
W1C	TETRACYCLINES	PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE	ORAL	NO	
		DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	ORAL	NO	
		DOXYCYCLINE	DOXYCYCLINE	ORAL	NO	
		DOXYCYCLINE (ROSACEA)	ORACEA	ORAL	NO	
		DOXYCYCLINE HYCLATE	DORYX	ORAL	NO	
		DOXYCYCLINE MONOHYDRATE	DOXYCYCLINE MONOHYDRATE	ORAL	NO	
		MINOCYCLINE HCL	SOLODYN	ORAL	NO	
		TETRACYCLINE HCL	TETRACYCLINE HCL	ORAL	NO	
R1F	THIAZIDE DIURETICS AND RELAXANTS	CHLOROTHIAZIDE	CHLOROTHIAZIDE	ORAL	YES	
		HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE	ORAL	YES	
		INDAPAMIDE	INDAPAMIDE	ORAL	YES	
		METOLAZONE	METOLAZONE	ORAL	YES	
P3A	THYROID HORMONES	LEVOTHYROXINE SODIUM	SYNTHROID	ORAL	YES	
		LIOTHYRONINE SODIUM	CYTOMEL	ORAL	YES	
		THYROID	ARMOUR THYROID	ORAL	YES	
		THYROID	THYROID	ORAL	YES	
O5B	TOPICAL ANTIBACTERIALS	CADEXOMER IODINE	IODOSORB	TOPICAL	NO	
		CHLORHEXIDINE GLUCONATE	BETASEPT	TOPICAL	NO	
		CLIOQUINOL-HYDROCORTISONE	CLIOQUINOL-HYDROCORTISONE	TOPICAL	NO	
		HEXACHLOROPHENE	PHISOHEX	TOPICAL	NO	
		HYDROCORTISONE-IODOQUINOL	HYDROCORTISONE-IODOQUINOL	TOPICAL	NO	
		IODOQUINOL-HYDROCORTISONE-ALOE				
		POLYSACCHARIDE	ALCORTIN A	TOPICAL	NO	
		POVIDONE-IODINE	BETADINE	TOPICAL	NO	
		ZEPHIRAN CHLORIDE	ZEPHIRAN CHLORIDE	TOPICAL	NO	
O5W	TOPICAL ANTIBIOTICS	BACTRACIN ZINC	BACTRACIN	TOPICAL	NO	
		BACTRACIN-POLYMYXIN B	POLYSPORIN	TOPICAL	NO	
		CLINDAMYCIN PHOSPHATE	CLEOCIN-T	TOPICAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	TOPICAL ANTI-BIOTICS (CONT)	ERYTHROMYCIN	ERY	TOPICAL	NO	
		ERYTHROMYCIN-BENZOYL PEROXIDE	ERYTHROMYCIN-BENZOYL PEROXIDE	TOPICAL	NO	
		GENTAMICIN SULFATE	GENTAMICIN SULFATE	TOPICAL	NO	
		MUPIROCIN CALCIUM	BACTROBAN	TOPICAL	NO	
		NEOMYCIN-BACITRACIN-POLYMYXIN W/ LIDOCAINE	NEOSPORIN PLUS	TOPICAL	NO	
		NEOMYCIN-POLYMYXIN B-GRAMICIDIN	NEOSPORIN	TOPICAL	NO	
Q5X	TOPICAL ANTI-BIOTICS STEROID	NEOMYCIN-POLYMYXIN-HC	CORTISPORIN	TOPICAL	NO	
Q5F	TOPICAL ANTI-FUNGALS	BUTENAFINE HCL	MENTAX	TOPICAL	NO	
		CICLOPIROX	LOPROX	TOPICAL	NO	
		CLOTRIMAZOLE	LOTTRIMIN AF	TOPICAL	NO	
		CLOTRIMAZOLE W/ BETAMETHASONE	LOTTRISONE	TOPICAL	NO	
		ECONAZOLE NITRATE	ECONAZOLE NITRATE	TOPICAL	NO	
		GENTIAN VIOLET	GENTIAN VIOLET	TOPICAL	NO	
		KETOCONAZOLE	EXTINA	TOPICAL	NO	
		MICONAZOLE NITRATE	MICATIN	TOPICAL	NO	
		MICONAZOLE NITRATE	ZEASORB-AF	TOPICAL	NO	
		MICONAZOLE-ZINC OXIDE-WHITE				
		PETROLATUM	VUSION	TOPICAL	NO	
		NAFTIFINE HCL	NAFTIN	TOPICAL	NO	
