ACTION: Final

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Ohio | Common Sense Initiative

Mike DeWine, Governor
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Business Impact Analysis

Agency, Board, or Commission Name: Ohio Bureau of Workers Compensation

Rule Contact Name and Contact Information:

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Regulation/Package Title (a general description of the rules' substantive content):

Outpatient medication formulary

Rule Number(s): 4123-6-21.3

Date of Submission for CSI Review: 12/11/2020

Public Comment Period End Date: 01/01/2021

Rule Type/Number of Rules:

New/___ rules

No Change/____ rules (FYR? ___)

Amended/_1___ rules (FYR? _No__)

Rescinded/____ rules (FYR? ___)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Reason for Submission

1. **R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

   Which adverse impact(s) to businesses has the agency determined the rule(s) create?

   The rule(s):

   a. ☐ **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**

   b. ☐ **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**

   c. ☒ **Requires specific expenditures or the report of information as a condition of compliance.**

   d. ☐ **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Regulatory Intent

2. **Please briefly describe the draft regulation in plain language.**
   Please include the key provisions of the regulation as well as any proposed amendments.

   BWC adopted Rule 4123-6-21.3 effective September 1, 2011 to establish an outpatient medication formulary. A formulary is a list of drugs approved for reimbursement when prescribed to treat conditions allowed in the claim. The formulary is maintained by BWC with input from the BWC Pharmacy and Therapeutics Committee.

   The proposed changes to OAC 4123-6-21.3 listed below are contained in the Appendix to the rule, which is the formulary drug list. A copy of the Appendix with the proposed changes will be available on the BWC website for stakeholder review. This proposed revision shall make the following changes in coverage:

   MEDICATIONS TO BE DELETED FROM THE FORMULARY

   - Nitroglycerin capsule ER 9 MG
   - Pseudoephedrine, codeine, and guaifenesin solution 30-10-100 MG/5ML
   - Hyoscyamine sulfate tablet 0.125 MG

- Hyoscyamine sulfate sublingual tablet 0.125 MG
- Hyoscyamine sulfate elixir 0.125 MG/5ML
- Hyoscyamine sulfate disintegrating tablet 0.125 MG
- Chlordiazepoxide and clidinium capsule 5-2.5 MG
- Phenobarbital-Hyoscyamine-Atropine-Scopolamine tablet 16.2-0.1037-0.0194-0.0065 MG
- Methenamine-Hyoscyamine-Methylene Blue-Sodium Phosphate-Phenyl Salicylate Tab 81 MG
- Potassium Citrate & Citric Acid Solution 1100-334 MG/5ML
- Isometheptene-Dichloralphenazone-Acetaminophen Cap 65-100-325 MG
- Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML
- Hydrocortisone Acetate Suppository 25 MG
- Hydrocortisone Acetate Suppository 30 MG
- Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%
- Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%
- Iodoquinol-HC Cream 1%
- Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%
- Pramoxine-HC Cream 1-1%
- Pramoxine-HC Lotion 1-2.5%
- Pramoxine-HC Ointment 1-2.5%
- Trypsin w/ Castor Oil & Peruvian Balsam Spray
- Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%
- Morphine-Naltrexone Cap ER 20-0.8 MG
- Morphine-Naltrexone Cap ER 30-1.2 MG
- Morphine-Naltrexone Cap ER 50-2 MG
- Morphine-Naltrexone Cap ER 60-2.4 MG
- Morphine-Naltrexone Cap ER 80-3.2 MG
- Morphine-Naltrexone Cap ER 100-4 MG

MEDICATIONS TO BE ADDED TO THE FORMULARY

- Ketorolac Tromethamine IM Inj 60 MG/2ML
- Ketorolac Tromethamine Inj 15 MG/ML
- Ketorolac Tromethamine Inj 30 MG/ML
- Midazolam HCl Inj 5 MG/ML
- Midazolam Nasal Spray Soln 5 MG/0.1 ML

  Prior authorization required. Reimbursement is limited to claims in which all of the following are documented: frequent seizure activity that is related to allowed conditions in the claim, the injured worker is concurrently receiving maintenance anticonvulsant medication, and the injured worker is unable to administer generic injectable midazolam intranasally. Reimbursement is limited to one package every 30 days.
- Rivaroxaban Tab 2.5 MG
- Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML and Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML

Prior authorization is required. Reimbursement is limited to claims in which all of the following are documented: diagnosis of asthma allowed in the claim, inadequate control of asthma after at least three months of use of an inhaled corticosteroid plus a long acting beta- agonist OR an inhaled corticosteroid plus a long acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL within the past 12 months. Initial approval will be granted for six months, and subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications.

- Glecaprevir-Pibrentasvir Tab 100-40 MG
- Sodium Chloride Soln Nebu 3%

MEDICATIONS WITH CHANGES IN COVERAGE

- None

3. **Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.**

   R.C. 4121.441(A), 4123.66(A)

4. **Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

   No.

   If yes, please briefly explain the source and substance of the federal requirement.

   N/A

5. **If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

   N/A

6. **What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

   The purpose of Rule 4123-6-21.3 is to improve the efficiency of treatment for injured workers by providing prescribers with a concise list of medications that can be utilized for treatment of approved conditions related to the claim. The formulary also provides the prescriber with information regarding any restrictions or limitations to the use of an approved medication. Likewise, the prescriber will know that if a medication is not listed in the formulary, then it will not be reimbursed for treatment of any conditions in a claim. The use of a formulary enhances medication safety by allowing time for BWC's Pharmacy and

Therapeutics Committee to conduct a thorough review of the clinical merits of new medications before they are approved for use. It also provides a process by which BWC may remove or limit the inappropriate utilization of medications in keeping with FDA recommendations as well as current clinical literature and best medical practices.

The revisions to BWC formulary rule 4123-6-21.3 will remove Embeda®, an abuse-deterrent form of morphine, from the outpatient formulary. Embeda® was voluntarily withdrawn from the marketplace by the manufacturer on November 15, 2019 and is no longer available.

The proposed changes will also remove 23 drugs that have been assigned a Drug Efficacy Study Implementation (DESI) classification of 5, meaning they are less than effective for all indications. DESI is the FDA's administrative process to evaluate drugs approved between 1938 and 1962. Drugs approved during this period had to prove safety to the FDA, but not efficacy. In 1962 the Food, Drug, and Cosmetic Act was amended to require drugs must be shown as effective, as well as safe, to obtain FDA approval.

The revisions will also add several drugs to the formulary list. Specific restrictions and prior authorization requirements are listed in the Appendix to OAC 4123-6-21.3

7. **How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

   Per Rule 4123-6-21.2, BWC's Pharmacy and Therapeutics Committee is charged with making recommendations to BWC regarding the creation and ongoing management of the BWC drug formulary. The committee fulfills this charge through routine monitoring of prescription data from our pharmacy benefit manager, reviews of current clinical literature and current best practice guidelines.

8. **Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**
   No.

   If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.
   N/A

Development of the Regulation

9. **Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**
   If applicable, please include the date and medium by which the stakeholders were initially contacted.

The proposed rules were published for stakeholder comment on August 27, 2020 with a comment period open through September 10, 2020, and notice was e-mailed to the following lists of stakeholders:

- BWC's Managed Care Organizations
- BWC's Medical Services Division's medical provider stakeholder list
- BWC's Healthcare Quality Assurance Advisory Committee
- Ohio Association for Justice
- Employer Organizations
    - o Council of Smaller Enterprises (COSE)
    - o Ohio Manufacturers Association (OMA)
    - o National Federation of Independent Business (NFIB)
    - o Ohio Chamber of Commerce
- BWC's Self-Insured Division's employer distribution list
- BWC's Employer Services Division's Third-Party Administrator (TPA) distribution list
- Ohio Medical and Pharmacy Boards.

10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

No stakeholder feedback was received on the proposed changes.

11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

The proposed revisions to rule 4123-6-21.3 were based on recommendations accepted by the BWC Pharmacy & Therapeutics Committee. The committee reviews data from clinical trials, published studies, and relevant guidelines regarding medications prior to making recommendations.

12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?

This rule applies specifically to prescription coverage for Ohio injured workers. BWC is the only state agency charged with this statutory responsibility.

13. Did the Agency specifically consider a performance-based regulation? Please explain. ***Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.***

This process is not applicable to drug formulary management.

14. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

This rule only affects injured workers receiving prescription benefits from BWC. No other state agency has adopted regulations regarding what drugs are reimbursed by BWC.

15. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

Once the rule is approved and through the JCARR process, BWC staff impacted by the rule will be informed of the effective date. Providers caring for injured workers will be notified of the key points contained in the rule by email, fax or direct mail. They will also be provided with a link to find a complete copy of the rule.

BWC's Medical Services Division will ensure that relevant sections of the MCO Policy Reference Guide and the Provider Billing and Reimbursement Manual are updated to reflect appropriate rule modifications.

Adverse Impact to Business

16. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:

a. Identify the scope of the impacted business community;

The prescriber and pharmacy business communities are involved with the prescribing and dispensing of medications. The impacted segments of those communities are the BWC enrolled or certified providers who prescribe and dispense medication to injured workers.

and

b. Identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance,);

There will not be an adverse impact on either of the two business communities identified in that both prescribers and pharmacies currently prescribe and dispense prescriptions based on the BWC formulary. These revisions do not change the process of prescribing or the dispensing nor do they make any changes to reimbursement for those activities.

and

c. Quantify the expected adverse impact from the regulation.
The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a "representative business." Please include the source for your information/estimated impact.

There should be no negative financial impact on the prescriber community as any necessary changes to the injured worker's drug regimen should be done in the context of routine office

visits. Any prescriptions that result from the changes in the drug regimen would continue to be processed by a pharmacy.

17. **Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?**

    Rule 4123-6-21.2 charges the BWC Pharmacy and Therapeutics Committee to conduct regular reviews of the drug formulary and to make recommendations to the Administrator directed at improving overall efficiency and effectiveness of drug utilization. These changes to drug coverage result from that activity. Formulary revisions are routinely made based on opportunities to improve the clinical impact of the formulary, address abusive pricing practices by manufacturers or incorporate changes in federal drug regulations.

Regulatory Flexibility

18. **Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.**

    No. All prescribers are required to utilize formulary medications if BWC is to reimburse for those prescriptions.

19. **How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?**

    N/A

20. **What resources are available to assist small businesses with compliance of the regulation?**

    Prescribers may utilize the BWC website for a complete list of formulary medications and any restrictions to those drugs. The BWC Pharmacy Department also maintains an email address (pharmacy.benefits@ bwc.state.oh.us) that prescribers can use to ask questions about drug coverage.

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Stakeholder Feedback Health Partnership Program
OAC 4123-6-21.3 - Outpatient medication formulary
Appendix to Rule 4123-6-21.3 Formulary List of Medications Covered by the Ohio Bureau of Workers' Compensation

Stakeholder feedback was requested on August 27, 2020 and the feedback period remained open until September 10, 2020. No stakeholder feedback was provided on the proposed changes.

Line	Rule #/ Subject Matter	Stakeholder	Draft Rule Suggestions	Stakeholder Rationale	BWC Response	Resolution

*** DRAFT - NOT YET FILED ***

4123-6-21.3 **Outpatient medication formulary.**

(A) The administrator hereby adopts the formulary indicated in the appendix to this rule, developed with the recommendation of the bureau's pharmacy and therapeutics committee, effective ~~September 1, 2020~~April 1, 2021.

(B) Except as otherwise provided in paragraph (F) of this rule, the formulary indicated in the appendix to this rule shall constitute the complete list of medications that are approved for reimbursement by the bureau for the treatment of a work related injury or disease in an allowed claim when dispensed to an injured worker by a registered pharmacist from an enrolled outpatient pharmacy provider.

(C) The formulary indicated in the appendix to this rule also contains specific reimbursement, prescribing or dispensing restrictions that have been placed on the use of listed drugs. The formulary will be reviewed and updated as necessary. The most current version will be electronically published by the bureau.

(D) The administrator will consider current medical literature and best practices and the recommendations of the bureau’s pharmacy and therapeutics committee when making additions, deletions, or modifications of coverage of medications listed in the formulary.

(E) The bureau shall provide an expedited review process for clinically or therapeutically unique medications when necessary.

(F) Notwithstanding paragraph (B) of this rule, in cases of medical necessity supported by medical documentation and evidence of need the bureau may reimburse for:

(1) New drugs approved for use in the United States by the food and drug administration (FDA) on or after the effective date of the formulary, and for new indications approved by the FDA on or after the effective date of the formulary for existing drugs that are not on the formulary, with prior authorization, for a period not to exceed one hundred eighty days from the adjudication date of the first prescription for the requested drug.

(2) Antineoplastic drugs prescribed for treatment of an allowed cancer condition in a claim.

(G) Notwithstanding the appendix to this rule, in cases of medical necessity supported by medical documentation and evidence of need the bureau may reimburse for new dosage forms or strengths approved by the FDA on or after the effective date of the formulary for existing drugs that are on the formulary, with prior authorization, for a period not to exceed one hundred eighty days from the adjudication date of the

*** DRAFT - NOT YET FILED ***

first prescription for the requested drug.

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

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Acne - Oral		
	Isotretinoin Cap 25 MG	
	Isotretinoin Cap 30 MG	
	Isotretinoin Cap 35 MG	
ADHD - Amphetamines		
	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	
	Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	
	Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	
	Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	
	Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	
	Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	
	Amphetamine-Dextroamphetamine Tab 5 MG	
	Amphetamine-Dextroamphetamine Tab 7.5 MG	
	Amphetamine-Dextroamphetamine Tab 10 MG	
	Amphetamine-Dextroamphetamine Tab 12.5 MG	
	Amphetamine-Dextroamphetamine Tab 15 MG	
	Amphetamine-Dextroamphetamine Tab 20 MG	
	Amphetamine-Dextroamphetamine Tab 30 MG	
	Dextroamphetamine Sulfate Cap ER 24HR 10 MG	
	Dextroamphetamine Sulfate Cap ER 24HR 15 MG	
	Dextroamphetamine Sulfate Tab 5 MG	
	Dextroamphetamine Sulfate Tab 10 MG	
	Lisdexamfetamine Dimesylate Cap 10 MG	
	Lisdexamfetamine Dimesylate Cap 20 MG	
	Lisdexamfetamine Dimesylate Cap 30 MG	
	Lisdexamfetamine Dimesylate Cap 40 MG	
	Lisdexamfetamine Dimesylate Cap 50 MG	
	Lisdexamfetamine Dimesylate Cap 60 MG	
	Lisdexamfetamine Dimesylate Cap 70 MG	
ADHD - Stimulants - Misc		
	Armodafinil Tab 50 MG	
	Armodafinil Tab 150 MG	
	Armodafinil Tab 200 MG	
	Armodafinil Tab 250 MG	
	Dexmethylphenidate HCl Cap ER 24 HR 10 MG	
	Dexmethylphenidate HCl Cap ER 24 HR 15 MG	
	Dexmethylphenidate HCl Cap ER 24 HR 20 MG	
	Dexmethylphenidate HCl Cap ER 24 HR 30 MG	
	Methylphenidate HCl Cap ER 30 MG (CD)	
	Methylphenidate HCl Cap ER 24HR 10 MG (LA)	
	Methylphenidate HCl Cap ER 24HR 20 MG (LA)	
	Methylphenidate HCl Cap ER 24HR 30 MG (LA)	
	Methylphenidate HCl Cap ER 24HR 40 MG (LA)	
	Methylphenidate HCl Cap ER 24HR 60 MG (LA)	
	Methylphenidate HCl Tab 5 MG	
	Methylphenidate HCl Tab 10 MG	
	Methylphenidate HCl Tab 20 MG	
	Methylphenidate HCl Tab ER 10 MG	
	Methylphenidate HCl Tab ER 20 MG	
	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	
	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	
	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	
	Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	

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

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	
	Methylphenidate HCl Tab ER 24HR 18 MG	
	Methylphenidate HCl Tab ER 24HR 27 MG	
	Methylphenidate HCl Tab ER 24HR 36 MG	
	Methylphenidate HCl Tab ER 24HR 54 MG	
	Modafinil Tab 100 MG	
	Modafinil Tab 200 MG	
ADHD Agents		
	Atomoxetine HCl Cap 10 MG (Base Equiv)	
	Atomoxetine HCl Cap 18 MG (Base Equiv)	
	Atomoxetine HCl Cap 25 MG (Base Equiv)	
	Atomoxetine HCl Cap 40 MG (Base Equiv)	
	Atomoxetine HCl Cap 60 MG (Base Equiv)	
	Atomoxetine HCl Cap 80 MG (Base Equiv)	
	Atomoxetine HCl Cap 100 MG (Base Equiv)	
	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	
	Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	
Agents for Chemical Dependency		
	Acamprosate Calcium Tab Delayed Release 333 MG	
	Buprenorphine-Naloxone Buccal Film 2.1-0.3 MG (Base Equiv)	**Restricted to use in claims with an allowed condition of opioid use disorder or covered for treatment of opioid detox under the opioid prescribing rule as defined in OAC 4123-6-21.7 (F). Maximum dose of 2 films per day.**
	Buprenorphine-Naloxone Buccal Film 4.2-0.7 MG (Base Equiv)	**Restricted to use in claims with an allowed condition of opioid use disorder or covered for treatment of opioid detox under the opioid prescribing rule as defined in OAC 4123-6-21.7 (F). Maximum dose of 2 films per day.**
	Buprenorphine-Naloxone Buccal Film 6.3-1 MG (Base Equiv)	**Restricted to use in claims with an allowed condition of opioid use disorder or covered for treatment of opioid detox under the opioid prescribing rule as defined in OAC 4123-6-21.7 (F). Maximum dose of 2 films per day.**
	Disulfiram Tab 250 MG	
	Disulfiram Tab 500 MG	
Alternative Medicine		
	Glucosamine Sulfate Cap 500 MG	
	Glucosamine Sulfate Tab 500 MG	
	Glucosamine-Chondroitin Cap 500-400 MG	
	Glucosamine-Chondroitin Tab 500-400 MG	
	Glucosamine-Chondroitin Tab 750-600 MG	
	Lutein-Zeaxanthin Cap 6-0.24 MG	
	Lutein-Zeaxanthin Cap 20-0.8 MG	
	Lutein-Zeaxanthin Cap 20-1 MG	
	Lutein-Zeaxanthin Cap 25-5 MG	
	Lutein-Zeaxanthin Cap 45-1.8 MG	
	Melatonin Cap 5 MG	
	Melatonin Cap 10 MG	
	Melatonin Tab 300 MCG	
	Melatonin Tab 1 MG	
	Melatonin Tab 3 MG	
	Melatonin Tab 5 MG	
	Melatonin Tab 10 MG	
Amyotrophic Lateral Sclerosis (ALS) Agents		
	Riluzole Tab 50 MG	
Anabolic Steroids		
	Oxandrolone Tab 2.5 MG	
	Oxandrolone Tab 10 MG	

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

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Analgesic Combinations		
	Acetaminophen-Caffeine Tab 500-65 MG	
	Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG	
	Aspirin-APAP-Salicylamide-Caffeine Tab 500-250-150-32.5 MG	
	Aspirin-Caffeine Tab 400-32 MG	
	Butalbital-Acetaminophen Tab 50-325 MG	**Reimbursement is restricted to combinations of Butalbital/APAP that contain 325 mg of APAP.Reimbursement for this product shall not exceed 4 grams/day of APAP (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	**Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	**Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (184 ml) or 24 doses (360 ml) per calendar month and is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	**Reimbursement is restricted to combinations of Butalbital/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 tab) or 24 tab per calendar month and is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	**Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	**Reimbursement for combinations of butalbital/aspirin/caffeine is restricted to 24 doses per calendar month and to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Meprobamate-Aspirin Tab 200-325 MG	
Analgesics - Other		
	Acetaminophen Cap 500 MG	
	Acetaminophen Liquid 160 MG/5ML	
	Acetaminophen Liquid 167 MG/5ML	
	Acetaminophen Suppos 325 MG	
	Acetaminophen Suppos 650 MG	
	Acetaminophen Susp 160 MG/5ML	
	Acetaminophen Tab 325 MG	
	Acetaminophen Tab 500 MG	
Analgesics - Peptide Channel Blockers		
	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	**Requires previous approval of intrathecal pain pump.**
	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	**Requires previous approval of intrathecal pain pump.**
	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	**Requires previous approval of intrathecal pain pump.**
Anaphylaxis Therapy Agents		
	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	
	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	
	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	
Androgens		**Coverage limited to only those claims that have allowed medical conditions involving the genitourinary or endocrine systems.**

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

Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Methyltestosterone Cap 10 MG	**See Drug Class - Androgens restrictions above**
	Testosterone Cypionate IM Inj in Oil 100 MG/ML	**See Drug Class - Androgens restrictions above**
	Testosterone Cypionate IM Inj in Oil 200 MG/ML	**See Drug Class - Androgens restrictions above**
	Testosterone Enanthate IM Inj in Oil 200 MG/ML	**See Drug Class - Androgens restrictions above**
	Testosterone TD Gel 10MG/ACT (2%)	**See Drug Class - Androgens restrictions above**
	Testosterone TD Gel 12.5 MG/ACT (1%)	**See Drug Class - Androgens restrictions above**
	Testosterone TD Gel 20.25 MG/ACT (1.62%)	**See Drug Class - Androgens restrictions above**
	Testosterone TD Gel 25 MG/2.5GM (1%)	**See Drug Class - Androgens restrictions above**
	Testosterone TD Gel 50 MG/5GM (1%)	**See Drug Class - Androgens restrictions above**
	Testosterone TD Patch 24HR 2 MG/24HR	**See Drug Class - Androgens restrictions above**
	Testosterone TD Patch 24HR 4 MG/24HR	**See Drug Class - Androgens restrictions above**
	Testosterone TD Soln 30 MG/ACT	**See Drug Class - Androgens restrictions above**
Antacids		
	Alum & Mag Hydroxide-Simethicone Chew Tab 200-200-20 MG	
	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	
	Alum & Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML	
	Aluminum & Magnesium Hydroxides Susp 500-500 MG/5ML	
	Aluminum Hydroxide-Magnesium Carbonate Chew Tab 160-105 MG	
	Aluminum Hydroxide-Magnesium Carbonate Susp 95-358 MG/15ML	
	Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-14.2 MG	
	Aluminum Hydroxide-Magnesium Trisilicate Chew Tab 80-20 MG	
	Calcium Carbonate (Antacid) Chew Tab 500 MG	
	Calcium Carbonate (Antacid) Chew Tab 750 MG	
	Calcium Carbonate (Antacid) Chew Tab 1000 MG	
	Calcium Carbonate (Antacid) Tab 648 MG	
	Calcium Carbonate-Mag Hydroxide Chew Tab 550-110 MG	
	Calcium Carbonate-Mag Hydroxide Chew Tab 700-300 MG	
	Calcium Carbonate-Mag Hydroxide Chew Tab 1000-200 MG	
	Calcium Carbonate-Simethicone Chew Tab 750-80 MG	
	Calcium Carbonate-Simethicone Chew Tab 1000-60 MG	
	Magnesium Oxide Cap 140 MG (85 MG Elemental MG)	
	Magnesium Oxide Cap 500 MG	
	Magnesium Oxide Tab 400 MG	
	Sodium Bicarbonate Tab 325 MG	
	Sodium Bicarbonate Tab 650 MG	
	Sodium Bicarbonate-Citric Acid Effer Tab 1940-1000 MG	
Anthelmintics		
	Mebendazole Chew Tab 100 MG	
Antianginal Agents		
	Isosorbide Dinitrate Cap ER 40 MG	
	Isosorbide Dinitrate Tab 10 MG	
	Isosorbide Dinitrate Tab 20 MG	
	Isosorbide Dinitrate Tab ER 40 MG	
	Isosorbide Mononitrate Tab 20 MG	
	Isosorbide Mononitrate Tab ER 24HR 30 MG	
	Isosorbide Mononitrate Tab ER 24HR 60 MG	
	Isosorbide Mononitrate Tab ER 24HR 120 MG	
	~~Nitroglycerin Cap ER 9 MG~~	
	Nitroglycerin Oint 2%	
	Nitroglycerin SL Tab 0.3 MG	
	Nitroglycerin SL Tab 0.4 MG	
	Nitroglycerin TD Patch 24HR 0.1 MG/HR	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Nitroglycerin TD Patch 24HR 0.2 MG/HR	
	Nitroglycerin TD Patch 24HR 0.3 MG/HR	
	Nitroglycerin TD Patch 24HR 0.4 MG/HR	
	Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	
	Ranolazine Tab ER 12HR 500 MG	
	Ranolazine Tab ER 12HR 1000 MG	
Antianxiety - Benzodiazepine		**Effective January 1, 2019, reimbursement for anxiolytic benzodiazepine medications (including clonazepam) will be limited to one product per month. In claims where concurrent use of anxiolytic benzodiazepine medications (including clonazepam) was covered in the 60 days prior to January 1, 2019, the prescriber and injured worker will be given 60 days to move to a single product per month. Reimbursement is restricted to the maximum daily dose listed with each of the agents below. Reimbursement for all oral benzodiazepine anti-anxiety and anti-convulsant drug class agents (excluding clobazam) will be limited to 30 days of use. Prior authorization is required for continued therapy past 30 days. In claims where anxiolytic benzodiazepine medications (including clonazepam) were covered in the 60 days prior to April 1, 2018, the injured worker will be limited to the daily dose and dosage form that was last covered prior to April 1, 2018.**
	~~Alprazolam Products~~	**Effective 10/1/2017 coverage of all forms of Alprazolam will be discontinued in any claim where the drug was not covered in the previous 60 days. In claims where the drug was covered in the 60 days prior to October 1,2017, the coverage of alprazolam will be limited to the daily daily dose and dosage form that was last covered prior to October 1, 2017.**
	Chlordiazepoxide HCl Cap 5 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day**
	Chlordiazepoxide HCl Cap 10 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day**
	Chlordiazepoxide HCl Cap 25 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of two hundred (200) milligrams per day**
	Clorazepate Dipotassium Tab 3.75 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day**
	Clorazepate Dipotassium Tab 7.5 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day**
	Clorazepate Dipotassium Tab 15 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eighty (80) milligrams per day**
	Diazepam Conc 5 MG/ML	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day**
	Diazepam Oral Soln 1 MG/ML	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day**
	Diazepam Tab 2 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day**
	Diazepam Tab 5 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day**
	Diazepam Tab 10 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of forty (40) milligrams per day**
	Lorazepam Conc 2 MG/ML	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Lorazepam Tab 0.5 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day**
	Lorazepam Tab 1 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day**
	Lorazepam Tab 2 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of eight (8) milligrams per day**
	Oxazepam Cap 10 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day**
	Oxazepam Cap 15 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day**
	Oxazepam Cap 30 MG	**See Drug Class - Antianxiety - Benzodiazepine restrictions above. Maximum dose of one hundred eighty (180) milligrams per day**
Antianxiety Agents - Misc		
	Buspirone HCl Tab 5 MG	
	Buspirone HCl Tab 7.5 MG	
	Buspirone HCl Tab 10 MG	
	Buspirone HCl Tab 15 MG	
	Buspirone HCl Tab 30 MG	
	Hydroxyzine HCl Syrup 10 MG/5ML	
	Hydroxyzine HCl Tab 10 MG	
	Hydroxyzine HCl Tab 25 MG	
	Hydroxyzine HCl Tab 50 MG	
	Hydroxyzine Pamoate Cap 25 MG	
	Hydroxyzine Pamoate Cap 50 MG	
	Hydroxyzine Pamoate Cap 100 MG	
	Meprobamate Tab 200 MG	
	Meprobamate Tab 400 MG	
Antiarrhythmics		
	Amiodarone HCl Tab 200 MG	
	Amiodarone HCl Tab 400 MG	
	Dofetilide Cap 125 MCG (0.125 MG)	
	Dofetilide Cap 250 MCG (0.25 MG)	
	Dofetilide Cap 500 MCG (0.5 MG)	
	Dronedarone HCl Tab 400 MG (Base Equivalent)	
	Flecainide Acetate Tab 50 MG	
	Flecainide Acetate Tab 100 MG	
	Flecainide Acetate Tab 150 MG	
	Mexiletine HCl Cap 150 MG	
	Mexiletine HCl Cap 200 MG	
	Propafenone HCl Cap ER 12HR 225 MG	
	Propafenone HCl Cap ER 12HR 325 MG	
	Propafenone HCl Cap ER 12HR 425 MG	
	Propafenone HCl Tab 150 MG	
	Propafenone HCl Tab 225 MG	
	Propafenone HCl Tab 300 MG	
	Quinidine Gluconate Tab ER 324 MG	
	Quinidine Sulfate Tab ER 300 MG	
Antibiotic - Aminoglycosides		
	Neomycin Sulfate Tab 500 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Tobramycin Inhal Cap 28 MG	
	Tobramycin Nebu Soln 300 MG/4ML	
	Tobramycin Nebu Soln 300 MG/5ML	
Antibiotic - Cephalosporins - 1st Generation		
	Cefadroxil Cap 500 MG	
	Cefadroxil For Susp 500 MG/5ML	
	Cefadroxil Tab 1 GM	
	Cephalexin Cap 250 MG	
	Cephalexin Cap 500 MG	
	Cephalexin Cap 750 MG	
	Cephalexin For Susp 250 MG/5ML	
Antibiotic - Cephalosporins - 2nd Generation		
	Cefaclor Cap 250 MG	
	Cefaclor Cap 500 MG	
	Cefprozil Tab 250 MG	
	Cefprozil Tab 500 MG	
	Cefuroxime Axetil For Susp 250 MG/5ML	
	Cefuroxime Axetil Tab 250 MG	
	Cefuroxime Axetil Tab 500 MG	
Antibiotic - Cephalosporins - 3rd Generation		
	Cefdinir Cap 300 MG	
	Cefdinir For Susp 250 MG/5ML	
	Cefditoren Pivoxil Tab 200 MG (Base Equivalent)	
	Cefditoren Pivoxil Tab 400 MG (Base Equivalent)	
	Cefixime Cap 400 MG	
	Cefixime For Susp 500 MG/5ML	
	Cefixime Tab 400 MG	
	Cefpodoxime Proxetil Tab 100 MG	
	Cefpodoxime Proxetil Tab 200 MG	
	Ceftibuten Cap 400 MG	
	Ceftibuten For Susp 180 MG/5ML	
Antibiotic - Fluoroquinolones		
	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	
	Ciprofloxacin HCl Tab 250 MG (Base Equiv)	
	Ciprofloxacin HCl Tab 500 MG (Base Equiv)	
	Ciprofloxacin HCl Tab 750 MG (Base Equiv)	
	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 500 MG (Base Eq)	
	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 1000 MG (Base Eq)	
	Gemifloxacin Mesylate Tab 320 MG (Base Equiv)	
	Levofloxacin Tab 250 MG	
	Levofloxacin Tab 500 MG	
	Levofloxacin Tab 750 MG	
	Moxifloxacin HCl Tab 400 MG (Base Equiv)	
	Norfloxacin Tab 400 MG	
	Ofloxacin Tab 300 MG	
	Ofloxacin Tab 400 MG	
Antibiotic - Macrolides		
	Azithromycin Extended Release For Oral Susp 2 GM	
	Azithromycin For Susp 100 MG/5ML	
	Azithromycin For Susp 200 MG/5ML	
	Azithromycin Powd Pack for Susp 1 GM	
	Azithromycin Tab 250 MG	
	Azithromycin Tab 500 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Clarithromycin Tab 250 MG	
	Clarithromycin Tab 500 MG	
	Clarithromycin Tab ER 24HR 500 MG	
	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	
	Erythromycin Ethylsuccinate Tab 400 MG	
	Erythromycin Stearate Tab 250 MG	
	Erythromycin Tab 250 MG	
	Erythromycin Tab 500 MG	
	Erythromycin Tab Delayed Release 250 MG	
	Erythromycin Tab Delayed Release 333 MG	
	Erythromycin Tab Delayed Release 500 MG	
	Erythromycin w/ Delayed Release Particles Cap 250 MG	
Antibiotic - Penicillins		
	Amoxicillin & K Clavulanate Chew Tab 400-57 MG	
	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	
	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	
	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	
	Amoxicillin & K Clavulanate Tab 250-125 MG	
	Amoxicillin & K Clavulanate Tab 500-125 MG	
	Amoxicillin & K Clavulanate Tab 875-125 MG	
	Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG	
	Amoxicillin (Trihydrate) Cap 250 MG	
	Amoxicillin (Trihydrate) Cap 500 MG	
	Amoxicillin (Trihydrate) Chew Tab 250 MG	
	Amoxicillin (Trihydrate) For Susp 250 MG/5ML	
	Amoxicillin (Trihydrate) For Susp 400 MG/5ML	
	Amoxicillin (Trihydrate) Tab 500 MG	
	Amoxicillin (Trihydrate) Tab 875 MG	
	Amoxicillin (Trihydrate) Tab ER 24HR 775 MG	
	Ampicillin Cap 250 MG	
	Ampicillin Cap 500 MG	
	Ampicillin For Susp 250 MG/5ML	
	Dicloxacillin Sodium Cap 250 MG	
	Dicloxacillin Sodium Cap 500 MG	
	Penicillin V Potassium For Soln 250 MG/5ML	
	Penicillin V Potassium Tab 250 MG	
	Penicillin V Potassium Tab 500 MG	
Antibiotic -Tetracyclines		
	Demeclocycline HCl Tab 150 MG	
	Demeclocycline HCl Tab 300 MG	
	Doxycycline Calcium Syrup 50 MG/5ML	
	Doxycycline Hyclate Cap 50 MG	
	Doxycycline Hyclate Cap 100 MG	
	Doxycycline Hyclate Tab 20 MG	
	Doxycycline Hyclate Tab 100 MG	
	Doxycycline Hyclate Tab Delayed Release 50 MG	
	Doxycycline Hyclate Tab Delayed Release 75 MG	
	Doxycycline Hyclate Tab Delayed Release 100 MG	
	Doxycycline Hyclate Tab Delayed Release 150 MG	
	Doxycycline Hyclate Tab Delayed Release 200 MG	
	Doxycycline Monohydrate Cap 50 MG	
	Doxycycline Monohydrate Cap 100 MG	
	Doxycycline Monohydrate Tab 50 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Doxycycline Monohydrate Tab 100 MG	
	Doxycycline Monohydrate Tab 150 MG	
	Minocycline HCl Cap 50 MG	
	Minocycline HCl Cap 75 MG	
	Minocycline HCl Cap 100 MG	
	Minocycline HCl Tab 100 MG	
	Minocycline HCl Tab ER 24HR 90 MG	
	Tetracycline HCl Cap 250 MG	
	Tetracycline HCl Cap 500 MG	
Anti-Cataplectic Agents		
	Sodium Oxybate Oral Solution 500 MG/ML	
Anticoagulants - Coumarin Anticoagulants		
	Warfarin Sodium Tab 1 MG	
	Warfarin Sodium Tab 2 MG	
	Warfarin Sodium Tab 2.5 MG	
	Warfarin Sodium Tab 3 MG	
	Warfarin Sodium Tab 4 MG	
	Warfarin Sodium Tab 5 MG	
	Warfarin Sodium Tab 6 MG	
	Warfarin Sodium Tab 7.5 MG	
	Warfarin Sodium Tab 10 MG	
Anticoagulants - Direct Factor Xa Inhibitors		
	Apixaban Tab 2.5 MG	
	Apixaban Tab 5 MG	
	Edoxaban Tosylate Tab 15 MG (Base Equivalent)	
	Edoxaban Tosylate Tab 30 MG (Base Equivalent)	
	Edoxaban Tosylate Tab 60 MG (Base Equivalent)	
	Rivaroxaban Tab 2.5 MG	
	Rivaroxaban Tab 10 MG	
	Rivaroxaban Tab 15 MG	
	Rivaroxaban Tab 20 MG	
	Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG	
Anticoagulants - Heparins and Heparinoid-Like Agents		
	Dalteparin Sodium Inj 2500 Unit/0.2ML	
	Dalteparin Sodium Inj 5000 Unit/0.2ML	
	Dalteparin Sodium Inj 7500 Unit/0.3ML	
	Dalteparin Sodium Inj 10000 Unit/ML	
	Dalteparin Sodium Inj 12500 Unit/0.5ML	
	Dalteparin Sodium Inj 15000 Unit/0.6ML	
	Dalteparin Sodium Inj 18000 Unit/0.72ML	
	Dalteparin Sodium Inj 25000 Unit/ML	
	Enoxaparin Sodium Inj 30 MG/0.3ML	
	Enoxaparin Sodium Inj 40 MG/0.4ML	
	Enoxaparin Sodium Inj 60 MG/0.6ML	
	Enoxaparin Sodium Inj 80 MG/0.8ML	
	Enoxaparin Sodium Inj 100 MG/ML	
	Enoxaparin Sodium Inj 120 MG/0.8ML	
	Enoxaparin Sodium Inj 150 MG/ML	
	Enoxaparin Sodium Inj 300 MG/3ML	
	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	
	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	
	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	
	Heparin Sodium (Porcine) Inj 5000 Unit/ML	
	Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML	
	Heparin Sodium (Porcine) Inj 10000 Unit/ML	
	Heparin Sodium (Porcine) Inj 20000 Unit/ML	
Anticoagulants - Thrombin Inhibitors		
	Dabigatran Etexilate Mesylate Cap 75 MG (Etexilate Base Eq)	
	Dabigatran Etexilate Mesylate Cap 110 MG (Etexilate Base Eq)	
	Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)	
Anticonvulsants - Benzodiazepines		
	Clobazam Products	**Clobazam will be limited to claims in which seizure disorder is an allowed condition and that the injured worker must have tried and failed (as defined in O.A.C. 4123-6-21 (J), two first line anticonvulsants**
	Clobazam Tab 5 MG	**See Clobazam Products restrictions above.**
	Clobazam Tab 10 MG	**See Clobazam Products restrictions above.**
	Clobazam Tab 20 MG	**See Clobazam Products restrictions above.**
	Clonazepam Products	**Effective January 1, 2019, reimbursement for anxiolytic benzodiazepine medications (including clonazepam) will be limited to one product per month. In claims where concurrent use of anxiolytic benzodiazepine medications (including clonazepam) was covered in the 60 days prior to January 1, 2019, the prescriber and injured worker will be given 60 days to move to a single product per month. Benzodiazepine drug class restrictions apply. Maximum dose of four (4) milligrams per day. Reimbursement for all benzodiazepine anti-anxiety and anti-convulsant drug class agents (excluding clobazam) will be limited to 30 days of use. Prior authorization is required for continued therapy past 30 days. In claims where anxiolytic benzodiazepine medications (including clonazepam) were covered in the 60 days prior to April 1, 2018, the injured worker will be limited to the daily dose and dosage form that was last covered prior to April 1, 2018.**
	Clonazepam Orally Disintegrating Tab 0.125 MG	**See Clonazepam Products restrictions above.** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.**
	Clonazepam Orally Disintegrating Tab 0.25 MG	**See Clonazepam Products restrictions above.** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.**
	Clonazepam Orally Disintegrating Tab 0.5 MG	**See Clonazepam Products restrictions above.** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.**
	Clonazepam Orally Disintegrating Tab 1 MG	**See Clonazepam Products restrictions above.** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.**
	Clonazepam Orally Disintegrating Tab 2 MG	**See Clonazepam Products restrictions above.** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications. Maximum dose of 4 milligrams per day.**
	Clonazepam Tab 0.5 MG	**See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.**
	Clonazepam Tab 1 MG	**See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.**
	Clonazepam Tab 2 MG	**See Clonazepam Products restrictions above. Maximum dose of 4 milligrams per day.**
	Diazepam Rectal Gel Delivery System 10 MG	
	Diazepam Rectal Gel Delivery System 20 MG	
	Midazolam HCl Inj 5 MG/ML	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Midazolam Nasal Spray Soln 5 MG/0.1 ML	**Prior authorization required. Reimbursement is limited to claims in which all of the following are documented; frequent seizure activity that is related to allowed conditions in the claim, the injured worker is concurrently receiving maintenance anticonvulsant medication, and the injured worker is unable to administer generic injectable midazolam intranasally. Reimbursement is limited to one package every 30 days.**
Anticonvulsants - Carbamates		
	Felbamate Tab 600 MG	
Anticonvulsants - GABA Modulators		
	Tiagabine HCl Tab 2 MG	
	Tiagabine HCl Tab 4 MG	
	Tiagabine HCl Tab 12 MG	
	Tiagabine HCl Tab 16 MG	
Anticonvulsants - Hydantoins		
	Phenytoin Chew Tab 50 MG	
	Phenytoin Sodium Extended Cap 30 MG	
	Phenytoin Sodium Extended Cap 100 MG	
	Phenytoin Sodium Extended Cap 200 MG	
	Phenytoin Sodium Extended Cap 300 MG	
	Phenytoin Susp 125 MG/5ML	
Anticonvulsants - Misc		
	Carbamazepine Cap ER 12HR 100 MG	
	Carbamazepine Cap ER 12HR 200 MG	
	Carbamazepine Cap ER 12HR 300 MG	
	Carbamazepine Chew Tab 100 MG	
	Carbamazepine Susp 100 MG/5ML	
	Carbamazepine Tab 200 MG	
	Carbamazepine Tab ER 12HR 100 MG	
	Carbamazepine Tab ER 12HR 200 MG	
	Carbamazepine Tab ER 12HR 400 MG	
	Gabapentin Cap 100 MG	
	Gabapentin Cap 300 MG	
	Gabapentin Cap 400 MG	
	Gabapentin Oral Soln 250 MG/5ML	
	Gabapentin Tab 600 MG	
	Gabapentin Tab 800 MG	
	Lacosamide Tab 50 MG	
	Lacosamide Tab 100 MG	
	Lacosamide Tab 150 MG	
	Lacosamide Tab 200 MG	
	Lamotrigine Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Lamotrigine Orally Disintegrating Tab 25 MG	**See Lamotrigine ODT Products restrictions above**
	Lamotrigine Orally Disintegrating Tab 50 MG	**See Lamotrigine ODT Products restrictions above**
	Lamotrigine Orally Disintegrating Tab 100 MG	**See Lamotrigine ODT Products restrictions above**
	Lamotrigine Orally Disintegrating Tab 200 MG	**See Lamotrigine ODT Products restrictions above**
	Lamotrigine Tab 25 MG	
	Lamotrigine Tab 100 MG	
	Lamotrigine Tab 150 MG	
	Lamotrigine Tab 200 MG	
	Lamotrigine Tab 25 MG (35) Starter Kit	
	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	
	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Lamotrigine Tab ER 24HR 50 MG	
	Lamotrigine Tab ER 24HR 100 MG	
	Lamotrigine Tab ER 24HR 200 MG	
	Lamotrigine Tab ER 24HR 250 MG	
	Lamotrigine Tab ER 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit	
	Levetiracetam Oral Soln 100 MG/ML	
	Levetiracetam Tab 250 MG	
	Levetiracetam Tab 500 MG	
	Levetiracetam Tab 750 MG	
	Levetiracetam Tab 1000 MG	
	Levetiracetam Tab ER 24HR 500 MG	
	Levetiracetam Tab ER 24HR 750 MG	
	Oxcarbazepine Tab 150 MG	
	Oxcarbazepine Tab 300 MG	
	Oxcarbazepine Tab 600 MG	
	Pregabalin Capsules	**Pregabalin will be limited to a maximum of 3 capsules per day or 600 mg per day (whichever is less).**
	Pregabalin Cap 25 MG	**Maximum 3 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 50 MG	**Maximum 3 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 75 MG	**Maximum 3 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 100 MG	**Maximum 3 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 150 MG	**Maximum 3 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 200 MG	**Maximum 3 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 225 MG	**Maximum 2 capsules per day with Lyrica (pregabalin) restrictions above.**
	Pregabalin Cap 300 MG	**Maximum 2 capsules per day with Lyrica (pregabalin) restrictions above.**
	Primidone Tab 50 MG	
	Primidone Tab 250 MG	
	Topiramate Sprinkle Cap 15 MG	
	Topiramate Sprinkle Cap 25 MG	
	Topiramate Tab 25 MG	
	Topiramate Tab 50 MG	
	Topiramate Tab 100 MG	
	Topiramate Tab 200 MG	
	Zonisamide Cap 25 MG	
	Zonisamide Cap 50 MG	
	Zonisamide Cap 100 MG	
Anticonvulsants - Succinimides		
	Ethosuximide Cap 250 MG	
Anticonvulsants - Valproic Acid		
	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	
	Divalproex Sodium Tab Delayed Release 125 MG	
	Divalproex Sodium Tab Delayed Release 250 MG	
	Divalproex Sodium Tab Delayed Release 500 MG	
	Divalproex Sodium Tab ER 24 HR 250 MG	
	Divalproex Sodium Tab ER 24 HR 500 MG	
	Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	
	Valproic Acid Cap 250 MG	
	Valproic Acid Cap Delayed Release 250 MG	
	Valproic Acid Cap Delayed Release 500 MG	
Antidementia Agents		
	Donepezil Hydrochloride Tab 5 MG	
	Donepezil Hydrochloride Tab 10 MG	
	Donepezil Hydrochloride Tab 23 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Galantamine Hydrobromide Cap ER 24HR 8 MG	
	Galantamine Hydrobromide Cap ER 24HR 16 MG	
	Galantamine Hydrobromide Tab 4 MG	
	Galantamine Hydrobromide Tab 8 MG	
	Galantamine Hydrobromide Tab 12 MG	
	Memantine HCl Cap ER 24HR 7 MG	
	Memantine HCl Cap ER 24HR 14 MG	
	Memantine HCl Cap ER 24HR 21 MG	
	Memantine HCl Cap ER 24HR 28 MG	
	Memantine HCl Cap ER 24HR 7 MG & 14 MG & 21 MG & 28 MG Pack	
	Memantine HCl Tab 5 MG	
	Memantine HCl Tab 10 MG	
	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	
	Rivastigmine Tartrate Cap 3 MG	
	Rivastigmine Tartrate Cap 4.5 MG	
	Rivastigmine Tartrate Cap 6 MG	
	Rivastigmine TD Patch 24HR 4.6 MG/24HR	
	Rivastigmine TD Patch 24HR 9.5 MG/24HR	
Antidepressants - Alpha-2 Receptor Antagonists (Tetracyclics)		
	Mirtazapine Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Mirtazapine Orally Disintegrating Tab 15 MG	**See Mirtazapine ODT Products restrictions above**
	Mirtazapine Orally Disintegrating Tab 30 MG	**See Mirtazapine ODT Products restrictions above**
	Mirtazapine Orally Disintegrating Tab 45 MG	**See Mirtazapine ODT Products restrictions above**
	Mirtazapine Tab 7.5 MG	
	Mirtazapine Tab 15 MG	
	Mirtazapine Tab 30 MG	
	Mirtazapine Tab 45 MG	
Antidepressants - Misc		
	Bupropion HCl Tab 75 MG	
	Bupropion HCl Tab 100 MG	
	Bupropion HCl Tab ER 12HR 100 MG	
	Bupropion HCl Tab ER 12HR 150 MG	
	Bupropion HCl Tab ER 12HR 200 MG	
	Bupropion HCl Tab ER 24HR 150 MG	
	Bupropion HCl Tab ER 24HR 300 MG	
	Maprotiline HCl Tab 25 MG	
	Maprotiline HCl Tab 50 MG	
	Maprotiline HCl Tab 75 MG	
Antidepressants - Monoamine Oxidase Inhibitors (MAOIs)		
	Phenelzine Sulfate Tab 15 MG	
	Selegiline TD Patch 24HR 6 MG/24HR	
	Selegiline TD Patch 24HR 9 MG/24HR	
	Selegiline TD Patch 24HR 12 MG/24HR	
	Tranylcypromine Sulfate Tab 10 MG	
Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)		
	Citalopram Hydrobromide Oral Soln 10 MG/5ML	
	Citalopram Hydrobromide Tab 10 MG (Base Equiv)	
	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Citalopram Hydrobromide Tab 40 MG (Base Equiv)	
	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	
	Escitalopram Oxalate Tab 5 MG (Base Equiv)	
	Escitalopram Oxalate Tab 10 MG (Base Equiv)	
	Escitalopram Oxalate Tab 20 MG (Base Equiv)	
	Fluoxetine HCl Cap 10 MG	
	Fluoxetine HCl Cap 20 MG	
	Fluoxetine HCl Cap 40 MG	
	Fluoxetine HCl Cap Delayed Release 90 MG	
	Fluoxetine HCl Solution 20 MG/5ML	
	Fluvoxamine Maleate Cap ER 24HR 100 MG	
	Fluvoxamine Maleate Cap ER 24HR 150 MG	
	Fluvoxamine Maleate Tab 25 MG	
	Fluvoxamine Maleate Tab 50 MG	
	Fluvoxamine Maleate Tab 100 MG	
	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)	
	Paroxetine HCl Tab 10 MG	
	Paroxetine HCl Tab 20 MG	
	Paroxetine HCl Tab 30 MG	
	Paroxetine HCl Tab 40 MG	
	Paroxetine HCl Tab ER 24HR 12.5 MG	
	Paroxetine HCl Tab ER 24HR 25 MG	
	Paroxetine HCl Tab ER 24HR 37.5 MG	
	Sertraline HCl Oral Conc 20 MG/ML	
	Sertraline HCl Tab 25 MG	
	Sertraline HCl Tab 50 MG	
	Sertraline HCl Tab 100 MG	
Antidepressants - Serotonin Modulators		
	Nefazodone HCl Tab 50 MG	
	Nefazodone HCl Tab 100 MG	
	Nefazodone HCl Tab 150 MG	
	Nefazodone HCl Tab 200 MG	
	Nefazodone HCl Tab 250 MG	
	Trazodone HCl Tab 50 MG	
	Trazodone HCl Tab 100 MG	
	Trazodone HCl Tab 150 MG	
	Trazodone HCl Tab 300 MG	
	Trazodone HCl Tab ER 24HR 150 MG	
	Trazodone HCl Tab ER 24HR 300 MG	
	Vilazodone HCl Tab 10 MG	
	Vilazodone HCl Tab 20 MG	
	Vilazodone HCl Tab 40 MG	
	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG	