		NYSTATIN	MYCOSTATIN	TOPICAL	NO	
		NYSTATIN-TRIAMCINOLONE	MYCOLOG_II	TOPICAL	NO	
		OXICONAZOLE NITRATE	OXISTAT	TOPICAL	NO	
		SALICYLIC ACID & BENZOIC ACID	BENSAL HP	TOPICAL	NO	
		SERTACONAZOLE NITRATE	ERTACZO	TOPICAL	NO	
		SULCONAZOLE NITRATE	EXELDERM	TOPICAL	NO	
		TERBINAFINE HCL	LAMISIL AT	TOPICAL	NO	
		TOINAFTATE	TINACTIN	TOPICAL	NO	
Q5E	TOPICAL ANTI-INFLAMMATORY	DICLOFENAC SODIUM	VOLTAREN	TOPICAL	NO	
Q5N	TOPICAL ANTI-NEOPLASTICS	DICLOFENAC SODIUM (ACTINIC KERATOSES)	SOLARAZE	TOPICAL	YES	
		FLUOROURACIL	CARAC	TOPICAL	YES	
Q5P	TOPICAL ANTI-INFLAMMATORY PREP	ALCLOMETASONE DIPROPIONATE	ACLOVATE	TOPICAL	NO	
		AMCINONIDE	AMCINONIDE	TOPICAL	NO	
		BETAMETHASONE DIPROPIONATE	DIPROLENE	TOPICAL	NO	
		BETAMETHASONE VALERATE	LUXIQ	TOPICAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	TOPICAL ANTIINFLAMMATORY PREP (CONT)	CLOBETASOL PROPIONATE	OLUX	TOPICAL	NO	
		CLOBETASOL PROPIONATE	CLOBEX	TOPICAL	NO	
		CLOCORTOLONE PIVALATE	CLODERM	TOPICAL	NO	
		DESONIDE	VERDESO	TOPICAL	NO	
		DESOXIMETASONE	TOPICORT	TOPICAL	NO	
		DIFLORASONE DIACETATE	DIFLORASONE DIACETATE	TOPICAL	NO	
		DIFLORASONE DIACETATE	APEXICON E	TOPICAL	NO	
		FLUOCINOLONE ACETONIDE	DERMA-SMOOTHIE-JS	TOPICAL	NO	
		FLUOCINONIDE	VANOS	TOPICAL	NO	
		FLURANDRENOLIDE	CORDRAN	TOPICAL	NO	
		FLUTICASONE PROPIONATE	CUTIVATE	TOPICAL	NO	
		HALCIMONIDE	HALOG	TOPICAL	NO	
		HALOBETASOL PROPIONATE	ULTRAVATE	TOPICAL	NO	
		HYDROCORTISONE	CORTIZONE 10	TOPICAL	NO	
		HYDROCORTISONE ACETATE	HYDROCORTISONE	TOPICAL	NO	
		HYDROCORTISONE BUTYRATE	CORTAID	TOPICAL	NO	
		HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE	LOCROID LIP-CREAM	TOPICAL	NO	
		HYDROCORTISONE PROBUTATE	PANDEL	TOPICAL	NO	
		HYDROCORTISONE VALERATE	VALISONE	TOPICAL	NO	
		HYDROCORTISONE-ALOE VERA	HYDROCORTISONE-ALOE VERA CREAM	TOPICAL	NO	
		MOMETASONE FUROATE	ELOCON	TOPICAL	NO	
		PREDNICARBATE	DERMATOP	TOPICAL	NO	
		TRIAMCINOLONE ACETONIDE	KENALOG	TOPICAL	NO	
O5R	TOPICAL ANTIPARASITICS					
W4M	TOPICAL ANTIPARASITICS					
		CROTAMITON	EURAX	TOPICAL	NO	
		LINDANE	LINDANE	TOPICAL	NO	
		MALATHION	OVIDE	TOPICAL	NO	
		NITAZOXANIDE	ALINIA	ORAL	NO	
		PERMETHRIN	ACTICIN	TOPICAL	NO	
		PYRETHRINS-PIPERONYL BUTOXIDE	RID	TOPICAL	NO	
W8N	TOPICAL ANTISEPT DRYING AGENTS					
		FORMALDEHYDE	FORMALAZ	TOPICAL	NO	
O5V	TOPICAL ANTIVIRALS					
		ACYCLOVIR	ZOVIRAX	TOPICAL	NO	
		PENCICLOVIR	DENAVIR	TOPICAL	NO	
L9D	TOPICAL HYPERPIGMENTATION AG					