	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (7) & 40 (16) MG	
Antidepressants - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
	Desvenlafaxine Fumarate Tab ER 24HR 50 MG (Base Equiv)	
	Desvenlafaxine Fumarate Tab ER 24HR 100 MG (Base Equiv)	
	Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	
	Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	
	Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	
	Desvenlafaxine Tab ER 24HR 50 MG	
	Desvenlafaxine Tab ER 24HR 100 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	
	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	
	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	
	Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	
	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	
	Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	
	Venlafaxine HCl Tab 25 MG	
	Venlafaxine HCl Tab 37.5 MG	
	Venlafaxine HCl Tab 50 MG	
	Venlafaxine HCl Tab 75 MG	
	Venlafaxine HCl Tab 100 MG	
	Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	
	Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	
	Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	
	Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	
Antidepressants - Tricyclic Agents		
	Amitriptyline HCl Tab 10 MG	
	Amitriptyline HCl Tab 25 MG	
	Amitriptyline HCl Tab 50 MG	
	Amitriptyline HCl Tab 75 MG	
	Amitriptyline HCl Tab 100 MG	
	Amitriptyline HCl Tab 150 MG	
	Amoxapine Tab 25 MG	
	Amoxapine Tab 50 MG	
	Amoxapine Tab 100 MG	
	Amoxapine Tab 150 MG	
	Clomipramine HCl Cap 25 MG	
	Clomipramine HCl Cap 50 MG	
	Clomipramine HCl Cap 75 MG	
	Desipramine HCl Tab 10 MG	
	Desipramine HCl Tab 25 MG	
	Desipramine HCl Tab 50 MG	
	Desipramine HCl Tab 75 MG	
	Desipramine HCl Tab 100 MG	
	Desipramine HCl Tab 150 MG	
	Doxepin HCl Cap 10 MG	
	Doxepin HCl Cap 25 MG	
	Doxepin HCl Cap 50 MG	
	Doxepin HCl Cap 75 MG	
	Doxepin HCl Cap 100 MG	
	Doxepin HCl Cap 150 MG	
	Doxepin HCl Conc 10 MG/ML	
	Imipramine HCl Tab 10 MG	
	Imipramine HCl Tab 25 MG	
	Imipramine HCl Tab 50 MG	
	Imipramine Pamoate Cap 75 MG	
	Imipramine Pamoate Cap 100 MG	
	Imipramine Pamoate Cap 125 MG	
	Imipramine Pamoate Cap 150 MG	
	Nortriptyline HCl Cap 10 MG	
	Nortriptyline HCl Cap 25 MG	
	Nortriptyline HCl Cap 50 MG	
	Nortriptyline HCl Cap 75 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Nortriptyline HCl Soln 10 MG/5ML	
	Protriptyline HCl Tab 5 MG	
	Protriptyline HCl Tab 10 MG	
	Trimipramine Maleate Cap 25 MG	
	Trimipramine Maleate Cap 50 MG	
	Trimipramine Maleate Cap 100 MG	
Antidiabetic - Alpha-Glucosidase Inhibitors		
	Acarbose Tab 25 MG	
	Acarbose Tab 50 MG	
	Acarbose Tab 100 MG	
	Miglitol Tab 25 MG	
	Miglitol Tab 50 MG	
	Miglitol Tab 100 MG	
Antidiabetic - Amylin Analogs		
	Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)	
	Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	
Antidiabetic - Biguanides		
	Metformin HCl Tab 500 MG	
	Metformin HCl Tab 850 MG	
	Metformin HCl Tab 1000 MG	
	Metformin HCl Tab ER 24HR 500 MG	
	Metformin HCl Tab ER 24HR 750 MG	
Antidiabetic - Diabetic Other		
	Glucagon (rDNA) For Inj Kit 1 MG	
	Glucagon HCl (rDNA) For Inj 1 MG (Base Equiv)	
	Glucose Chew Tab 1 GM	
	Glucose Chew Tab 4 GM	
	Glucose Chew Tab 5 GM	
	Glucose Gel 15 GM/32 ML	
	Glucose Gel 15 GM/33GM	
	Glucose Gel 40%	
	Glucose Gel 77.4%	
	Glucose Oral Liquid 15 GM/59ML	
	Glucose Oral Liquid 15 GM/60ML	
Antidiabetic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
	Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	
	Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	
	Alogliptin Benzoate Tab 25 MG (Base Equiv)	
	Linagliptin Tab 5 MG	
	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	
	Saxagliptin HCl Tab 5 MG (Base Equiv)	
	Sitagliptin Phosphate Tab 25 MG (Base Equiv)	
	Sitagliptin Phosphate Tab 50 MG (Base Equiv)	
	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	
Antidiabetic - Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
	Albiglutide For Soln Pen-injector 30 MG	
	Albiglutide For Soln Pen-injector 50 MG	
	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	
	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	
	Exenatide Extended Release for Susp Pen-injector 2 MG	
	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Exenatide For Inj Extended Release Susp 2 MG	
	Exenatide Soln Pen-injector 5 MCG/0.02ML	
	Exenatide Soln Pen-injector 10 MCG/0.04ML	
	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	
	Lixisenatide Soln Pen-injector 20 MCG/0.2ML (100 MCG/ML)	
	Lixisenatide Pen-inj Starter Kit 10 MCG/0.2ML & 20 MCG/0.2ML	
	Semaglutide Soln Pen-Inj 0.25 or 0.5 MG/Dose (2 MG/1.5ML)	
	Semaglutide Soln Pen-Inj 1 MG/Dose (2 MG/1.5ML)	
Antidiabetic - Insulin		**All strengths and formulations of injectable insulin are covered for appropriate conditions allowed in the claim**
	Insulin Aspart Inj 100 Unit/ML	
	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	
	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	
	Insulin Aspart Soln Cartridge 100 Unit/ML	
	Insulin Aspart Soln Pen-injector 100 Unit/ML	
	Insulin Degludec Soln Pen-Injector 100 Unit/ML	
	Insulin Degludec Soln Pen-Injector 200 Unit/ML	
	Insulin Detemir Inj 100 Unit/ML	
	Insulin Detemir Soln Pen-injector 100 Unit/ML	
	Insulin Glargine Inj 100 Unit/ML	
	Insulin Glargine Soln Pen-Injector 100 Unit/ML	
	Insulin Glargine Soln Pen-Injector 300 Unit/ML	
	Insulin Glulisine Inj 100 Unit/ML	
	Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML	
	Insulin Lispro (Human) Inj 100 Unit/ML	
	Insulin Lispro (Human) Soln Cartridge 100 Unit/ML	
	Insulin Lispro (Human) Soln Pen-injector 100 Unit/ML	
	Insulin Lispro (Human) Soln Pen-injector 200 Unit/ML	
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)	
	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)	
	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50)	
	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)	
	Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30)	
	Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	
	Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML	
	Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	
	Insulin Regular (Human) Inj 100 Unit/ML	
	Insulin Regular (Human) Inj 500 Unit/ML	
	Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML	
Antidiabetic - Meglitinide Analogues		
	Nateglinide Tab 60 MG	
	Nateglinide Tab 120 MG	
	Repaglinide Tab 0.5 MG	
	Repaglinide Tab 1 MG	
	Repaglinide Tab 2 MG	
Antidiabetic - Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
	Canagliflozin Tab 100 MG	
	Canagliflozin Tab 300 MG	
	Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	
	Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	
	Empagliflozin Tab 10 MG	
	Empagliflozin Tab 25 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Ertugliflozin L-Pyroglutamic Acid Tab 5 MG (Base Equiv)	
	Ertugliflozin L-Pyroglutamic Acid Tab 15 MG (Base Equiv)	
Antidiabetic - Sulfonylurea		
	Glimepiride Tab 1 MG	
	Glimepiride Tab 2 MG	
	Glimepiride Tab 4 MG	
	Glipizide Tab 5 MG	
	Glipizide Tab 10 MG	
	Glipizide Tab ER 24HR 2.5 MG	
	Glipizide Tab ER 24HR 5 MG	
	Glipizide Tab ER 24HR 10 MG	
	Glyburide Micronized Tab 1.5 MG	
	Glyburide Micronized Tab 3 MG	
	Glyburide Micronized Tab 6 MG	
	Glyburide Tab 1.25 MG	
	Glyburide Tab 2.5 MG	
	Glyburide Tab 5 MG	
Antidiabetic - Thiazolidinediones (TZDs)		
	Pioglitazone HCl Tab 15 MG (Base Equiv)	
	Pioglitazone HCl Tab 30 MG (Base Equiv)	
	Pioglitazone HCl Tab 45 MG (Base Equiv)	
	Rosiglitazone Maleate Tab 2 MG (Base Equiv)	
	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	
	Rosiglitazone Maleate Tab 8 MG (Base Equiv)	
Antidiarrheal Agents - Misc		
	Bismuth Subsalicylate Chew Tab 262 MG	
	Bismuth Subsalicylate Susp 262 MG/15ML	
	Bismuth Subsalicylate Tab 262 MG	
	Lactobacillus - Packet	
	Lactobacillus Cap	
	Lactobacillus Chew Tab	
	Lactobacillus Rhamnosus (GG) Cap	
	Lactobacillus Tab	
	Probiotic Product - Cap	
	Saccharomyces boulardii Cap 250 MG	
Antidotes - Chelating Agents		
	Succimer Cap 100 MG	
Antiemetics		
	Aprepitant Capsule 80 MG	
	Aprepitant Capsule Therapy Pack 80 & 125 MG	
	Dimenhydrinate Chew Tab 25 MG	
	Dimenhydrinate Chew Tab 50 MG	
	Dimenhydrinate Tab 50 MG	
	Dronabinol Capsules	**Coverage will require a Prior Authorization documentating (a) an allowed condition of chemotherapy induced nausea and vomiting or (b) a previous trial and therapeutic failure (as defined in O.A.C.4123.6.21 (J)) with either promethazine, ondansetron, or meclizine. In claims where the drug was covered in the 60 days prior to October 1, 2017, the medication will continue to be allowed at the current dose.**
	Dronabinol Cap 2.5 MG	**See Dronabinol Capsules restrictions above**
	Dronabinol Cap 5 MG	**See Dronabinol Capsules restrictions above**
	Dronabinol Cap 10 MG	**See Dronabinol Capsules restrictions above**
	Granisetron HCl Tab 1 MG	
	Meclizine HCl Chew Tab 25 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Meclizine HCl Tab 12.5 MG	
	Meclizine HCl Tab 25 MG	
	Meclizine HCl Tab 50 MG	
	Ondansetron HCl Oral Soln 4 MG/5ML	
	Ondansetron HCl Tab 4 MG	
	Ondansetron HCl Tab 8 MG	
	Ondansetron Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Ondansetron Orally Disintegrating Tab 4 MG	**See Ondansetron ODT Products restrictions above**
	Ondansetron Orally Disintegrating Tab 8 MG	**See Ondansetron ODT Products restrictions above**
	Scopolamine TD Patch 72HR 1 MG/3DAYS	
	Trimethobenzamide HCl Cap 300 MG	
Antifungals		
	Fluconazole For Susp 40 MG/ML	
	Fluconazole Tab 50 MG	
	Fluconazole Tab 100 MG	
	Fluconazole Tab 150 MG	
	Fluconazole Tab 200 MG	
	Griseofulvin Microsize Susp 125 MG/5ML	
	Griseofulvin Microsize Tab 500 MG	
	Griseofulvin Ultramicrosize Tab 250 MG	
	Itraconazole Cap 100 MG	
	Itraconazole Oral Soln 10 MG/ML	
	Ketoconazole Tab 200 MG	
	Nystatin Tab 500000 Unit	
	Posaconazole Susp 40 MG/ML	
	Posaconazole Tab Delayed Release 100 MG	
	Terbinafine HCl Tab 250 MG	
	Voriconazole Tab 200 MG	
Antihistamines		
	Carbinoxamine Maleate Tab 4 MG	
	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	
	Cetirizine HCl Tab 5 MG	
	Cetirizine HCl Tab 10 MG	
	Chlorpheniramine Maleate Tab 4 MG	
	Clemastine Fumarate Tab 2.68 MG	
	Cyproheptadine HCl Tab 4 MG	
	Desloratadine Tab 5 MG	
	Diphenhydramine HCl Cap 25 MG	
	Diphenhydramine HCl Cap 50 MG	
	Diphenhydramine HCl Liquid 12.5 MG/5ML	
	Diphenhydramine HCl Tab 25 MG	
	Fexofenadine HCl Tab 60 MG	
	Fexofenadine HCl Tab 180 MG	
	Levocetirizine Dihydrochloride Tab 5 MG	
	Loratadine Syrup 5 MG/5ML	
	Loratadine Tab 10 MG	
	Promethazine HCl Suppos 12.5 MG	
	Promethazine HCl Suppos 25 MG	
	Promethazine HCl Suppos 50 MG	
	Promethazine HCl Syrup 6.25 MG/5ML	
	Promethazine HCl Tab 12.5 MG	
	Promethazine HCl Tab 25 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Promethazine HCl Tab 50 MG	
Antihyperlipidemics - Bile Acid Sequestrants		
	Cholestyramine Light Powder 4 GM/DOSE	
	Cholestyramine Light Powder Packets 4 GM	
	Cholestyramine Powder 4 GM/DOSE	
	Cholestyramine Powder Packets 4 GM	
	Colesevelam HCl Packet For Susp 3.75 GM	
	Colesevelam HCl Tab 625 MG	
	Colestipol HCl Granule Packets 5 GM	
	Colestipol HCl Tab 1 GM	
Antihyperlipidemics - Combinations		
	Ezetimibe-Simvastatin Tab 10-10 MG	
	Ezetimibe-Simvastatin Tab 10-20 MG	
	Ezetimibe-Simvastatin Tab 10-40 MG	
	Ezetimibe-Simvastatin Tab 10-80 MG	
Antihyperlipidemics - Fibric Acid Derivatives		
	Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	
	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	
	Fenofibrate Cap 150 MG	
	Fenofibrate Micronized Cap 130 MG	
	Fenofibrate Micronized Cap 134 MG	
	Fenofibrate Micronized Cap 200 MG	
	Fenofibrate Tab 48 MG	
	Fenofibrate Tab 54 MG	
	Fenofibrate Tab 120 MG	
	Fenofibrate Tab 145 MG	
	Fenofibrate Tab 160 MG	
	Gemfibrozil Tab 600 MG	
Antihyperlipidemics - HMG CoA Reductase Inhibitors		
	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	
	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	
	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	
	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	
	Fluvastatin Sodium Tab ER 24 HR 80 MG	
	Lovastatin Tab 10 MG	
	Lovastatin Tab 20 MG	
	Lovastatin Tab 40 MG	
	Lovastatin Tab ER 24HR 60 MG	
	Niacin-Lovastatin Tab ER 24HR 1000-20 MG	
	Niacin-Simvastatin Tab ER 24HR 500-20 MG	
	Niacin-Simvastatin Tab ER 24HR 500-40 MG	
	Niacin-Simvastatin Tab ER 24HR 1000-20 MG	
	Niacin-Simvastatin Tab ER 24HR 1000-40 MG	
	Pitavastatin Calcium Tab 1 MG (Base Equiv)	
	Pitavastatin Calcium Tab 2 MG (Base Equiv)	
	Pitavastatin Calcium Tab 4 MG (Base Equiv)	
	Pravastatin Sodium Tab 10 MG	
	Pravastatin Sodium Tab 20 MG	
	Pravastatin Sodium Tab 40 MG	
	Pravastatin Sodium Tab 80 MG	
	Rosuvastatin Calcium Tab 5 MG	
	Rosuvastatin Calcium Tab 10 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Rosuvastatin Calcium Tab 20 MG	
	Rosuvastatin Calcium Tab 40 MG	
	Simvastatin Tab 5 MG	
	Simvastatin Tab 10 MG	
	Simvastatin Tab 20 MG	
	Simvastatin Tab 40 MG	
	Simvastatin Tab 80 MG	
Antihyperlipidemics - Intestinal Cholesterol Absorption Inhibitors		
	Ezetimibe Tab 10 MG	
Antihyperlipidemics - Lecithin		
	Lecithin Cap 1200 MG	
	Lecithin Chew Tab 1000 MG	
Antihyperlipidemics - Misc		
	Omega-3-acid Ethyl Esters Cap 1 GM	
Antihyperlipidemics - Nicotinic Acid Derivatives		**All strengths of oral dosage forms are covered for allowed conditions**
	Niacin Tab ER 500 MG (Antihyperlipidemic)	
	Niacin Tab ER 750 MG (Antihyperlipidemic)	
	Niacin Tab ER 1000 MG (Antihyperlipidemic)	
Antihyperlipidemics - Omega-3 Fatty Acids		
	Omega-3 Fatty Acids Cap 183.33 MG**	
	Omega-3 Fatty Acids Cap 150 MG**	
	Omega-3 Fatty Acids Cap 180 MG**	
	Omega-3 Fatty Acids Cap 554 MG**	
	Omega-3 Fatty Acids Cap 645 MG**	
	Omega-3 Fatty Acids Cap 875 MG**	
	Omega-3 Fatty Acids Cap 900 MG**	
	Omega-3 Fatty Acids Cap 1000 MG**	
	Omega-3 Fatty Acids Cap 1200 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 332.5 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 350 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 500 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 600 MG**	
	Omega-3 Fatty Acids Cap Delayed Release 1400 MG**	
	Omega-3 Fatty Acids Chew Tab 240 MG**	
Antihyperlipidemics - PCSK9 Inhibitors		
	Alirocumab Subcutaneous Soln Pen-injector 75 MG/ML	
	Alirocumab Subcutaneous Soln Pen-injector 150 MG/ML	
	Alirocumab Subcutaneous Soln Prefilled Syringe 75 MG/ML	
	Alirocumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	
Antihypertensive Combinations		
	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	
	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	
	Aliskiren-Valsartan Tab 150-160 MG	
	Aliskiren-Valsartan Tab 300-320 MG	
	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	
	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	
	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	
	Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	
	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	
	Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	
	Amlodipine Besylate-Valsartan Tab 5-160 MG	
	Amlodipine Besylate-Valsartan Tab 10-160 MG	
	Amlodipine Besylate-Valsartan Tab 10-320 MG	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	
	Atenolol & Chlorthalidone Tab 50-25 MG	
	Atenolol & Chlorthalidone Tab 100-25 MG	
	Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	
	Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	
	Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	
	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	
	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	
	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	
	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	
	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	
	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	
	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	
	Lisinopril & Hydrochlorothiazide Tab 20-25 MG	
	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	
	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	
	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	
	Metoprolol & Hydrochlorothiazide Tab 50-25 MG	
	Moexipril-Hydrochlorothiazide Tab 15-25 MG	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	
	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	
	Quinapril-Hydrochlorothiazide Tab 20-25 MG	
	Telmisartan-Amlodipine Tab 40-5 MG	
	Telmisartan-Amlodipine Tab 80-10 MG	
	Trandolapril-Verapamil HCl Tab ER 2-240 MG	
	Trandolapril-Verapamil HCl Tab ER 4-240 MG	
	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	
	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	
	Valsartan-Hydrochlorothiazide Tab 160-25 MG	
	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	
	Valsartan-Hydrochlorothiazide Tab 320-25 MG	
Antihypertensives - ACE Inhibitors		
	Benazepril HCl Tab 5 MG	
	Benazepril HCl Tab 10 MG	
	Benazepril HCl Tab 20 MG	
	Benazepril HCl Tab 40 MG	
	Captopril Tab 12.5 MG	
	Captopril Tab 25 MG	
	Captopril Tab 50 MG	
	Captopril Tab 100 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Enalapril Maleate Tab 2.5 MG	
	Enalapril Maleate Tab 5 MG	
	Enalapril Maleate Tab 10 MG	
	Enalapril Maleate Tab 20 MG	
	Fosinopril Sodium Tab 10 MG	
	Fosinopril Sodium Tab 20 MG	
	Lisinopril Tab 2.5 MG	
	Lisinopril Tab 5 MG	
	Lisinopril Tab 10 MG	
	Lisinopril Tab 20 MG	
	Lisinopril Tab 30 MG	
	Lisinopril Tab 40 MG	
	Moexipril HCl Tab 15 MG	
	Quinapril HCl Tab 5 MG	
	Quinapril HCl Tab 10 MG	
	Quinapril HCl Tab 20 MG	
	Quinapril HCl Tab 40 MG	
	Ramipril Cap 1.25 MG	
	Ramipril Cap 2.5 MG	
	Ramipril Cap 5 MG	
	Ramipril Cap 10 MG	
	Trandolapril Tab 1 MG	
	Trandolapril Tab 2 MG	
Antihypertensives - Agents for Pheochromocytoma		
	Phenoxybenzamine HCl Cap 10 MG	
Antihypertensives - Angiotensin II Receptor Antagonists		
	Candesartan Cilexetil Tab 8 MG	
	Candesartan Cilexetil Tab 16 MG	
	Candesartan Cilexetil Tab 32 MG	
	Irbesartan Tab 75 MG	
	Irbesartan Tab 150 MG	
	Irbesartan Tab 300 MG	
	Losartan Potassium Tab 25 MG	
	Losartan Potassium Tab 50 MG	
	Losartan Potassium Tab 100 MG	
	Olmesartan Medoxomil Tab 5 MG	
	Olmesartan Medoxomil Tab 20 MG	
	Olmesartan Medoxomil Tab 40 MG	
	Telmisartan Tab 80 MG	
	Valsartan Tab 40 MG	
	Valsartan Tab 80 MG	
	Valsartan Tab 160 MG	
	Valsartan Tab 320 MG	
Antihypertensives - Antiadrenergic Antihypertensives		
	Clonidine HCl Tab 0.1 MG	
	Clonidine HCl Tab 0.2 MG	
	Clonidine HCl Tab 0.3 MG	
	Clonidine HCl TD Patch Weekly 0.1 MG/24HR	
	Clonidine HCl TD Patch Weekly 0.2 MG/24HR	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Clonidine HCl TD Patch Weekly 0.3 MG/24HR	
	Doxazosin Mesylate Tab 1 MG	
	Doxazosin Mesylate Tab 2 MG	
	Doxazosin Mesylate Tab 4 MG	
	Doxazosin Mesylate Tab 8 MG	
	Guanfacine HCl Tab 1 MG	
	Guanfacine HCl Tab 2 MG	
	Prazosin HCl Cap 1 MG	
	Prazosin HCl Cap 2 MG	
	Prazosin HCl Cap 5 MG	
	Terazosin HCl Cap 1 MG	
	Terazosin HCl Cap 2 MG	
	Terazosin HCl Cap 5 MG	
	Terazosin HCl Cap 10 MG	
Antihypertensives - Direct Renin Inhibitors		
	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	
	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	
Antihypertensives - Selective Aldosterone Receptor Antagonists (SARAs)		
	Eplerenone Tab 25 MG	
	Eplerenone Tab 50 MG	
Antihypertensives - Vasodilators		
	Hydralazine HCl Tab 10 MG	
	Hydralazine HCl Tab 25 MG	
	Hydralazine HCl Tab 50 MG	
	Hydralazine HCl Tab 100 MG	
	Minoxidil Tab 2.5 MG	
	Minoxidil Tab 10 MG	
Anti-infective Agents - Misc		
	Atovaquone Susp 750 MG/5ML	
	Clindamycin HCl Cap 150 MG	
	Clindamycin HCl Cap 300 MG	
	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	
	Dapsone Tab 25 MG	
	Dapsone Tab 100 MG	
	Linezolid For Susp 100 MG/5ML	
	Linezolid Tab 600 MG	
	Metronidazole Cap 375 MG	
	Metronidazole Tab 250 MG	
	Metronidazole Tab 500 MG	
	Metronidazole Tab ER 24HR 750 MG	
	Nitazoxanide Tab 500 MG	
	Rifaximin Tab 200 MG	
	Rifaximin Tab 550 MG	
	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	
	Sulfamethoxazole-Trimethoprim Tab 400-80 MG	
	Sulfamethoxazole-Trimethoprim Tab 800-160 MG	
	Telithromycin Tab 400 MG	
	Tinidazole Tab 500 MG	
	Trimethoprim Tab 100 MG	
	Vancomycin HCl Cap 125 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Vancomycin HCl Cap 250 MG	
Antimalarials		
	Atovaquone-Proguanil HCl Tab 250-100 MG	
	Chloroquine Phosphate Tab 250 MG	
	Hydroxychloroquine Sulfate Tab 200 MG	
	Mefloquine HCl Tab 250 MG	
	Quinine Sulfate Cap 324 MG	
Antimanic Agents		
	Lithium Carbonate Cap 150 MG	
	Lithium Carbonate Cap 300 MG	
	Lithium Carbonate Cap 600 MG	
	Lithium Carbonate Tab 300 MG	
	Lithium Carbonate Tab ER 300 MG	
	Lithium Carbonate Tab ER 450 MG	
	Lithium Oral Solution 8 mEq/5ML	
Antimyasthenic/Cholinergic Agents		
	Pyridostigmine Bromide Tab 60 MG	
	Pyridostigmine Bromide Tab ER 180 MG	
Antimycobacterial Agents		
	Ethambutol HCl Tab 100 MG	
	Ethambutol HCl Tab 400 MG	
	Isoniazid Tab 300 MG	
	Pyrazinamide Tab 500 MG	
	Rifampin Cap 150 MG	
	Rifampin Cap 300 MG	
Antineoplastic - Alkylating Agents		
	Cyclophosphamide Cap 25 MG	
	Cyclophosphamide Cap 50 MG	
	Cyclophosphamide Tab 50 MG	
Antineoplastic - Antimetabolites		
	Capecitabine Tab 500 MG	
	Methotrexate Sodium Tab 2.5 MG (Base Equiv)	
Antineoplastic - Hormonal and Related Agents		
	Anastrozole Tab 1 MG	
	Exemestane Tab 25 MG	
	Letrozole Tab 2.5 MG	
	Megestrol Acetate Susp 40 MG/ML	
	Megestrol Acetate Tab 20 MG	
	Megestrol Acetate Tab 40 MG	
	Tamoxifen Citrate Tab 20 MG (Base Equivalent)	
Antiparkinson Agents		
	Amantadine HCl Cap 100 MG	
	Amantadine HCl Syrup 50 MG/5ML	
	Amantadine HCl Tab 100 MG	
	Benztropine Mesylate Tab 0.5 MG	
	Benztropine Mesylate Tab 1 MG	
	Benztropine Mesylate Tab 2 MG	
	Bromocriptine Mesylate Cap 5 MG	
	Carbidopa & Levodopa Tab 10-100 MG	
	Carbidopa & Levodopa Tab 25-100 MG	
	Carbidopa & Levodopa Tab 25-250 MG	
	Carbidopa & Levodopa Tab ER 25-100 MG	
	Carbidopa & Levodopa Tab ER 50-200 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Entacapone Tab 200 MG	
	Pramipexole Dihydrochloride Tab 0.125 MG	
	Pramipexole Dihydrochloride Tab 0.25 MG	
	Pramipexole Dihydrochloride Tab 0.5 MG	
	Pramipexole Dihydrochloride Tab 1 MG	
	Pramipexole Dihydrochloride Tab 1.5 MG	
	Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG	
	Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	
	Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG	
	Rasagiline Mesylate Tab 1 MG (Base Equiv)	
	Ropinirole Hydrochloride Tab 0.25 MG	
	Ropinirole Hydrochloride Tab 0.5 MG	
	Ropinirole Hydrochloride Tab 1 MG	
	Ropinirole Hydrochloride Tab 2 MG	
	Ropinirole Hydrochloride Tab 3 MG	
	Ropinirole Hydrochloride Tab 4 MG	
	Ropinirole Hydrochloride Tab 5 MG	
	Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)	
	Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	
	Trihexyphenidyl HCl Tab 2 MG	
	Trihexyphenidyl HCl Tab 5 MG	
Antiperistaltic Agents		
	Difenoxin w/ Atropine Tab 1-0.025 MG	
	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	
	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	
	Loperamide HCl Cap 2 MG	
	Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)	
	Loperamide HCl Tab 2 MG	
	Paregoric Tincture 2 MG/5ML	
Antipsoriatics - Oral		
	Acitretin Cap 25 MG	
Antipsychotics - ALL		**Effective January 1, 2019,** **(a) any injured worker who has received an antipsychotic medication within the past 60 days, who does not have an allowed condition of schizophrenia or bipolar disorder, will be given 90 days to justify medical necessity or to be weaned off the antipsychotic medication.** **(b) requests for antipsychotic medications that are FDA approved for the treatment of Major Depressive Disorder, will require prior authorization with an allowed condition of Major Depressive Disorder or Dysthymic Disorder and appropriate trials of at least two antidepressants.** **(c) Prior Authorization for all antipsychotic medications shall be limited to no longer than 6 months. Documentation of Abnormal Involvement Movement Scale (AIMS) testing will be required every 6 months for ongoing use of all antipsychotic medications.**
Antipsychotics - Benzisoxazoles		**See Antipsychotics - ALL Products restrictions above**
	Haloperidol Lactate Oral Conc 2 MG/ML	
	Haloperidol Tab 0.5 MG	
	Haloperidol Tab 1 MG	
	Haloperidol Tab 2 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Haloperidol Tab 5 MG	
	Haloperidol Tab 10 MG	
	Haloperidol Tab 20 MG	
	Paliperidone Tab ER 24HR 1.5 MG	
	Paliperidone Tab ER 24HR 3 MG	
	Paliperidone Tab ER 24HR 6 MG	
	Paliperidone Tab ER 24HR 9 MG	
	Risperidone Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Risperidone Orally Disintegrating Tab 0.25 MG	**See Risperidone ODT Products restrictions above**
	Risperidone Orally Disintegrating Tab 0.5 MG	**See Risperidone ODT Products restrictions above**
	Risperidone Orally Disintegrating Tab 1 MG	**See Risperidone ODT Products restrictions above**
	Risperidone Orally Disintegrating Tab 2 MG	**See Risperidone ODT Products restrictions above**
	Risperidone Orally Disintegrating Tab 3 MG	**See Risperidone ODT Products restrictions above**
	Risperidone Orally Disintegrating Tab 4 MG	**See Risperidone ODT Products restrictions above**
	Risperidone Soln 1 MG/ML	
	Risperidone Tab 0.25 MG	
	Risperidone Tab 0.5 MG	
	Risperidone Tab 1 MG	
	Risperidone Tab 2 MG	
	Risperidone Tab 3 MG	
	Risperidone Tab 4 MG	
Antipsychotics - Dibenzapines		**See Antipsychotics - ALL Products restrictions above**
	Asenapine Maleate SL Tab Products	**Sublingual dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	**See Asenapine Maleate SL Tab Products restrictions above**
	Asenapine Maleate SL Tab 5 MG (Base Equiv)	**See Asenapine Maleate SL Tab Products restrictions above**
	Asenapine Maleate SL Tab 10 MG (Base Equiv)	**See Asenapine Maleate SL Tab Products restrictions above**
	Clozapine Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Clozapine Orally Disintegrating Tab 12.5 MG	**See Clozapine ODT Products restrictions above**
	Clozapine Orally Disintegrating Tab 25 MG	**See Clozapine ODT Products restrictions above**
	Clozapine Orally Disintegrating Tab 100 MG	**See Clozapine ODT Products restrictions above**
	Clozapine Orally Disintegrating Tab 150 MG	**See Clozapine ODT Products restrictions above**
	Clozapine Orally Disintegrating Tab 200 MG	**See Clozapine ODT Products restrictions above**
	Clozapine Tab 25 MG	
	Clozapine Tab 50 MG	
	Clozapine Tab 100 MG	
	Clozapine Tab 200 MG	
	Loxapine Succinate Cap 5 MG	
	Loxapine Succinate Cap 10 MG	
	Loxapine Succinate Cap 25 MG	
	Loxapine Succinate Cap 50 MG	
	Olanzapine Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Olanzapine Orally Disintegrating Tab 5 MG	**See Olanzapine ODT Products restrictions above**
	Olanzapine Orally Disintegrating Tab 10 MG	**See Olanzapine ODT Products restrictions above**
	Olanzapine Orally Disintegrating Tab 15 MG	**See Olanzapine ODT Products restrictions above**
	Olanzapine Orally Disintegrating Tab 20 MG	**See Olanzapine ODT Products restrictions above**
	Olanzapine Tab 2.5 MG	
	Olanzapine Tab 5 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Olanzapine Tab 7.5 MG	
	Olanzapine Tab 10 MG	
	Olanzapine Tab 15 MG	
	Olanzapine Tab 20 MG	
	Quetiapine Fumarate Tab 25 MG	
	Quetiapine Fumarate Tab 50 MG	
	Quetiapine Fumarate Tab 100 MG	
	Quetiapine Fumarate Tab 200 MG	
	Quetiapine Fumarate Tab 300 MG	
	Quetiapine Fumarate Tab 400 MG	
	Quetiapine Fumarate Tab ER 24HR 50 MG	
	Quetiapine Fumarate Tab ER 24HR 150 MG	
	Quetiapine Fumarate Tab ER 24HR 200 MG	
	Quetiapine Fumarate Tab ER 24HR 300 MG	
	Quetiapine Fumarate Tab ER 24HR 400 MG	
Antipsychotics - Dihydroindolones		**See Antipsychotics - ALL Products restrictions above**
	Molindone HCl Tab 5 MG	
	Molindone HCl Tab 10 MG	
	Molindone HCl Tab 25 MG	
Antipsychotics - Misc		**See Antipsychotics - ALL Products restrictions above**
	Carbamazepine (Antipsychotic) Cap ER 12HR 100 MG	
	Carbamazepine (Antipsychotic) Cap ER 12HR 200 MG	
	Carbamazepine (Antipsychotic) Cap ER 12HR 300 MG	
	Lurasidone HCl Tab 20 MG	
	Lurasidone HCl Tab 40 MG	
	Lurasidone HCl Tab 60 MG	
	Lurasidone HCl Tab 80 MG	
	Lurasidone HCl Tab 120 MG	
	Ziprasidone HCl Cap 20 MG	
	Ziprasidone HCl Cap 40 MG	
	Ziprasidone HCl Cap 60 MG	
	Ziprasidone HCl Cap 80 MG	
Antipsychotics - Phenothiazines		**See Antipsychotics - ALL Products restrictions above**
	Chlorpromazine HCl Tab 10 MG	
	Chlorpromazine HCl Tab 25 MG	
	Chlorpromazine HCl Tab 50 MG	
	Chlorpromazine HCl Tab 100 MG	
	Chlorpromazine HCl Tab 200 MG	
	Fluphenazine HCl Elixir 2.5 MG/5ML	
	Fluphenazine HCl Oral Conc 5 MG/ML	
	Fluphenazine HCl Tab 1 MG	
	Fluphenazine HCl Tab 2.5 MG	
	Fluphenazine HCl Tab 5 MG	
	Fluphenazine HCl Tab 10 MG	
	Perphenazine Tab 2 MG	
	Perphenazine Tab 4 MG	
	Perphenazine Tab 8 MG	
	Perphenazine Tab 16 MG	
	Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	
	Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	
	Prochlorperazine Suppos 25 MG	
	Thioridazine HCl Tab 10 MG	
	Thioridazine HCl Tab 25 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Thioridazine HCl Tab 50 MG	
	Thioridazine HCl Tab 100 MG	
	Trifluoperazine HCl Tab 1 MG (Base Equivalent)	
	Trifluoperazine HCl Tab 2 MG (Base Equivalent)	
	Trifluoperazine HCl Tab 5 MG (Base Equivalent)	
	Trifluoperazine HCl Tab 10 MG (Base Equivalent)	
Antipsychotics - Quinolinone Derivatives		**See Antipsychotics - ALL Products restrictions above**
	Aripiprazole Oral Solution 1 MG/ML	
	Aripiprazole Orally Disintegrating Tab Products	**Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Aripiprazole Orally Disintegrating Tab 10 MG	**See Aripiprazole ODT Products restrictions above**
	Aripiprazole Orally Disintegrating Tab 15 MG	**See Aripiprazole ODT Products restrictions above**
	Aripiprazole Tab 2 MG	
	Aripiprazole Tab 5 MG	
	Aripiprazole Tab 10 MG	
	Aripiprazole Tab 15 MG	
	Aripiprazole Tab 20 MG	
	Aripiprazole Tab 30 MG	
Antipsychotics - Thioxanthenes		**See Antipsychotics - ALL Products restrictions above**
	Thiothixene Cap 1 MG	
	Thiothixene Cap 2 MG	
	Thiothixene Cap 5 MG	
	Thiothixene Cap 10 MG	
Antiretrovirals		
	Abacavir Sulfate-Lamivudine Tab 600-300 MG	
	Atazanavir Sulfate Cap 150 MG (Base Equiv)	
	Atazanavir Sulfate Cap 200 MG (Base Equiv)	
	Atazanavir Sulfate Cap 300 MG (Base Equiv)	
	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	
	Efavirenz Cap 50 MG	
	Efavirenz Cap 200 MG	
	Efavirenz Tab 600 MG	
	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	
	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	
	Indinavir Sulfate Cap 200 MG	
	Indinavir Sulfate Cap 400 MG	
	Lamivudine Oral Soln 10 MG/ML	
	Lamivudine Tab 150 MG	
	Lamivudine Tab 300 MG	
	Lamivudine-Zidovudine Tab 150-300 MG	
	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	
	Lopinavir-Ritonavir Tab 100-25 MG	
	Lopinavir-Ritonavir Tab 200-50 MG	
	Nelfinavir Mesylate Tab 250 MG	
	Nelfinavir Mesylate Tab 625 MG	
	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	
	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	
	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	
	Raltegravir Potassium Tab 400 MG (Base Equiv)	
	Ritonavir Cap 100 MG	
	Ritonavir Oral Soln 80 MG/ML	
	Ritonavir Tab 100 MG	
	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Tenofovir Disoproxil Fumarate Tab 150 MG	
	Tenofovir Disoproxil Fumarate Tab 200 MG	
	Tenofovir Disoproxil Fumarate Tab 250 MG	
	Tenofovir Disoproxil Fumarate Tab 300 MG	
	Zidovudine Cap 100 MG	
	Zidovudine Syrup 10 MG/ML	
	Zidovudine Tab 300 MG	
Antiseptics & Disinfectants		
	Cadexomer Iodine Gel 0.9%	
	Chlorhexidine Gluconate Liquid 4%	
	Chlorhexidine Gluconate Soln 4%	
	Dakin's Solution 0.125% (Quarter Strength)	
	Dakin's Solution 0.25% (Half Strength)	
	Dakin's Solution 0.5%	
	Formaldehyde Solution 10%	
	Hexachlorophene Liq 3%	
	Hydrogen Peroxide Soln 3%	
	Povidone-Iodine Oint 10%	
	Povidone-Iodine Soln 7.5%	
	Povidone-Iodine Soln 10%	
	Povidone-Iodine Swabs 10%	
Antitussives		
	Benzonatate Cap 100 MG	
	Benzonatate Cap 200 MG	
	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	
	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	
	Hydrocodone w/ Homatropine Tab 5-1.5 MG	
Beta Blockers		
	Acebutolol HCl Cap 200 MG	
	Acebutolol HCl Cap 400 MG	
	Atenolol Tab 25 MG	
	Atenolol Tab 50 MG	
	Atenolol Tab 100 MG	
	Bisoprolol Fumarate Tab 5 MG	
	Bisoprolol Fumarate Tab 10 MG	
	Carvedilol Phosphate Cap ER 24HR 10 MG	
	Carvedilol Phosphate Cap ER 24HR 20 MG	
	Carvedilol Phosphate Cap ER 24HR 40 MG	
	Carvedilol Phosphate Cap ER 24HR 80 MG	
	Carvedilol Tab 3.125 MG	
	Carvedilol Tab 6.25 MG	
	Carvedilol Tab 12.5 MG	
	Carvedilol Tab 25 MG	
	Labetalol HCl Tab 100 MG	
	Labetalol HCl Tab 200 MG	
	Labetalol HCl Tab 300 MG	
	Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	
	Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	
	Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	
	Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	
	Metoprolol Tartrate Tab 25 MG	
	Metoprolol Tartrate Tab 50 MG	
	Metoprolol Tartrate Tab 100 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Nadolol Tab 20 MG	
	Nadolol Tab 40 MG	
	Nadolol Tab 80 MG	
	Nebivolol HCl Tab 2.5 MG (Base Equivalent)	
	Nebivolol HCl Tab 5 MG (Base Equivalent)	
	Nebivolol HCl Tab 10 MG (Base Equivalent)	
	Nebivolol HCl Tab 20 MG (Base Equivalent)	
	Pindolol Tab 5 MG	
	Pindolol Tab 10 MG	
	Propranolol HCl Cap ER 24HR 60 MG	
	Propranolol HCl Cap ER 24HR 80 MG	
	Propranolol HCl Cap ER 24HR 120 MG	
	Propranolol HCl Cap ER 24HR 160 MG	
	Propranolol HCl Tab 10 MG	
	Propranolol HCl Tab 20 MG	
	Propranolol HCl Tab 40 MG	
	Propranolol HCl Tab 60 MG	
	Propranolol HCl Tab 80 MG	
	Sotalol HCl (AFIB/AFL) Tab 80 MG	
	Sotalol HCl Tab 80 MG	
	Sotalol HCl Tab 120 MG	
	Sotalol HCl Tab 160 MG	
	Timolol Maleate Tab 10 MG	
Calcium Channel Blockers		
	Amlodipine Besylate Tab 2.5 MG	
	Amlodipine Besylate Tab 5 MG	
	Amlodipine Besylate Tab 10 MG	
	Diltiazem HCl Cap ER 24HR 120 MG	
	Diltiazem HCl Cap ER 24HR 180 MG	
	Diltiazem HCl Cap ER 24HR 240 MG	
	Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	
	Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	
	Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	
	Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	
	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	
	Diltiazem HCl Coated Beads Tab ER 24HR 240 MG	
	Diltiazem HCl Coated Beads Tab ER 24HR 360 MG	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	
	Diltiazem HCl Tab 30 MG	
	Diltiazem HCl Tab 60 MG	
	Diltiazem HCl Tab 90 MG	
	Diltiazem HCl Tab 120 MG	
	Felodipine Tab ER 24HR 5 MG	
	Felodipine Tab ER 24HR 10 MG	
	Nicardipine HCl Cap 20 MG	
	Nicardipine HCl Cap ER 12HR 60 MG	
	Nifedipine Cap 10 MG	
	Nifedipine Cap 20 MG	
	Nifedipine Tab ER 24HR 30 MG	
	Nifedipine Tab ER 24HR 60 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Nifedipine Tab ER 24HR 90 MG	
	Nifedipine Tab ER 24HR Osmotic Release 30 MG	
	Nifedipine Tab ER 24HR Osmotic Release 60 MG	
	Nifedipine Tab ER 24HR Osmotic Release 90 MG	
	Nisoldipine Tab ER 24HR 20 MG	
	Nisoldipine Tab ER 24HR 25.5 MG	
	Verapamil HCl Cap ER 24HR 120 MG	
	Verapamil HCl Cap ER 24HR 180 MG	
	Verapamil HCl Cap ER 24HR 240 MG	
	Verapamil HCl Tab 40 MG	
	Verapamil HCl Tab 80 MG	
	Verapamil HCl Tab 120 MG	
	Verapamil HCl Tab ER 120 MG	
	Verapamil HCl Tab ER 180 MG	
	Verapamil HCl Tab ER 240 MG	
Cardiac Glycosides		
	Digoxin Tab 125 MCG (0.125 MG)	
	Digoxin Tab 250 MCG (0.25 MG)	
Cardiovascular Agents Misc. - Combinations		
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	
	Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	
	Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG	
	Sacubitril-Valsartan Tab 24-26 MG	
	Sacubitril-Valsartan Tab 49-51 MG	
	Sacubitril-Valsartan Tab 97-103 MG	
Chelating Agents		
	Penicillamine Cap 250 MG	
	Penicillamine Tab 250 MG	
Chemical		
	Alcohol, Rubbing 70%	
Combination Psychotherapeutics		
	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	
	Chlordiazepoxide-Amitriptyline Tab 10-25 MG	
	Olanzapine-Fluoxetine HCl Cap 3-25 MG	
	Olanzapine-Fluoxetine HCl Cap 6-25 MG	
	Olanzapine-Fluoxetine HCl Cap 6-50 MG	
	Olanzapine-Fluoxetine HCl Cap 12-25 MG	
	Olanzapine-Fluoxetine HCl Cap 12-50 MG	
	Perphenazine-Amitriptyline Tab 2-10 MG	
	Perphenazine-Amitriptyline Tab 2-25 MG	
	Perphenazine-Amitriptyline Tab 4-10 MG	
	Perphenazine-Amitriptyline Tab 4-25 MG	
	Perphenazine-Amitriptyline Tab 4-50 MG	
Cough/Cold/Allergy Combinations		
	Brompheniramine & Phenylephrine Syrup 1-2.5 MG/5ML	
	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	
	Chlorpheniramine-DM Tab 4-30 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Desloratadine & Pseudoephedrine Tab ER 24HR 5-240 MG	
	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML	
	Dextromethorphan-Guaifenesin Liquid 10-187 MG/5ML	
	Dextromethorphan-Guaifenesin Liquid 10-200 MG/5ML	
	Dextromethorphan-Guaifenesin Liquid 20-400 MG/5ML	
	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	
	Dextromethorphan-Guaifenesin Liquid 5-50 MG/ML	
	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	
	Diphenhydramine-Acetaminophen Tab 12.5-325 MG	
	Fexofenadine-Pseudoephedrine Tab ER 12HR 60-120 MG	
	Fexofenadine-Pseudoephedrine Tab ER 24HR 180-240 MG	
	Guaifenesin-Codeine Liquid 300-10 MG/5ML	
	Guaifenesin-Codeine Soln 100-10 MG/5ML	
	Hydrocod Polst-Chlorphen Polst Cap ER 12HR 10-8 MG	
	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	
	Loratadine & Pseudoephedrine Tab ER 12HR 5-120 MG	
	Loratadine & Pseudoephedrine Tab ER 24HR 10-240 MG	
	Phenylephrine w/ Acetaminophen Tab 5-325 MG	
	Phenylephrine w/ DM-GG Liqd 10-18-200 MG/15ML	
	Phenylephrine w/ DM-GG Liqd 2.5-5-100 MG/ML	
	Phenylephrine w/ DM-GG Liqd 5-10-100 MG/5ML	
	Phenylephrine w/ DM-GG Liquid 10-15-350 MG/5ML	
	Phenylephrine w/ DM-GG Tab 10-15-395 MG	
	Phenylephrine w/ DM-GG Tab 10-15-400 MG	
	Phenylephrine w/ DM-GG Tab 5-10-200 MG	
	Phenylephrine-Chlorphen-DM Liquid 10-2-15 MG/5ML	
	Phenylephrine-Chlorphen-DM Liquid 10-4-10 MG/5ML	
	Phenylephrine-Chlorphen-DM Liquid 6-2-15 MG/5ML	
	Phenylephrine-Chlorphen-DM Syrup 10-4-20 MG/5ML	
	Phenylephrine-Chlorphen-DM Tab 10-4-10 MG	
	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML	
	Phenylephrine-Pyrilamine w/ Codeine Syrup 5-8.33-9 MG/5ML	
	Phenylephrine-Pyrilamine-DM Syrup 5-8.33-10 MG/5ML	
	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	
	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	
	Promethazine-DM Syrup 6.25-15 MG/5ML	
	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	
	Pseudoephedrine w/ COD-GG Liquid 30-10-100 MG/5ML	
	~~Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML~~	
	Pseudoephedrine w/ DM-GG Tab 30-30-400 MG	
	Pseudoephedrine w/ DM-GG Tab 60-15-400 MG	
	Pseudoephedrine w/ DM-GG Tab 60-20-380 MG	
	Pseudoephedrine-Guaifenesin Tab ER 12HR 120-1200 MG	
	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	
Cystic Fibrosis Agents		
	Dornase Alfa Inhal Soln 1 MG/ML	
Cytomegalovirus (CMV) Agents		
	Valganciclovir HCl Tab 450 MG (Base Equivalent)	
Diabetic Supplies		
	Alcohol Sheets	
	Alcohol Swabs	
	Lancet Devices	
	Lancets Misc.	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Lancets	
Diagnostic Test		
	Glucose Blood Test Strip	
Dietary Management Products - L-Methylfolate		**All combinations and strengths of oral dosage forms are covered for allowed conditions**
	L-Methylfolate Cap 15 MG	
	L-Methylfolate Tab 7.5 MG	
	L-Methylfolate Tab 15 MG	
	L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG	
	L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG	
	L-Methylfolate w/ Vit B6-Vit B12 Tab 3-43.75-2.72 MG	
	L-Methylfolate-Algae Cap 15-90.314 MG	
	L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG	
	L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG	
Dietary Management Products - Misc		
	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	
Digestive Enzymes		**All oral formulations of pancreatic enzymes are covered for allowed conditions**
	Lactase Tab 3000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 13800-27600-27600 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-63000-84000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 20700-41400-41400 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 23000-46000-46000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit	
	Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit	
	Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit	
	Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit	
Diuretics		
	Acetazolamide Cap ER 12HR 500 MG	
	Acetazolamide Tab 125 MG	
	Acetazolamide Tab 250 MG	
	Amiloride & Hydrochlorothiazide Tab 5-50 MG	
	Amiloride HCl Tab 5 MG	
	Bumetanide Tab 0.5 MG	
	Bumetanide Tab 1 MG	
	Bumetanide Tab 2 MG	
	Chlorthalidone Tab 25 MG	
	Chlorthalidone Tab 50 MG	
	Furosemide Oral Soln 10 MG/ML	
	Furosemide Tab 20 MG	
	Furosemide Tab 40 MG	
	Furosemide Tab 80 MG	
	Hydrochlorothiazide Cap 12.5 MG	
	Hydrochlorothiazide Tab 25 MG	
	Hydrochlorothiazide Tab 50 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Indapamide Tab 1.25 MG	
	Methazolamide Tab 25 MG	
	Methazolamide Tab 50 MG	
	Metolazone Tab 2.5 MG	
	Metolazone Tab 5 MG	
	Spironolactone Tab 25 MG	
	Spironolactone Tab 50 MG	
	Spironolactone Tab 100 MG	
	Torsemide Tab 10 MG	
	Torsemide Tab 20 MG	
	Torsemide Tab 100 MG	
	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	
	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	
	Triamterene & Hydrochlorothiazide Tab 75-50 MG	
Electrolytes - Potassium		**All potassium salts and oral dosage forms are covered for allowed conditions**
	Potassium Bicarbonate Effer Tab 25 mEq	
	Potassium Chloride Cap ER 8 mEq	
	Potassium Chloride Cap ER 10 mEq	
	Potassium Chloride MiERoencapsulated ERys ER Tab 10 mEq	
	Potassium Chloride MiERoencapsulated ERys ER Tab 20 mEq	
	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	
	Potassium Chloride Powder Packet 20 mEq	
	Potassium Chloride Tab ER 8 mEq (600 MG)	
	Potassium Chloride Tab ER 10 mEq	
	Potassium Chloride Tab ER 20 mEq (1500 MG)	
	Potassium Gluconate Tab 80 MG (Elemental Potassium)	
	Potassium Gluconate Tab 550 MG (90 MG Equiv K)	
Endocrine - Bone Density Regulators		
	Alendronate Sodium Oral Soln 70 MG/75ML	
	Alendronate Sodium Tab 5 MG	
	Alendronate Sodium Tab 35 MG	
	Alendronate Sodium Tab 40 MG	
	Alendronate Sodium Tab 70 MG	
	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	
	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	
	Etidronate Disodium Tab 200 MG	
	Etidronate Disodium Tab 400 MG	
	Ibandronate Sodium Tab 150 MG (Base Equivalent)	
	Risedronate Sodium Tab 30 MG	
	Risedronate Sodium Tab 35 MG	
	Risedronate Sodium Tab 150 MG	
	Risedronate Sodium Tab Delayed Release 35 MG	
	Teriparatide (Recombinant) Inj 600 MCG/2.4ML	
Endocrine - Corticotropin		
	Corticotropin Inj Gel 80 Unit/ML	
Endocrine - Growth Hormones		
	Somatropin For Inj 6 MG (18 Unit)	
Endocrine - Hormone Receptor Modulators		
	Raloxifene HCl Tab 60 MG	
Endocrine - Metabolic Modifiers		
	Calcitriol Cap 0.25 MCG	
	Calcitriol Cap 0.5 MCG	
	Cinacalcet HCl Tab 30 MG (Base Equiv)	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Doxercalciferol Cap 0.5 MCG	
	Doxercalciferol Cap 2.5 MCG	
	Paricalcitol Cap 1 MCG	
	Paricalcitol Cap 2 MCG	
Endocrine - Posterior Pituitary Hormones		
	Desmopressin Acetate Inj 4 MCG/ML	
	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)	
	Desmopressin Acetate Nasal Spray Soln 0.01%	
	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	
	Desmopressin Acetate Tab 0.1 MG	
	Desmopressin Acetate Tab 0.2 MG	
Estrogens		
	Estradiol Tab 0.5 MG	
Expectorants		
	Guaifenesin Liquid 100 MG/5ML	
	Guaifenesin Syrup 100 MG/5ML	
	Guaifenesin Tab 200 MG	
	Guaifenesin Tab 400 MG	
	Guaifenesin Tab ER 12HR 600 MG	
	Guaifenesin Tab ER 12HR 1200 MG	
Fibromyalgia Agents		
	Milnacipran HCl Tab 12.5 MG	
	Milnacipran HCl Tab 25 MG	
	Milnacipran HCl Tab 50 MG	
	Milnacipran HCl Tab 100 MG	
	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	
G.I. Agent - Antiflatulents		
	Simethicone Cap 125 MG	
	Simethicone Cap 180 MG	
	Simethicone Chew Tab 80 MG	
	Simethicone Chew Tab 125 MG	
	Simethicone Susp 40 MG/0.6ML	
G.I. Agent - Gallstone Solubilizing Agents		
	Ursodiol Cap 300 MG	
G.I. Agent - Gastrointestinal Chloride Channel Activators		
	Lubiprostone Cap 24 MCG	**Reimbursement is limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose equivalent to 40 mg Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to 2(two) capsules per day. In claims where the drug was covered in the 90 days prior to October 1, 2017, the drug may continue at the current dose.**
G.I. Agent - Gastrointestinal Stimulants		
	Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML)	
	Metoclopramide HCl Tab 5 MG	
	Metoclopramide HCl Tab 10 MG	
G.I. Agent - Inflammatory Bowel Agents		
	Balsalazide Disodium Cap 750 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Balsalazide Disodium Tab 1.1 GM	
	Mesalamine Cap ER 500 MG	
	Mesalamine Cap DR 400 MG	
	Mesalamine Enema 4 GM	
	Mesalamine Suppos 1000 MG	
	Mesalamine Tab Delayed Release 400 MG	
	Mesalamine Tab Delayed Release 800 MG	
	Mesalamine Tab Delayed Release 1.2 GM	
	Olsalazine Sodium Cap 250 MG	
	Sulfasalazine Tab 500 MG	
	Sulfasalazine Tab Delayed Release 500 MG	
G.I. Agent - Intestinal Acidifiers		
	Lactulose (Encephalopathy) Solution 10 GM/15ML	
G.I. Agent - Peripheral Opioid Receptor Antagonists		
	Naldemedine Tosylate Tab 0.2 MG (Base Equivalent)	**Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.**
	Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)	**Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.**
	Naloxegol Oxalate Tab 25 MG (Base Equivalent)	**Reimbursement limited to claims in which a prior authorization has documented a diagnosis of opioid induced constipation; defined as fewer than 3 bowel movements per week or 2 consecutive days without a bowel movement. Patient must have received opioid prescriptions reimbursed by BWC for at least 8 weeks at a dose of 40 mg or greater Morphine Equivalent Dose/day. Office notes must document previous failed therapy with at least two separate trials of prescribed stool softener/stimulant laxative or other laxative classes. Reimbursement is limited to one tablet per day.**
Genitourinary - Alkalinizers		
	~~Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML~~	
	Potassium Citrate Tab ER 5 MEQ (540 MG)	
	Potassium Citrate Tab ER 10 MEQ (1080 MG)	
Genitourinary Irrigants		
	Acetic Acid Irrigation Soln 0.25%	
	Citric Acid & D-Gluconic Acid Soln	
Glucocorticosteroids		
	Cortisone Acetate Tab 25 MG	
	Dexamethasone Conc 1 MG/ML	
	Dexamethasone Elixir 0.5 MG/5ML	
	Dexamethasone Soln 0.5 MG/5ML	
	Dexamethasone Tab 0.5 MG	
	Dexamethasone Tab 0.75 MG	
	Dexamethasone Tab 1 MG	
	Dexamethasone Tab 1.5 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Dexamethasone Tab 2 MG	
	Dexamethasone Tab 4 MG	
	Dexamethasone Tab 6 MG	
	Dexamethasone Tab Therapy Pack 1.5 MG (21)	
	Dexamethasone Tab Therapy Pack 1.5 MG (35)	
	Dexamethasone Tab Therapy Pack 1.5 MG (51)	
	Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML	
	Dexamethasone Sodium Phosphate Inj 4 MG/ML	
	Dexamethasone Sodium Phosphate Inj 10 MG/ML	
	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	
	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	
	Dexamethasone Sodium Phosphate Inj 100 MG/10ML	
	Hydrocortisone Tab 5 MG	
	Hydrocortisone Tab 10 MG	
	Hydrocortisone Tab 20 MG	
	Methylprednisolone Acetate Inj Susp 40 MG/ML	
	Methylprednisolone Acetate Inj Susp 80 MG/ML	
	Methylprednisolone Acetate PF Inj Susp 40 MG/ML	
	Methylprednisolone Acetate PF Inj Susp 80 MG/ML	
	Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)	
	Methylprednisolone Tab 2 MG	
	Methylprednisolone Tab 4 MG	
	Methylprednisolone Tab 8 MG	
	Methylprednisolone Tab 16 MG	
	Methylprednisolone Tab 32 MG	
	Methylprednisolone Tab Therapy Pack 4 MG (21)	
	Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)	
	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	
	Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq)	
	Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)	
	Prednisolone Tab 5 MG	
	Prednisolone Tab Therapy Pack 5 MG (21)	
	Prednisolone Tab Therapy Pack 5 MG (48)	
	Prednisone Oral Soln 5 MG/5ML	
	Prednisone Tab 1 MG	
	Prednisone Tab 2.5 MG	
	Prednisone Tab 5 MG	
	Prednisone Tab 10 MG	
	Prednisone Tab 20 MG	
	Prednisone Tab 50 MG	
	Prednisone Tab Therapy Pack 5 MG (21)	
	Prednisone Tab Therapy Pack 5 MG (48)	
	Prednisone Tab Therapy Pack 10 MG (21)	
	Prednisone Tab Therapy Pack 10 MG (48)	
	Triamcinolone Acetonide Inj Susp 40 MG/ML	
Gout Agents		
	Allopurinol Tab 100 MG	
	Allopurinol Tab 300 MG	
	Colchicine Cap 0.6 MG	
	Colchicine Tab 0.6 MG	
	Febuxostat Tab 40 MG	
	Febuxostat Tab 80 MG	
Hematopoietic Agents - Cobalamins		