		METHOXYSALEN	OXSORALEN	TOPICAL	YES	
T0D	TOPICAL HYPERTRICHOTIC-EYELASH					
		BIMATOPROST	LATISSE	TOPICAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGT					
		PIMECROLIMUS	ELIDEL	TOPICAL	YES	
		TACROLIMUS	PROTOPIC	TOPICAL	YES	
Q5H	TOPICAL LOCAL ANESTHETICS					
		BENZOCAINE	BENZOCAINE AEROSOL 10%	TOPICAL	NO	
		BUTAMBEN-TETRACAINE-BENZOCAINE	CETACAINE	TOPICAL	NO	
		DIBUCAINE	DIBUCAINE	TOPICAL	NO	
		ETHYL CHLORIDE	ETHYL CHLORIDE	TOPICAL	NO	
		HYDROCORTISONE ACE-PRAMOXINE-ALOE				
		POLYSACCH	NOVACORT	TOPICAL	NO	
		LIDOCAINE	ANECREAM	TOPICAL	NO	
		LIDOCAINE HCL	REGENECARE HA	TOPICAL	NO	
		LIDOCAINE PATCH	LUDODERM	TOPICAL	NO	Claim must be allowed for post herpetic neuralgia
		LIDOCAINE-HYDROCORTISONE ACETATE	LIDAMANTLE HC	TOPICAL	NO	
		LIDOCAINE-PRILOCAINE	EMLA	TOPICAL	NO	
		LIDOCAINE-TETRACAINE PATCH	SYNERA	TOPICAL	NO	
		PENTAFLUOROPROPANE-	PENTAFLUOROPROPANE-			
		TETRAFLUOROETHANE AERO	TETRAFLUOROETHANE AERO	TOPICAL	NO	
		PRAMOXINE HCL	SARNA SENSITIVE	TOPICAL	NO	
		PRAMOXINE HCL-HYDROCORTISONE	PRAMOSONE	TOPICAL	NO	
T0B	TOPICAL PLEUROMUTILIN DERIV.					
		CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	ALTABAX	TOPICAL	YES	
Q5A	TOPICAL PREPARATIONS, MISC					
		EMOLLIENT	CETAPHIL	TOPICAL	NO	
		SODIUM CHLORIDE	SODIUM CHLORIDE EXTERNAL SOLN	TOPICAL	NO	
Q5S	TOPICAL SULFONAMIDES					
		MAFENIDE ACETATE	SULFAMYLON	TOPICAL	NO	
		SILVER SULFADIAZINE	SILVADENE	TOPICAL	NO	
		SULFACETAMIDE SODIUM W/ SULFUR	ROSADERM	TOPICAL	NO	
		SULFACETAMIDE SODIUM-SULFUR	ROSULA	TOPICAL	NO	
T0A	TOPICAL VIT D ANALOG/STEROID					
		CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	TACLONEX	TOPICAL	YES	
L0B	TOPICAL/MUCOUS MEMBRANCE/SUB					
		COLLAGENASE	SANTYL	TOPICAL	NO	
		PAPAIN-UREA	ALLANENZYME	TOPICAL	NO	
		PAPAIN-UREA	KOVIA OINTMENT	TOPICAL	NO	
		PAPAIN-UREA-CHLOROPHYLLIN	ALLANFILLENZYME	TOPICAL	NO	
		TRYPSIN	TRYPSIN	TOPICAL	NO	
		TRYPSIN W/ CASTOR OIL & PERUVIAN BALSAM	GRANULEX	TOPICAL	NO	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
W4E	TRICHOMONACIDES	METRONIDAZOLE	FLAGYL ER	ORAL	NO	
H2U	TRICYCLIC ANTIDEPRESS RELATED	AMITRIPTYLINE HCL	ELAVIL	ORAL	NO	
		AMOXAPINE	ASCENDIN	ORAL	NO	
		CLOMIPRAMINE HCL	CLOMID	ORAL	NO	
		DESIPRAMINE HCL	NORPRAMINE	ORAL	NO	
		DOXEPIN HCL	SINEQUAN	ORAL	NO	
		IMIPRAMINE HCL	TOFRANIL	ORAL	NO	
		IMIPRAMINE PAMOATE	TOFRANIL-PM	ORAL	NO	
		MAPROTIline HCL	LUDIOMIL	ORAL	NO	
		NORTRIPTYLINE HCL	PAMELOR	ORAL	NO	