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Cyanocobalamin Cap 1000 MCG	
	Cyanocobalamin Cap 3000 MCG	
	Cyanocobalamin Cap 5000 MCG	
	Cyanocobalamin Tab 500 MCG	
	Cyanocobalamin Tab 1000 MCG	
	Cyanocobalamin Tab 2500 MCG	
Hematopoietic Agents - Folic Acid/Folates		
	Folic Acid Tab 800 MCG	
	Folic Acid Tab 1 MG	
Hematopoietic Agents - Iron		**All iron salts and oral dosage forms are covered for allowed conditions**
	Carbonyl Iron Tab 45 MG (Elemental Iron)	
	Ferrous Fumarate Tab CR 50 MG (Fe Equivalent)	
	Ferrous Gluconate Tab 239 MG (27 MG Fe Equivalent)	
	Ferrous Gluconate Tab 324 MG (38 MG Elemental Iron)	
	Ferrous Sulfate Dried Tab ER 160 MG (50 MG Fe Equivalent)	
	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)	
	Ferrous Sulfate Syrup 300 MG/5ML (60 MG/5ML Elemental Fe)	
	Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	
	Ferrous Sulfate Tab ER 142 MG (45 MG Fe Equivalent)	
	Ferrous Sulfate Tab ER 143 MG (45 MG Fe Equivalent)	
	Ferrous Sulfate Tab ER 47.5 MG (Elemental Fe)	
	Ferrous Sulfate Tab EC 324 MG (65 MG Fe Equivalent)	
	Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)	
	Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent)	
	Polysaccharide Iron Complex Cap 391.3 MG (180 MG Elem Fe)	
Hematopoietic Growth Factors		
	Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML	
	Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	
	Epoetin Alfa Inj 40000 Unit/ML	
	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	
	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	
	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	
	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	
	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	
Hematopoietic Mixtures		
	Fe Asp Gly-Fe Polysacch-Succ Ac-C-Threon Ac-B12-FA Cap	
	Fe Asp Gly-Fe Polysacc-Succ Ac-C-Threon Ac Cap	
	Fe Asparto Gly-Succ Acd-C-Threonic Acd-B12-Des Stom Tab	
	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	
	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	
	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	
Hematorheologic Agents		
	Pentoxifylline Tab ER 400 MG	
Hemostatics - Systemic		
	Aminocaproic Acid Oral Soln 0.25 GM/ML	
	Aminocaproic Acid Syrup 25%	
	Aminocaproic Acid Tab 500 MG	
	Aminocaproic Acid Tab 1000 MG	
Hepatitis Agents		
	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	
	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	
	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	
	Elbasvir-Grazoprevir Tab 50-100 MG	

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	Glecaprevir-Pibrentasvir Tab 100-40 MG	
	Ledipasvir-Sofosbuvir Tab 90-400 MG	
	Peginterferon alfa-2a Inj 135 MCG/0.5ML	
	Peginterferon alfa-2a Inj 180 MCG/0.5ML	
	Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML	
	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	
	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	
	Ribavirin Cap 200 MG	
	Ribavirin Tab 200 MG	
	Sofosbuvir Tab 400 MG	
	Sofosbuvir-Velpatasvir Tab 400-100 MG	
Herpes Agents		
	Acyclovir Cap 200 MG	
	Acyclovir Susp 200 MG/5ML	
	Acyclovir Tab 400 MG	
	Acyclovir Tab 800 MG	
	Famciclovir Tab 125 MG	
	Famciclovir Tab 250 MG	
	Famciclovir Tab 500 MG	
	Valacyclovir HCl Tab 500 MG	
	Valacyclovir HCl Tab 1 GM	
Hypnotics - Antihistamine		
	Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep)	
	Ibuprofen-Diphenhydramine Citrate Tab 200-38 MG	
Hypnotics - Barbiturate		
	Butabarbital Sodium Tab 30 MG	
	Phenobarbital Elixir 20 MG/5ML	
	Phenobarbital Tab 15 MG	
	Phenobarbital Tab 16.2 MG	
	Phenobarbital Tab 30 MG	
	Phenobarbital Tab 32.4 MG	
	Phenobarbital Tab 60 MG	
	Phenobarbital Tab 64.8 MG	
	Phenobarbital Tab 97.2 MG	
Hypnotics - Non-Barbiturate		**Reimbursement is restricted to only the following drugs in this class: Zolpidem Immediate Release and Continuous release tablets, Temazepam capsules, Zaleplon capsules and Eszopiclone tablets.**
	Eszopiclone Tab 1 MG	
	Eszopiclone Tab 2 MG	
	Eszopiclone Tab 3 MG	
	Temazepam Cap 7.5 MG	
	Temazepam Cap 15 MG	
	Temazepam Cap 22.5 MG	
	Temazepam Cap 30 MG	
	Zaleplon Cap 5 MG	
	Zaleplon Cap 10 MG	
	Zolpidem Tartrate Tab 5 MG	
	Zolpidem Tartrate Tab 10 MG	
	Zolpidem Tartrate Tab ER 6.25 MG	
	Zolpidem Tartrate Tab ER 12.5 MG	
Immunomodulators		
	Lenalidomide Caps 2.5 MG	
	Lenalidomide Cap 5 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Lenalidomide Cap 10 MG	
	Lenalidomide Cap 20 MG	
Immunosuppressive Agents		
	Azathioprine Tab 50 MG	
	Cyclosporine Cap 100 MG	
	Cyclosporine Modified Cap 25 MG	
	Cyclosporine Modified Cap 100 MG	
	Cyclosporine Modified Oral Soln 100 MG/ML	
	Cyclosporine Oral Soln 100 MG/ML	
	Everolimus Tab 0.25 MG	
	Everolimus Tab 0.5 MG	
	Everolimus Tab 0.75 MG	
	Mycophenolate Mofetil Cap 250 MG	
	Mycophenolate Mofetil Tab 500 MG	
	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	
	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	
	Sirolimus Oral Soln 1 MG/ML	
	Sirolimus Tab 0.5 MG	
	Sirolimus Tab 1 MG	
	Sirolimus Tab 2 MG	
	Tacrolimus Cap 0.5 MG	
	Tacrolimus Cap 1 MG	
	Tacrolimus Cap 5 MG	
	Tacrolimus Tab ER 24HR 0.75 MG	
	Tacrolimus Tab ER 24HR 1 MG	
	Tacrolimus Tab ER 24HR 4 MG	
Impotence Agents		**Reimbursement for erectile dysfunction medications will be limited to one product per month.**
	Alprostadil For Inj 20 MCG	**Max 6 units per 30 Days**
	Alprostadil For Inj Kit 10 MCG	**Max 6 units per 30 Days**
	Alprostadil For Inj Kit 20 MCG	**Max 6 units per 30 Days**
	Alprostadil For Inj Kit 40 MCG	**Max 6 units per 30 Days**
	Alprostadil Urethral Pellet 250 MCG	**Max 6 pellet per 30 Days**
	Alprostadil Urethral Pellet 500 MCG	**Max 6 pellet per 30 Days**
	Alprostadil Urethral Pellet 1000 MCG	**Max 6 pellet per 30 Days**
	Sildenafil Citrate Tab 25 MG	**Max 6 tab per 30 Days**
	Sildenafil Citrate Tab 50 MG	**Max 6 tab per 30 Days**
	Sildenafil Citrate Tab 100 MG	**Max 6 tab per 30 Days**
	Tadalafil Tab 2.5 MG	**Max 30 tab per 30 Days**
	Tadalafil Tab 5 MG	**Max 30 tab per 30 Days**
	Tadalafil Tab 10 MG	**Max 6 tab per 30 Days**
	Tadalafil Tab 20 MG	**Max 6 tab per 30 Days**
	Vardenafil HCl Tab 5 MG	**Max 6 tab per 30 Days**
	Vardenafil HCl Tab 10 MG	**Max 6 tab per 30 Days**
	Vardenafil HCl Tab 20 MG	**Max 6 tab per 30 Days**
Influenza Agents		
	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	
	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	
Insulin Administration Supplies		
	Insulin Pen Needle 29 G X 5 MM (3/16")	
	Insulin Pen Needle 29 G X 8 MM (5/16")	
	Insulin Pen Needle 29 G X 12 MM (1/2")	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Insulin Pen Needle 29 G X 12.7 MM	
	Insulin Pen Needle 29 G X 13 MM (1/2")	
	Insulin Pen Needle 30 G X 5 MM (3/16")	
	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	
	Insulin Pen Needle 31 G X 4 MM (1/6")	
	Insulin Pen Needle 31 G X 5 MM (3/16")	
	Insulin Pen Needle 31 G X 6 MM (1/4")	
	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	
	Insulin Pen Needle 32 G X 4 MM (5/32")	
	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	
	Insulin Pen Needle 32 G X 6 MM (1/4")	
	Insulin Pen Needle 32 G X 8 MM	
	Insulin Pen Needle 33 G X 4 MM (5/32")	
	Insulin Pen Needle 33 G X 5 MM (1/5" or 3/16")	
	Insulin Pen Needle 33 G X 6 MM (1/4")	
	Insulin Pen Needle 33 G X 8 MM (1/3" or 5/16")	
	Insulin Syringe (Disp) U-100 0.3 ML	
	Insulin Syringe (Disp) U-100 1/2 ML	
	Insulin Syringe (Disp) U-100 1 ML	
	Insulin Syringe/Needle U-40 1 ML 25 x 5/8"	
	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	
	Insulin Syringe/Needle U-100 0.3 ML 29 G	
	Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	
	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	
	Insulin Syringe/Needle U-100 0.3 ML 29 x 7/16"	
	Insulin Syringe/Needle U-100 0.3 ML 30 G	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 7/16"	
	Insulin Syringe/Needle U-100 0.3 ML 30 x 15/16"	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 3/8"	
	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	
	Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM)	
	Insulin Syringe/Needle U-100 1 ML 25 x 1"	
	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	
	Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	
	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	
	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	
	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	
	Insulin Syringe/Needle U-100 1 ML 28 x 5/16"	
	Insulin Syringe/Needle U-100 1 ML 29 G	
	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	
	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	
	Insulin Syringe/Needle U-100 1 ML 29 x 7/16"	
	Insulin Syringe/Needle U-100 1 ML 30 G	
	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	
	Insulin Syringe/Needle U-100 1 ML 30 x 3/8"	
	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	
	Insulin Syringe/Needle U-100 1 ML 30 x 7/16"	
	Insulin Syringe/Needle U-100 1 ML 30 x 15/16"	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	
	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	
	Insulin Syringe/Needle U-100 1 ML 31 x 3/8"	
	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	
	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	
	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	
	Insulin Syringe/Needle U-100 1/2 ML 28 x 5/16"	
	Insulin Syringe/Needle U-100 1/2 ML 29 G	
	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	
	Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16"	
	Insulin Syringe/Needle U-100 1/2 ML 29 x 7/16"	
	Insulin Syringe/Needle U-100 1/2 ML 30 G	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 7/16"	
	Insulin Syringe/Needle U-100 1/2 ML 30 x 15/16"	
	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	
	Insulin Syringe/Needle U-100 1/2 ML 31 x 3/8"	
	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	
	Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8"	
	Insulin Syringe/Needle U-100 2 ML 29 x 1/2"	
	Insulin Syringe/Needle U-500 0.5 ML 31G X 6MM (15/64")	
Interstitial Cystitis Agents		
	Pentosan Polysulfate Sodium Caps 100 MG	
Iodine Products		
	Potassium Iodide Soln 1 GM/ML	
Laxatives		**All laxatives are covered. All bowel prep products are covered for allowed conditions.**
Laxative Combinations		
	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit	
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	
	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Packet 227.1 GM	
	PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM	
	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	
	Psyllium w/ Calcium Capsule	
	Sennosides-Docusate Sodium Tab 8.6-50 MG	
	Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/180ML	
Laxatives - Bulk		
	Calcium Polycarbophil Tab 625 MG	
	Cellulose Powder	
	Methylcellulose Powder Laxative	
	Methylcellulose Tab 500 MG	
	Psyllium Cap 0.52 GM	
	Psyllium Powder 27%	
	Psyllium Powder 28.3%	
	Psyllium Powder 30.9%	
	Psyllium Powder 33%	
	Psyllium Powder 48.57%	
	Psyllium Powder 49%	
	Psyllium Powder 51.7%	
	Psyllium Powder 52.3%	
	Psyllium Powder 58.6%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Psyllium Powder 70%	
	Psyllium Powder Packet 28%	
	Psyllium Powder Packet 49%	
	Psyllium Powder Packet 51.7%	
	Psyllium Powder Packet 58.12%	
	Psyllium Powder Packet 58.6%	
	Psyllium Powder Packet 60.3%	
	Psyllium Powder Packet 70%	
	Wheat Dextrin Oral Powder**	
	Wheat Dextrin Packet**	
Laxatives - Lubricant		
	Mineral Oil	
	Mineral Oil Emul 50%	
	Mineral Oil Enema	
Laxatives - Miscellaneous		
	Glycerin Suppos 2 GM	
	Glycerin Suppos 2.1 GM	
	Glycerin Suppos 80.7%	
	Lactulose Oral Crystal Packet 10 GM	
	Lactulose Oral Crystal Packet 20 GM	
	Lactulose Solution 10 GM/15ML	
	Polyethylene Glycol 3350 Oral Packet	
	Polyethylene Glycol 3350 Oral Powder	
	Sorbitol Oral Solution 70%	
	Sorbitol Solution (Bulk)	
Laxatives - Saline		
	Magnesium Citrate Soln	
	Magnesium Hydroxide Susp 400 MG/5ML	
	Sod Phos Mono-Sod Phos Di Tabs 1.102-0.398 GM(1.5GM Na Phos)	
	Sodium Phosphates - Enema	
Laxatives - Stimulant		
	Bisacodyl Enema 10 MG/30ML	
	Bisacodyl Suppos 10 MG	
	Bisacodyl Tab Delayed Release 5 MG	
	Senna Tab	
	Sennosides Cap 8.6 MG	
	Sennosides Syrup 8.8 MG/5ML	
	Sennosides Tab 15 MG	
	Sennosides Tab 17.2 MG	
	Sennosides Tab 25 MG	
	Sennosides Tab 8.6 MG	
Laxatives - Surfactant		
	Benzocaine-Docusate Sodium Rectal Enema 20-283 MG	
	Docusate Calcium Cap 240 MG	
	Docusate Sodium Cap 50 MG	
	Docusate Sodium Cap 100 MG	
	Docusate Sodium Cap 250 MG	
	Docusate Sodium Enema 283 MG	
	Docusate Sodium Liquid 150 MG/15ML	
	Docusate Sodium Syrup 60 MG/15ML	
Migraine Products - Misc		
	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	
	Ergotamine w/ Caffeine Tab 1-100 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	~~Isometheptene-Dichloral-Acetaminophen Cap 65-100-325 MG~~	
Migraine Products- Monoclonal Antibodies		**Migraine Products - Monoclonal Antibodies Class Restrictions: These drugs may be reimbursed with prior authorization when migraine is an allowed condition in the claim and medical documentation shows a systemic allergic reaction, consistent with known symptoms or clinical findings of a medication allergy, or a clinical failure to at least three of the following: Topiramate, sodium valproate, divalproex sodium, amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, timolol. The initial reimbursement may be for up to 3 months. Subsequent approvals may be granted if there is a documented positive response to therapy demonstrated by a reduction in migraines AND there is documented improvement in function. A maximum of two pens for the initial fill, followed by 1 pen per month is allowed.**
	Erenumab-aooe Injection 70 MG/ML	**See Migraine Products- Monoclonal Antibodies restrictions above**
	Erenumab-aooe Injection 140 MG/ML	**See Migraine Products- Monoclonal Antibodies restrictions above**
	Fremanezumab-vfrm Injection 225 MG/ 1.5 ML	**See Migraine Products- Monoclonal Antibodies restrictions above**
	Galcanezumab-gnlm Injection 100 MG/ML	**See Migraine Products- Monoclonal Antibodies restrictions above**
	Galcanezumab-gnlm Injection 120 MG/ML	**See Migraine Products- Monoclonal Antibodies restrictions above**
Migraine Products - Serotonin Agonists		**Effective 04/1/2018, reimbursement for triptan migraine medications will be limited to one product per month.**
	Almotriptan Malate Tab 12.5 MG	**Max 12 tab per 30 days**
	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	**Max 6 tab per 30 days**
	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	**Max 6 tab per 30 days**
	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	**Max 9 tab per 30 days**
	Naratriptan HCl Tab 2.5 MG (Base Equiv)	**Max 9 tab per 30 days**
	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	**Max 12 tab per 30 days** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	**Max 12 tab per 30 days** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	**Max 12 tab per 30 days**
	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	**Max 12 tab per 30 days**
	Sumatriptan Nasal Spray 5 MG/ACT	**Max 12 units per 30 days**
	Sumatriptan Nasal Spray 20 MG/ACT	**Max 6 units per 30 days**
	Sumatriptan Succinate Inj 6 MG/0.5ML	**Max 10 units per 30 days**
	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	**Max 8 units per 30 days**
	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	**Max 10 units per 30 days**
	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	**Max 8 units per 30 days**
	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	**Max 10 units per 30 days**
	Sumatriptan Succinate Solution Jet-injector 6 MG/0.5ML	**Max 10 units per 30 days**
	Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML	**Max 10 units per 30 days**
	Sumatriptan Succinate Tab 25 MG	**Max 18 tab per 30 days**
	Sumatriptan Succinate Tab 50 MG	**Max 9 tab per 30 days**
	Sumatriptan Succinate Tab 100 MG	**Max 9 tab per 30 days**
	Zolmitriptan Nasal Spray 2.5 MG/Spray Unit	**Max 12 units per 30 days**
	Zolmitriptan Nasal Spray 5 MG/Spray Unit	**Max 12 units per 30 days**
	Zolmitriptan Orally Disintegrating Tab 2.5 MG	**Max 12 tab per 30 days** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Zolmitriptan Orally Disintegrating Tab 5 MG	**Max 6 tab per 30 days** **Oral disintegrating dosage form is restricted to claims with an allowed condition that results in the inability to swallow or absorb oral medications**
	Zolmitriptan Tab 2.5 MG	**Max 12 tab per 30 days**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Zolmitriptan Tab 5 MG	**Max 6 tab per 30 days**
Mineralocorticoids		
	Fludrocortisone Acetate Tab 0.1 MG	
Minerals - Calcium		**All calcium salts and oral dosage forms are covered for allowed conditions**
	Calcium & Phosphorus w/ Vit D Chew Tab 100 MG-50 MG-100 Unit	
	Calcium & Phosphorus w/ Vit D Chew Tab 200 MG-96.6 MG-200 Unt	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-100 MG-500 Unt	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-115 MG-250 Unt	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-107 MG-500 Unt	
	Calcium & Phosphorus w/ Vit D Chew Tab 250 MG-135 MG-200 Unt	
	Calcium Acetate Tab 668 MG (169 MG Elemental Ca)	
	Calcium Cap 250 MG	
	Calcium Carb-Magnesium Oxide-Vit C Tab 400-116.7-166.7 MG	
	Calcium Carbonate Chewable Wafer 500 MG (200 MG Calcium)	
	Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca)	
	Calcium Carbonate Tab 600 MG	
	Calcium Carbonate-Cholecalciferol Cap 600 MG-100 Unit	
	Calcium Carbonate-Cholecalciferol Cap 600 MG-400 Unit	
	Calcium Carbonate-Cholecalciferol Cap 600 MG-2500 Unit	
	Calcium Carbonate-Cholecalciferol Chew Tab 500 MG-100 Unit	
	Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-400 Unit	
	Calcium Carbonate-Cholecalciferol Chew Tab 600 MG-800 Unit	
	Calcium Carbonate-Cholecalciferol Liquid 500-400 MG-UNIT/5ML	
	Calcium Carbonate-Cholecalciferol Tab 250 MG-125 Unit	
	Calcium Carbonate-Cholecalciferol Tab 500 MG-200 Unit	
	Calcium Carbonate-Cholecalciferol Tab 500 MG-400 Unit	
	Calcium Carbonate-Cholecalciferol Tab 500 MG-600 Unit	
	Calcium Carbonate-Cholecalciferol Tab 600 MG-200 Unit	
	Calcium Carbonate-Cholecalciferol Tab 600 MG-400 Unit	
	Calcium Carbonate-Cholecalciferol Tab 600 MG-800 Unit	
	Calcium Carbonate-Ergocalciferol Tab 500MG-200 Unit	
	Calcium Carbonate-Vitamin D Tab 250 MG-125 Unit	
	Calcium Carbonate-Vitamin D Tab 500 MG-200 Unit	
	Calcium Carbonate-Vitamin D Tab 500 MG-400 Unit	
	Calcium Carbonate-Vitamin D Tab 600 MG-125 Unit	
	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	
	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	
	Calcium Carb-Vit D w/ Minerals Chew Tab 600 MG-800 Unit	
	Calcium Carb-Vit D w/ Minerals Tabs 600 MG-800 Unit	
	Calcium Citrate Cap 150 MG	
	Calcium Citrate Malate-Cholecalciferol Tab 250 MG-100 Unit	
	Calcium Citrate Tab 200 MG	
	Calcium Citrate Tab 333 MG (Elemental Ca)	
	Calcium Citrate Tab 950 MG (200 MG Elemental Ca)	
	Calcium Citrate-Vit D Liqd 1000 MG/30ML-400 Unit/30ML	
	Calcium Citrate-Vit D-Vit K w/ Minerals Tabs 200 MG	
	Calcium Citrate-Vitamin D Chew Tab 500 MG-333 Unit	
	Calcium Citrate-Vitamin D Chew Tab 500 MG-500 Unit	
	Calcium Citrate-Vitamin D Tab 200 MG-250 Unit (Elemental Ca)	
	Calcium Citrate-Vitamin D Tab 250 MG-200 Unit (Elemental Ca)	
	Calcium Gluconate Tab 500 MG	
	Calcium Lactate Tab 648 MG (84 MG Elemental Ca)	
	Calcium Phosphate-Cholecalciferol Chew Tab 200 MG-200 Unit	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-100 Unit	
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-350 Unit	
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-400 Unit	
	Calcium Phosphate-Cholecalciferol Chew Tab 250 MG-500 Unit	
	Calcium Phosphate-Cholecalciferol Tab 115 MG-2000 Unit	
	Calcium w/ Magnesium Cap 70-83 MG	
	Calcium w/ Magnesium Tab 166.67-83.33 MG	
	Calcium w/ Magnesium Tab 200-50 MG	
	Calcium w/ Vitamin D & K Chew Tab 500 MG-1000 Unit-40 MCG	
	Calcium w/ Vitamin D & K Tab 500 MG-200 Unit-90 MCG	
	Calcium w/ Vitamin D & K Tab 600 MG-1000 Unit-90 MCG	
	Calcium w/ Vitamin D Tab 500 MG-125 Unit	
	Calcium w/ Vitamin D Tab 600 MG-200 Unit	
	Calcium-Cholecalciferol Tab 200 MG-250 Unit	
	Calcium-Cholecalciferol Tab 500 MG-200 Unit	
	Calcium-Ergocalciferol Tab 250 MG-100 Unit	
	Calcium-Ergocalciferol Tab 500 MG-200 Unit	
	Calcium-Magnesium w/ Vit D Tab ER 24HR 600 MG-40 MG-500 Unit	
	Calcium-Magnesium w/ Vitamin D Chew Tab 300MG-20MG-200 Unit	
	Calcium-Magnesium w/ Vitamin D Tab 300 MG-150 MG-400 Unit	
	Calcium-Magnesium W/ Vitamin D Wafer 250 MG-125 MG-200 UNIT	
	Calcium-Phosphorus-D-Mag Tab 333.3MG-80MG-133.3Unt-133.3MG	
	Calc-Phosphorus-Vit D-Mag Tab 600 MG-280 MG-500 Unit-50 MG	
	Oyster Shell Calcium Tab 500 MG	
Minerals - Magnesium		**All magnesium salts and oral dosage forms are covered for allowed conditions**
	Magnesium Bisglycinate Tab 100 MG (Eemental Mg)	
	Magnesium Cap 125 MG	
	Magnesium Cap 400 MG	
	Magnesium Carbonate Oral Powder 250 MG/GM (Elemental Mg)	
	Magnesium Chewable Tab 200 MG	
	Magnesium Chloride Tab ER 535 MG (64 MG Elemental Mg)	
	Magnesium Chloride Tab DR 64 MG (Elemental Mg)	
	Magnesium Chloride Tab DR 70 MG (Elemental Mg)	
	Magnesium Chloride-Calcium Tab DR 64-106 MG (Base Equiv)	
	Magnesium Citrate Cap 125 MG (Elemental Mg)	
	Magnesium Citrate Tab 100 MG	
	Magnesium Citrate Tab 200 MG (Elemental Mg)	
	Magnesium Cl-Ca Carbonate Tab DR 71.5-119 MG (Elemental)	
	Magnesium Gluconate Tab 27.5 MG (Elemental Mg)	
	Magnesium Gluconate Tab 500 MG	
	Magnesium Gluconate Tab 500 MG (27 MG Elemental Mg)	
	Magnesium Lactate Tab ER 84 MG (Elemental Mg) (7 MEQ)	
	Magnesium Malate Tab 1250 MG (141.7 MG Magnesium Equivalent)	
	Magnesium Oral Powder	
	Magnesium Oxide Cap 400 MG (Elemental Mg) (Mg Supplement)	
	Magnesium Oxide Powder (Mg Supplement)	
	Magnesium Oxide Tab 250 MG (Mg Supplement)	
	Magnesium Oxide Tab 400 MG (240 MG Elemental Mg)	
	Magnesium Oxide Tab 400 MG (241.3 MG Elemental Mg)	
	Magnesium Tab 250 MG	
	Magnesium Tab 400 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Minerals - Mineral Combinations		
	Multiple Minerals w/ Vitamins Liquid	
Minerals - Zinc		**All zinc salts and oral dosage forms are covered for allowed conditions**
	Zinc Gluconate Tab 50 MG (Elemental Zn)	
	Zinc Sulfate Cap 50 MG (Elemental Zn)	
	Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)	
	Zinc Sulfate Tab 220 MG (50 MG Zinc Equivalent)	
	Zinc Tab 22.5 MG	
	Zinc Tab 50 MG	
Mouth/Throat - Anesthetics Topical Oral		
	Benzocaine Dental Gel 20%	
	Benzocaine Dental Paste 20%	
	Benzocaine Dental Soln 20%	
	Benzocaine-Menthol Lozenge 15-3.6 MG	
	Benzocaine-Menthol Lozenge 15-4 MG	
	Benzocaine Mouth/Throat Aerosol 20%	
	Lidocaine HCl Viscous Soln 2%	
Mouth/Throat - Anti-infectives		
	Clotrimazole Troche 10 MG	
	Hydrogen Peroxide Soln 1.5%	
	Nystatin Susp 100000 Unit/ML	
Mouth/Throat - Antiseptics		
	Chlorhexidine Gluconate Soln 0.12%	
	Phenol Liquid 1.4%	
Mouth/Throat - Dental Products		**All combinations and strengths of oral dosage forms are covered for allowed conditions**
	Sodium Fluoride Cream 1.1%	
	Sodium Fluoride Gel 1.1% (0.5% F)	
	Stannous Fluoride Paste 0.454%	
Mouth/Throat - Lozenge		
	Menthol Lozenge 5.4 MG	
Mouth/Throat - Steroids		
	Triamcinolone Acetonide Dental Paste 0.1%	
Mouth/Throat - Throat Products - Misc		
	Artificial Saliva - Aero Soln	
	Cevimeline HCl Cap 30 MG	
	Misc Throat Products - Liquid	
	Pilocarpine HCl Tab 5 MG	
	Pilocarpine HCl Tab 7.5 MG	
	Povidone-Sodium Hyaluronate-Glycyrrhetinic Acid Gel	
Movement Disorder Drug Therapy		
	Tetrabenazine Tab 12.5 MG	
	Tetrabenazine Tab 25 MG	
Mucolytics		
	Acetylcysteine Inhal Soln 10%	
	Acetylcysteine Inhal Soln 20%	
Multiple Sclerosis Agents		
	Fingolimod HCl Cap 0.5 MG (Base Equiv)	
	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	
	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	
	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)	
	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	
	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	
	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	
	Teriflunomide Tab 7 MG	
	Teriflunomide Tab 14 MG	
Muscle Relaxants		**90 days lifetime supply combined all Muscle Relaxants (excludes all baclofen and dantrolene and tizanidine prescribed for spasticity) plus one additional 30 days per rolling 365 days when requested via PA. Additional one year of coverage may be requested by PA for treatment of muscle spasms during recovery from spinal surgery or spinal device implantation and for adjunctive treatment of pain.**
	Baclofen Tab 10 MG	
	Baclofen Tab 20 MG	
	Chlorzoxazone Tab 500 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Cyclobenzaprine HCl Tab 5 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Cyclobenzaprine HCl Tab 7.5 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Cyclobenzaprine HCl Tab 10 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Dantrolene Sodium Cap 25 MG	
	Dantrolene Sodium Cap 50 MG	
	Dantrolene Sodium Cap 100 MG	
	Metaxalone Tab 800 MG	**Covered ONLY after a 14 day trial of another covered muscle relaxant (excluding baclofen and dantrolene) which resulted in a therapeutic failure or clinically documented drug specific side effects. Then all class rules apply - See Drug Class - Muscle Relaxant restrictions above.**
	Methocarbamol Tab 500 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Methocarbamol Tab 750 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Orphenadrine Citrate Tab ER 12HR 100 MG	**See Drug Class - Muscle Relaxants restrictions above**
	Tizanidine Products	**Tizanidine is subject to the Drug Class - Muscle Relaxant class restrictions above, unless a PA is submitted for documented conditions of spasticity in the claim.**
	Tizanidine HCl Cap 2 MG (Base Equivalent)	**See Tizanidine Products restrictions above**
	Tizanidine HCl Cap 4 MG (Base Equivalent)	**See Tizanidine Products restrictions above**
	Tizanidine HCl Cap 6 MG (Base Equivalent)	**See Tizanidine Products restrictions above**
	Tizanidine HCl Tab 2 MG (Base Equivalent)	**See Tizanidine Products restrictions above**
	Tizanidine HCl Tab 4 MG (Base Equivalent)	**See Tizanidine Products restrictions above**
Nasal Agents - Misc		
	Saline Nasal Spray 0.65%	
Nasal Antiallergy		
	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	
	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	
	Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	
	Olopatadine HCl Nasal Soln 0.6%	
Nasal Anticholinergics		
	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	
	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	
Nasal Anti-infectives		
	Mupirocin Calcium Nasal Oint 2%	
Nasal Steroids		