		PROTRIPTYLINE HCL	VIVACTIL	ORAL	NO	
		TRIMIPRAMINE MALEATE	SURMONTIL	ORAL	NO	
S2J	TUMOR NECROSIS FACTOR INHIBIT	ADALIMUMAB	HUMIRA	SUB-Q	YES	
		ETANERCEPT	ENBREL	SUB-Q	YES	
H7Y	TX FOR ATTN DEF-ADHD, NRI-TYPE	ATOMOXETINE HCL	STRATTERA	ORAL	YES	
R1A	UNIARY TRACT ANTISPASMODIC	FESOTERODINE FUMARATE	TOVIAZ	ORAL	YES	
		FLAVOXATE HCL	FLAVOXATE HCL	ORAL	YES	
		OXYBUTYNNIN CHLORIDE	DITROPAN XL	ORAL	YES	
		OXYBUTYNNIN CHLORIDE	OXYBUTYNNIN CHLORIDE	ORAL	YES	
		OXYBUTYNNIN CHLORIDE TD	GELNIQUE	TRANSDERM	YES	
		OXYBUTYNNIN TD PATCH	OXYTROL	TRANSDERM	YES	
		TOLTERODINE TARTRATE	DETROL	ORAL	YES	
		TROSPIMUM CHLORIDE	SANCTURA	ORAL	YES	
R5B	URINARY ANELGESIC AGENTS	PENTOSAN POLYSULFATE SODIUM	ELMIRON	ORAL	YES	
R5A	URINARY ANESTHETICS	PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL	ORAL	YES	
R1S	URINARY PH MODIFIERS	CITRIC ACID & D-GLUCONIC ACID	RENACIDIN	IRRIGATION	YES	
		Inactive POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS	UROCID-ACID NO.2	ORAL	YES	
		POTASSIUM & SODIUM ACID PHOSPHATES	K-PHOS NEUTRAL	ORAL	YES	
		POTASSIUM CITRATE	K-PHOS M.F.	ORAL	YES	
		POTASSIUM CITRATE & CITRIC ACID	UROCIT-K	ORAL	YES	
		SODIUM CITRATE & CITRIC ACID	CYTRA-K	ORAL	YES	
			CYTRA-2	ORAL	YES	



**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
R11	URINARYTRACT ANTISPAS-M(3)SEL					
		DARIFENACIN HYDROBROMIDE	ENABLEX	ORAL	YES	
		SOJUFENACIN SUCCINATE	VESICARE	ORAL	YES	
Q4W	VAGINAL ANTI B I O T I C S					
		METRONIDAZOLE	VANDA ZOLE	VAGINAL	YES	
Q4F	VAGINAL ANTI F U N G A L S					
		MICONAZOLE NITRATE	MONISTAT 3	VAGINAL	YES	
		TERCONAZOLE	TERZOL	VAGINAL	YES	
Q4B	VAGINAL ANTI S E P T I C S					
		OKYQUINOLONE SULFATE-PH 4	TRIMO-SAN	VAGINAL	NO	
Q4K	VAGINAL ESTROGEN PREPARATION					
		ESTRADIOL	ESTRADIOL VAGINAL	VAGINAL	NO	
Q4S	VAGINAL SULFONAMIDES					
		SULFANILAMIDE	AVC	VAGINAL	YES	
W1J	VANCOMYCIN AND DERIVATIVES					
		VANCOICIN HCL	VANCOICIN HCL	ORAL	NO	
		VANCOMYCIN HCL	VANCOMYCIN HCL	INTRAVEN	NO	
A7J	VASODILATORS, COMBINATION					
		ISOSORBIDE DINITRATE-HYDRALAZINE HCL	BIDIL	ORAL	YES	
U6N	VEHICLES					
U6P	VEHICLES					
		COCOA BUTTER	COCOA BUTTER	TOPICAL	NO	
		SORBITOL	SORBITOL	MISCELL	NO	
C6A	VITAMIN A PREPARATIONS					
		VITAMIN A	VITAMIN A	ORAL	YES	
C6B	VITAMIN B PREPARATIONS					
		B-COMPLEX W/ C & FOLIC ACID	NEPHROCAPS	ORAL	YES	
		B-COMPLEX W/ C-BIOTIN-MINERALS & FOLIC ACID	DIATX ZN	ORAL	YES	
		FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLBIC	ORAL	YES	
		FOLIC ACID-PYRIDOXINE-CYANOCOBALAMIN	FOLTX	ORAL	YES	
		FOLIC ACID-VITAMIN B6-VITAMIN B12	FOLGARD RX	ORAL	YES	
		L-METHYL FOLATE W/ VIT B12-VIT B6-VIT B2	CEREFOLIN	ORAL	YES	
		L-METHYL FOLATE W/ VIT B6-VIT B12	METANX	ORAL	YES	
		L-METHYL FOLATE-METHYLCOBALAMIN-ACETYLCYST	CEREFOLIN NAC	ORAL	YES	
		L-METHYL FOLATE-METHYLCOBALAMIN-ACETYLCYST	L-METHYL FOLATE-METHYLCOBALAMIN-ACETYLCYST	ORAL	YES	
		POTASSIUM AMINOBENZOATE	AMINOBENZOATE POTASSIUM	ORAL	YES	

**APPENDIX A  
BWC OUTPATIENT MEDICATION FORMULARY**

Therapeutic Class Code	Therapeutic Class Code Description 2	Generic Name	Representative brand name (if one is in use), NOTE: Brand name products are eligible for reimbursement in accordance with OAC 4123-6-21	Dosage Form	Requires Prior Authorization or Related Condition Approved in Claim	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 are eligible for reimbursement in accordance with OAC 4123-6-21.
	VITAMIN B PREPARATIONS (CONT)	POTASSIUM AMINOBENZOATE	POTABA	ORAL	YES	
		VITAMINS W/ LIPOTROPICS	BALANCED B-100	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6T	VITAMIN B1 PREPARATIONS	THIAMINE HCL	B-1	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6L	VITAMIN B12 PREPARATIONS		VITAMIN B-12	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6R	VITAMIN B2 PREPARATIONS	CYANOCOBALAMIN				
		RIBOFLAVIN	VITAMIN B-2	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6Q	VITAMIN B6 PREPARATIONS		VITAMIN B-6	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
		PYRIDOXINE				
C6C	VITAMIN C PREPARATIONS	ASCORBIC ACID	VITAMIN C	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
		ERGOCALCIFEROL	CALCIFEROL	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6D	VITAMIN D PREPARATIONS					
		B-COMPLEX W/ C & E + ZN	Z-GEN	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6E	VITAMIN E PREPARATIONS	VITAMIN E	VITAMIN E	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
		PHYTONADIONE	MEPHYTON	ORAL	YES	All combinations and strengths of oral dosage forms are covered for allowed conditions
C6K	VITAMIN K PREPARATIONS					
A1B	XANTHINES	AMINOPHYLLINE	AMINOPHYLLINE	Oral	NO	
		THEOPHYLLINE	THEOPHYLLINE	Oral	NO	
		THEOPHYLLINE ELIXIR	ELIXOPHYLLIN	Oral	NO	
C3C	ZINC REPLACEMENT	ZINC SULFATE	ORAZINC	ORAL	YES	All zinc salts and oral dosage forms are covered for allowed conditions