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	
	Budesonide Nasal Susp 32 MCG/ACT	
	Ciclesonide Nasal Susp 50 MCG/ACT	
	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	
	Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY	
	Fluticasone Propionate Nasal Susp 50 MCG/ACT	
	Mometasone Furoate Nasal Susp 50 MCG/ACT	
	Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT	
Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb		
	Sacubitril-Valsartan Tab 24-26 MG	
	Sacubitril-Valsartan Tab 49-51 MG	
	Sacubitril-Valsartan Tab 97-103 MG	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
	Celecoxib Cap 50 MG	**Max 400 mg (8 cap) per day**
	Celecoxib Cap 100 MG	**Max 400 mg (4 cap) per day**
	Celecoxib Cap 200 MG	**Max 400 mg (2 cap) per day**
	Celecoxib Cap 400 MG	**Max 400 mg (1 cap) per day**
	Diclofenac Potassium Tab 50 MG	
	Diclofenac Sodium Tab Delayed Release 25 MG	
	Diclofenac Sodium Tab Delayed Release 50 MG	
	Diclofenac Sodium Tab Delayed Release 75 MG	
	Diclofenac Sodium Tab ER 24HR 100 MG	
	Etodolac Cap 200 MG	
	Etodolac Cap 300 MG	
	Etodolac Tab 400 MG	
	Etodolac Tab 500 MG	
	Etodolac Tab ER 24HR 400 MG	
	Etodolac Tab ER 24HR 500 MG	
	Etodolac Tab ER 24HR 600 MG	
	Fenoprofen Calcium Cap 200 MG	
	Fenoprofen Calcium Cap 400 MG	
	Fenoprofen Calcium Tab 600 MG	
	Flurbiprofen Tab 50 MG	
	Flurbiprofen Tab 100 MG	
	Ibuprofen Cap 200 MG	
	Ibuprofen Susp 100 MG/5ML	
	Ibuprofen Tab 200 MG	
	Ibuprofen Tab 400 MG	
	Ibuprofen Tab 600 MG	
	Ibuprofen Tab 800 MG	
	Indomethacin Cap 25 MG	
	Indomethacin Cap 50 MG	
	Indomethacin Cap ER 75 MG	
	Ketoprofen Cap 50 MG	
	Ketoprofen Cap 75 MG	
	Ketoprofen Cap ER 24HR 200 MG	
	Ketorolac Tromethamine Tab 10 MG	**Quantity shall not exceed 20 units or a 5 day supply, whichever is less, during a rolling 12 month period.**
	Ketorolac Tromethamine IM Inj 60 MG/2ML	
	Ketorolac Tromethamine Inj 15 MG/ML	
	Ketorolac Tromethamine Inj 30 MG/ML	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Meclofenamate Sodium Cap 50 MG	
	Meclofenamate Sodium Cap 100 MG	
	Meloxicam Susp 7.5 MG/5ML	
	Meloxicam Tab 7.5 MG	
	Meloxicam Tab 15 MG	
	Nabumetone Tab 500 MG	
	Nabumetone Tab 750 MG	
	Naproxen Sodium Tab 220 MG	
	Naproxen Sodium Tab 275 MG	
	Naproxen Sodium Tab 550 MG	
	Naproxen Susp 125 MG/5ML	
	Naproxen Tab 250 MG	
	Naproxen Tab 375 MG	
	Naproxen Tab 500 MG	
	Naproxen Tab EC 375 MG	
	Naproxen Tab EC 500 MG	
	Oxaprozin Tab 600 MG	
	Piroxicam Cap 10 MG	
	Piroxicam Cap 20 MG	
	Sulindac Tab 150 MG	
	Sulindac Tab 200 MG	
	Tolmetin Sodium Cap 400 MG	
	Tolmetin Sodium Tab 200 MG	
	Tolmetin Sodium Tab 600 MG	
Ophthalmic Adrenergic Agents		
	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	
	Brimonidine Tartrate Ophth Soln 0.1%	
	Brimonidine Tartrate Ophth Soln 0.15%	
	Brimonidine Tartrate Ophth Soln 0.2%	
Ophthalmic Anti-infectives		
	Azithromycin Ophth Soln 1%	
	Bacitracin Ophth Oint 500 Unit/GM	
	Bacitracin-Polymyxin B Ophth Oint	
	Besifloxacin HCl Ophth Susp 0.6% (Base Equiv)	
	Ciprofloxacin HCl Ophth Oint 0.3%	
	Ciprofloxacin HCl Ophth Soln 0.3%	
	Erythromycin Ophth Oint 5 MG/GM	
	Ganciclovir Ophth Gel 0.15%	
	Gatifloxacin Ophth Soln 0.5%	
	Gentamicin Sulfate Ophth Oint 0.3%	
	Gentamicin Sulfate Ophth Soln 0.3%	
	Levofloxacin Ophth Soln 0.5%	
	Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily)	
	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	
	Natamycin Ophth Susp 5%	
	Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	
	Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML	
	Ofloxacin Ophth Soln 0.3%	
	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	
	Sulfacetamide Sodium Ophth Soln 10%	
	Tobramycin Ophth Oint 0.3%	
	Tobramycin Ophth Soln 0.3%	
	Trifluridine Ophth Soln 1%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Ophthalmic Artificial Tears and Lubricants		
	Artificial Tear Ophth Gel	
	Artificial Tear Ophth Insert	
	Artificial Tear Ophth Ointment	
	Artificial Tear Ophth Solution	
	Carboxymethylcell-Glycerin-Polysorb 80 Ophth Soln 0.5-1-0.5%	
	Carboxymethylcell-Glyc-Polysorb 80 (PF) Ophth Sol 0.5-1-0.5%	
	Carboxymethylcellulose Sodium Ophth Gel 1%	
	Carboxymethylcellulose Sodium (PF) Ophth Gel 1%	
	Carboxymethylcellulose Sodium Ophth Liquid 0.7%	
	Carboxymethylcellulose Sodium Ophth Soln 0.25%	
	Carboxymethylcellulose Sodium (PF) Ophth Soln 0.25%	
	Carboxymethylcellulose Sodium Ophth Soln 0.5%	
	Carboxymethylcellulose Sodium (PF) Ophth Soln 0.5%	
	Carboxymethylcellulose Sodium Ophth Soln 1%	
	Carboxymethylcellulose Sodium (PF) Ophth Soln 1%	
	Carboxymethylcellulose-Glycerin Ophth Gel 1-0.9%	
	Carboxymethylcellulose-Glycerin Ophth Soln 0.5-0.9%	
	Carboxymethylcellulose-Glycerin (PF) Ophth Soln 0.5-0.9%	
	Carboxymethylcellulose-Hypromellose Gel 0.25-0.3%	
	Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.2-1%	
	Glycerin-Hypromellose-PEG 400 Ophth Soln 0.2-0.36-1%	
	Glycerin (Ophth Lubricant) Soln 0.25% (PF)	
	Hypromellose Ophth Gel 0.3%	
	Hypromellose Ophth Soln 0.2%	
	Hypromellose Ophth Soln 0.3%	
	Hypromellose Ophth Soln 0.4%	
	Hypromellose Ophth Soln 0.5%	
	Light Mineral Oil-Mineral Oil Ophth Emulsion 0.5-0.5%	
	Polyethylene Glycol-Polyvinyl Alcohol Ophth Soln 1-1%	
	Polyethylene Glycol-Propylene Glycol Ophth Gel 0.4-0.3%	
	Polyethylene Glycol-Propylene Glycol Ophth Soln 0.4-0.3%	
	Polyethylene Glycol-Propylene Glycol PF Op Soln 0.4-0.3%	
	Polysorbate 80 Ophth Soln 1%	
	Polyvinyl Alcohol Ophth Soln 1.4%	
	Polyvinyl Alcohol-Povidone Ophth Soln 1.4-0.6%	
	Polyvinyl Alcohol-Povidone (PF) Ophth Soln 1.4-0.6%	
	Polyvinyl Alcohol-Povidone Ophth Soln 2.7-2%	
	Polyvinyl Alcohol-Povidone Ophth Soln 5-6 MG/ML (0.5-0.6%)	
	Propylene Glycol Ophth Soln 0.6%	
	Propylene Glycol-Glycerin Ophth Soln 0.6-0.6%	
	Propylene Glycol-Glycerin Ophth Soln 1-0.3%	
	White Petrolatum-Mineral Oil Ophth Ointment	
Ophthalmic Beta-blockers		
	Betaxolol HCl Ophth Susp 0.25%	
	Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%	
	Carteolol HCl Ophth Soln 1%	
	Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF	
	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	
	Levobunolol HCl Ophth Soln 0.25%	
	Levobunolol HCl Ophth Soln 0.5%	
	Timolol Maleate Ophth Gel Forming Soln 0.25%	
	Timolol Maleate Ophth Gel Forming Soln 0.5%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Timolol Maleate Ophth Soln 0.25%	
	Timolol Maleate Ophth Soln 0.5%	
	Timolol Maleate Ophth Soln 0.5% (Once-Daily)	
	Timolol Maleate Preservative Free Ophth Soln 0.25%	
	Timolol Maleate Preservative Free Ophth Soln 0.5%	
	Timolol Ophth Soln 0.25%	
	Timolol Ophth Soln 0.5%	
Ophthalmic Cycloplegic Mydriatics		
	Atropine Sulfate Ophth Oint 1%	
	Atropine Sulfate Ophth Soln 1%	
	Cyclopentolate HCl Ophth Soln 1%	
	Cyclopentolate HCl Ophth Soln 2%	
	Homatropine HBr Ophth Soln 2%	
	Homatropine HBr Ophth Soln 5%	
	Scopolamine HBr Ophth Soln 0.25%	
Ophthalmic Decongestants		
	Naphazoline w/ Pheniramine Ophth Soln 0.025-0.3%	
Ophthalmic Immunomodulators		
	Cyclosporine (Ophth) Emulsion 0.05%	
Ophthalmic Integrin Antagonists		
	Lifitegrast Ophth Soln 5%	
Ophthalmic Miotics		
	Carbachol Ophth Soln 1.5%	
	Pilocarpine HCl Ophth Soln 1%	
	Pilocarpine HCl Ophth Soln 2%	
	Pilocarpine HCl Ophth Soln 4%	
Ophthalmic Prostaglandins		
	Bimatoprost Ophth Soln 0.01%	
	Bimatoprost Ophth Soln 0.03%	
	Latanoprost Ophth Soln 0.005%	
	Travoprost Ophth Soln 0.004%	
	Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)	
Ophthalmic Steroids		
	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%	
	Dexamethasone Ophth Susp 0.1%	
	Dexamethasone Sodium Phosphate Ophth Soln 0.1%	
	Difluprednate Ophth Emulsion 0.05%	
	Fluorometholone Acetate Ophth Susp 0.1%	
	Fluorometholone Ophth Oint 0.1%	
	Fluorometholone Ophth Susp 0.1%	
	Fluorometholone Ophth Susp 0.25%	
	Gentamicin-Prednisolone Ace Ophth Susp 0.3-1%	
	Loteprednol Etabonate Ophth Gel 0.5%	
	Loteprednol Etabonate Ophth Oint 0.5%	
	Loteprednol Etabonate Ophth Susp 0.2%	
	Loteprednol Etabonate Ophth Susp 0.5%	
	Loteprednol Etabonate-Tobramycin Ophth Susp 0.5-0.3%	
	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	
	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	
	Neomycin-Polymyxin-HC Ophth Susp	
	Prednisolone Acetate Ophth Susp 0.12%	
	Prednisolone Acetate Ophth Susp 1%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Prednisolone Sodium Phosphate Ophth Soln 1%	
	Rimexolone Ophth Susp 1%	
	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%	
	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%	
	Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2%	
	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%	
	Tobramycin-Dexamethasone Ophth Susp 0.3-0.05%	
	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	
Ophthalmics - Misc		
	Azelastine HCl Ophth Soln 0.05%	
	Brinzolamide Ophth Susp 1%	
	Bromfenac Sodium Ophth Soln 0.07% (Base Equivalent)	
	Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)	
	Bromfenac Sodium Ophth Soln 0.09% (Base Equivalent)	
	Cromolyn Sodium Ophth Soln 4%	
	Diclofenac Sodium Ophth Soln 0.1%	
	Dorzolamide HCl Ophth Soln 2%	
	Epinastine HCl Ophth Soln 0.05%	
	Flurbiprofen Sodium Ophth Soln 0.03%	
	Ketorolac Tromethamine Ophth Soln 0.4%	
	Ketorolac Tromethamine (PF) Ophth Soln 0.45%	
	Ketorolac Tromethamine Ophth Soln 0.5%	
	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)	
	Nepafenac Ophth Susp 0.1%	
	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	
	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	
	Sodium Chloride Hypertonic Ophth Oint 5%	
	Sodium Chloride Hypertonic Ophth Soln 2%	
	Sodium Chloride Hypertonic Ophth Soln 5%	
	Tyloxapol Ophth Soln 0.25%	
Opioid Agonists - Immediate Release		**Immediate Release Opioid Dose Formulations Restrictions:** **(1) initial coverage of any immediate release opioid in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.** **(2) Concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization.** **(3) A quantity limit of 6 doses per day for any immediate release opioid will be implemented in all claims. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date.**
		Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.
	Codeine Sulfate Tab 15 MG	**See Codeine Sulfate Tab Products restrictions above**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Codeine Sulfate Tab 30 MG	**See Codeine Sulfate Tab Products restrictions above**
	Codeine Sulfate Tab 60 MG	**See Codeine Sulfate Tab Products restrictions above**
	Fentanyl Citrate Buccal Tab Products	**Claim must be allowed for neoplasm or malignancy for reimbursement.**
	Fentanyl Citrate Buccal Tab 100 MCG (Base Equiv)	**See Fentanyl Citrate Buccal Tab Products restrictions above**
	Fentanyl Citrate Buccal Tab 200 MCG (Base Equiv)	**See Fentanyl Citrate Buccal Tab Products restrictions above**
	Fentanyl Citrate Buccal Tab 400 MCG (Base Equiv)	**See Fentanyl Citrate Buccal Tab Products restrictions above**
	Fentanyl Citrate Buccal Tab 600 MCG (Base Equiv)	**See Fentanyl Citrate Buccal Tab Products restrictions above**
	Fentanyl Citrate Buccal Tab 800 MCG (Base Equiv)	**See Fentanyl Citrate Buccal Tab Products restrictions above**
	Fentanyl Citrate Lozenge Products	**Claim must be allowed for neoplasm or malignancy for reimbursement.**
	Fentanyl Citrate Lozenge on a Handle 200 MCG	**See Fentanyl Citrate Lozenge Products restrictions above**
	Fentanyl Citrate Lozenge on a Handle 400 MCG	**See Fentanyl Citrate Lozenge Products restrictions above**
	Fentanyl Citrate Lozenge on a Handle 600 MCG	**See Fentanyl Citrate Lozenge Products restrictions above**
	Fentanyl Citrate Lozenge on a Handle 800 MCG	**See Fentanyl Citrate Lozenge Products restrictions above**
	Fentanyl Citrate Lozenge on a Handle 1200 MCG	**See Fentanyl Citrate Lozenge Products restrictions above**
	Fentanyl Citrate Lozenge on a Handle 1600 MCG	**See Fentanyl Citrate Lozenge Products restrictions above**
	Hydromorphone HCl Liqd 1 MG/ML	**Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations**
	Hydromorphone HCl Suppos 3 MG	**Initial coverage in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.**
	Hydromorphone HCl Tab Products	**Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Hydromorphone HCl Tab 2 MG	**See Hydromorphone HCl Tab Products restrictions above**
	Hydromorphone HCl Tab 4 MG	**See Hydromorphone HCl Tab Products restrictions above**
	Hydromorphone HCl Tab 8 MG	**See Hydromorphone HCl Tab Products restrictions above**
	Meperidine HCl Oral Soln 50 MG/5ML	**Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.**
	Meperidine HCl Tab Products	**Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Meperidine HCl Tab 50 MG	**See Meperidine HCl Tab Products restrictions above**
	Meperidine HCl Tab 100 MG	**See Meperidine HCl Tab Products restrictions above**
	Morphine Sulfate Oral Soln Products	**Reimbursement shall be restricted to not exceed a total dose of 400 mg per day. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Morphine Sulfate Oral Soln 10 MG/5ML	**See Morphine Sulfate Oral Soln Products restrictions above**
	Morphine Sulfate Oral Soln 20 MG/5ML	**See Morphine Sulfate Oral Soln Products restrictions above**
	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	**See Morphine Sulfate Oral Soln Products restrictions above**
	Morphine Sulfate Tab (IR) Products	**Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Morphine Sulfate Tab 15 MG	**See Morphine Sulfate Tab (IR) Products restrictions above**
	Morphine Sulfate Tab 30 MG	**See Morphine Sulfate Tab (IR) Products restrictions above**
	Oxycodone HCl Cap 5 MG	**Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	**Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.**
	Oxycodone HCl Soln 5 MG/5ML	**Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.**
	Oxycodone HCl Tab (IR) Products	**Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Oxycodone HCl Tab 5 MG	**See Oxycodone HCl Tab (IR) Products restrictions above**
	Oxycodone HCl Tab 10 MG	**See Oxycodone HCl Tab (IR) Products restrictions above**
	Oxycodone HCl Tab 15 MG	**See Oxycodone HCl Tab (IR) Products restrictions above**
	Oxycodone HCl Tab 20 MG	**See Oxycodone HCl Tab (IR) Products restrictions above**
	Oxycodone HCl Tab 30 MG	**See Oxycodone HCl Tab (IR) Products restrictions above**
	Oxymorphone HCl Tab (IR) Products	**Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Oxymorphone HCl Tab 5 MG	**See Oxymorphone HCl Tab (IR) Products restrictions above**
	Oxymorphone HCl Tab 10 MG	**See Oxymorphone HCl Tab (IR) Products restrictions above**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Tapentadol HCl Tab (IR) Products	**Reimbursement for this product shall not exceed 600 mg per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid product or sustained release tapentadol products. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Tapentadol HCl Tab 50 MG	**See Tapentadol HCl Tab (IR) Products restrictions above**
	Tapentadol HCl Tab 75 MG	**See Tapentadol HCl Tab (IR) Products restrictions above**
	Tapentadol HCl Tab 100 MG	**See Tapentadol HCl Tab (IR) Products restrictions above**
	Tramadol HCl Orally Disintegrating Tab 50 MG	**The oral disintegrating dosage form is restricted to claims with an an allowed condition that results in the inability to swallow or absorb oral medications. Prior Authorization is required. Reimbursement for this product shall not exceed 8 tablets (400 mg) per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Tramadol HCl Tab 50 MG	**Reimbursement for this product shall not exceed 8 tablets (400 mg) per day. Coverage will not be permitted for this product concurrently with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
Opioid Agonists - Sustained Release		**Sustained Release Opioid Dosage Form Class Restrictions:** **Coverage will not be permitted for concurrent treatment with multiple sustained release opioids (Including methadone); concurrent use of any sustained release opioid, oral or transdermal, with any parenteral pain management medications (e.g. IM, SC, IV, IT analgesic medications) will not be covered.; sustained release opioids will not be covered in post operative conditions unless the injured worker was being treated with the sustained release drug prior to surgery.**
	Fentanyl TD Patch Products	**Prior authorization is required to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), morphine sulfate sustained release tablets, Embeda or Hysingla ER or a documented inability to swallow or absorb oral medications. Reimbursement restricted to not more than 1 patch every 72 hours dosing frequency. Dosing at every 48 hours may be reimbursed upon submission of documentation that supports clinical failure of a 72 hours dosing interval and evidence of an escalation of the dose before a reduction in frequency. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Fentanyl TD Patch 72HR 12 MCG/HR	**See Fentanyl TD Patch Products restrictions above**
	Fentanyl TD Patch 72HR 25 MCG/HR	**See Fentanyl TD Patch Products restrictions above**
	Fentanyl TD Patch 72HR 50 MCG/HR	**See Fentanyl TD Patch Products restrictions above**
	Fentanyl TD Patch 72HR 75 MCG/HR	**See Fentanyl TD Patch Products restrictions above**
	Fentanyl TD Patch 72HR 100 MCG/HR	**See Fentanyl TD Patch Products restrictions above**
	Hydrocodone Bitartrate Tab ER 24HR Deter Products	**Hysingla ER® will be eligible for reimbursement as a first tier sustained release opioid. Reimbursement for all strengths of this product shall not exceed one tablet per day of any strength or combination of strengths. Coverage will not be permitted for this product concurrenty with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**
	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**
	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**
	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**
	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**
	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG	**See Hydrocodone Bitartrate Tab ER 24HR Deter Products restrictions above**
	Hydromorphone HCl Tab ER 24HR Deter Products	**Prior authorization is required to show documented allergic reaction to or clinical failure of, as defined in OAC 4213-6-21(J)(1) and (J)(2), Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed one tablet per day. Prior authorization is required for reimbursment of doses above this limit. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrenty with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Hydromorphone HCl Tab ER 24HR Deter 8 MG	**See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above**
	Hydromorphone HCl Tab ER 24HR Deter 12 MG	**See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above**
	Hydromorphone HCl Tab ER 24HR Deter 16 MG	**See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above**
	Hydromorphone HCl Tab ER 24HR Deter 32 MG	**See Hydromorphone HCl Tab ER 24HR Deter Products restrictions above**
	Methadone Products	**All oral forms of methadone shall be considered to be long acting opioids and will be subject to the formulary limitations of sustained release drug formulations. Initial coverage of oral methadone requires documentation of a 12 lead electrocardiogram within the previous 6 months. Ongoing coverage of oral methadone requires the documentation of an annual 12 lead eclectocardiogram. Oral methadone will be eligible for reimbursement only after documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine or hydrocodone. Prior Authorization is required. Reimbursement for this product may not exceed a maximum dose of 90 mg per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrently with any other sustained release opioid . Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Methadone HCl Tab 5 MG	**See Methadone Products Restrictions above**
	Methadone HCl Tab 10 MG	**See Methadone Products Restrictions above**
	Methadone HCl Soln 5 MG/5ML	**See Methadone Products Restrictions above**
	Methadone HCl Soln 10 MG/5ML	**See Methadone Products Restrictions above**
	Morphine Sulfate Tab ER Products	**Reimbursement shall be restricted to not exceed 3 tablets per day for doses less than 200 mg per tablet and 2 tablets per day for doses of 200 mg per tablet. Prior Authorization is required for reimbursement for any doses above this level. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Morphine Sulfate Tab ER 15 MG	**See Morphine Sulfate Tab ER Products restrictions above**
	Morphine Sulfate Tab ER 30 MG	**See Morphine Sulfate Tab ER Products restrictions above**
	Morphine Sulfate Tab ER 60 MG	**See Morphine Sulfate Tab ER Products restrictions above**
	Morphine Sulfate Tab ER 100 MG	**See Morphine Sulfate Tab ER Products restrictions above**
	Morphine Sulfate Tab ER 200 MG	**See Morphine Sulfate Tab ER Products restrictions above**
	~~Morphine-Naltrexone Cap ER Products~~	~~**Reimbursement for this product shall not exceed 2 capsules per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**~~
	~~Morphine-Naltrexone Cap ER 20-0.8 MG~~	~~**See Morphine-Naltrexone Cap ER Products restrictions above**~~
	~~Morphine-Naltrexone Cap ER 30-1.2 MG~~	~~**See Morphine-Naltrexone Cap ER Products restrictions above**~~
	~~Morphine-Naltrexone Cap ER 50-2 MG~~	~~**See Morphine-Naltrexone Cap ER Products restrictions above**~~
	~~Morphine-Naltrexone Cap ER 60-2.4 MG~~	~~**See Morphine-Naltrexone Cap ER Products restrictions above**~~
	~~Morphine-Naltrexone Cap ER 80-3.2 MG~~	~~**See Morphine-Naltrexone Cap ER Products restrictions above**~~
	~~Morphine-Naltrexone Cap ER 100-4 MG~~	~~**See Morphine-Naltrexone Cap ER Products restrictions above**~~

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	**Effective June 1, 2019, Xtampza ER (oxycodone extended release capsules) will be added to the BWC formulary appendix as a tier two sustained release opioid. Reimbursement will be limited to claims where documentation of treatment with an immediate release form of oxycodone for at least 60 days or allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2), sustained release forms of morphine or hydrocodone. Reimbursement for all strengths of this product shall not exceed every 12 hours or two doses per day. A Prior Authorization is required for reimbursement for any doses above these levels. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Concurrent use of any sustained release opioid, oral or transdermal, with any parenteral pain management medications (e.g. IM, SC, IV, IT analgesic medications) will not be covered. Sustained release opioids are not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	**See OXYCODONE CAP ER 12HR ABUSE-DETERRENT Products restrictions above**
	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	**See OXYCODONE CAP ER 12HR ABUSE-DETERRENT Products restrictions above**
	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	**See OXYCODONE CAP ER 12HR ABUSE-DETERRENT Products restrictions above**
Opioid Antagonists	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	**See OXYCODONE CAP ER 12HR ABUSE-DETERRENT Products restrictions above**
	Oxymorphone HCl Tab ER 12HR Products	**Prior authorization is required showing documentation of allergic reaction to or clinical failure of, as defined in OAC 4123-6-21(J)(1) and (J)(2),Oxycodone ER or Fentanyl transdermal. Reimbursement shall not exceed two tablets per day. Claims in which this dose limitation was exceeded prior to January 1, 2017, will be limited to the last quantity prescribed before that date. Coverage will not be permitted for this product concurrenty with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Oxymorphone HCl Tab ER 12HR 5 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Oxymorphone HCl Tab ER 12HR 7.5 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Oxymorphone HCl Tab ER 12HR 10 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Oxymorphone HCl Tab ER 12HR 15 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Oxymorphone HCl Tab ER 12HR 20 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Oxymorphone HCl Tab ER 12HR 30 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Oxymorphone HCl Tab ER 12HR 40 MG	**See Oxymorphone HCl Tab ER 12HR Products restrictions above**
	Tapentadol HCl Tab ER 12HR Products	**Reimbursement shall not exceed 500 mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid or immediate release tapentadol products. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Tapentadol HCl Tab ER 12HR 50 MG	**See Tapentadol HCl Tab ER 12HR Products restrictions above**
	Tapentadol HCl Tab ER 12HR 100 MG	**See Tapentadol HCl Tab ER 12HR Products restrictions above**
	Tapentadol HCl Tab ER 12HR 150 MG	**See Tapentadol HCl Tab ER 12HR Products restrictions above**
	Tapentadol HCl Tab ER 12HR 200 MG	**See Tapentadol HCl Tab ER 12HR Products restrictions above**
	Tapentadol HCl Tab ER 12HR 250 MG	**See Tapentadol HCl Tab ER 12HR Products restrictions above**
	Tramadol HCl Tab ER 24HR Products	**Reimbursement for this product shall not exceed 300 mg per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid. Sustained release opioids will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Tramadol HCl Tab ER 24HR 100 MG	**See Tramadol HCl Tab ER 24HR Products restrictions above**
	Tramadol HCl Tab ER 24HR 200 MG	**See Tramadol HCl Tab ER 24HR Products restrictions above**
	Tramadol HCl Tab ER 24HR 300 MG	**See Tramadol HCl Tab ER 24HR Products restrictions above**
	Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	**See Tramadol HCl Tab ER 24HR Products restrictions above**
	Tramadol HCl Tab ER 24HR Biphasic Release 200 MG	**See Tramadol HCl Tab ER 24HR Products restrictions above**
	Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	**See Tramadol HCl Tab ER 24HR Products restrictions above**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Naloxone HCl Nasal Spray 4 MG/0.1ML	**Reimbursement is restricted to only those claims in which a prior authorization or prescription history look-back has documented that BWC is currently or has recently been reimbursing for opioid drugs.**
	Naltrexone HCl Tab 50 MG	**Reimbursement is restricted to only those claims in which a prior authorization has documented that BWC is currently reimbursing for opioid drugs.**
Opioid Combinations		**Immediate Release Opioid Dose Formulations Restrictions:** **(1) initial coverage of any immediate release opioid in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.** **(2) Concurrent use of more than one immediate release opioid agent will not be covered without a Prior Authorization.** **(3) A quantity limit of 6 doses per day for any immediate release opioid will be implemented in all claims. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date.**
	Acetaminophen w/ Codeine Products	**Reimbursement for oral solid dosage forms of Codeine/Acetaminophen (APAP) is restricted to products that contain 300 mg of APAP. Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Acetaminophen w/ Codeine Soln 120-12 MG/5ML	**See Acetaminophen w/ Codeine Product Restrictions Above**
	Acetaminophen w/ Codeine Tab 300-15 MG	**See Acetaminophen w/ Codeine Product Restrictions Above**
	Acetaminophen w/ Codeine Tab 300-30 MG	**See Acetaminophen w/ Codeine Product Restrictions Above**
	Acetaminophen w/ Codeine Tab 300-60 MG	**See Acetaminophen w/ Codeine Product Restrictions Above**
	Aspirin-Caffeine-Dihydrocodeine Cap 356.4-30-16 MG	**Initial coverage in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.**
	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	**Reimbursement is restricted to combinations of Butalbital/codeine/caffeine/APAP that contain 325 mg of APAP. Reimbursement for this product shall not exceed 4 grams/day of APAP (12 cap) or 24 cap per calendar month and is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.**
	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	**Reimbursement for this product shall not exceed 24 cap per calendar month and is restricted to only those claims that have the condition of headache specificed as a documented allowance in the claim.**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Hydrocodone-Acetaminophen Tab Products	**Reimbursement is restricted to combinations of Hydrocodone/Acetaminophen (APAP) that contain 325 mg of APAP. Effective January 1, 2017 reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Effective January 1, 2017 Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Hydrocodone-Acetaminophen Tab 5-325 MG	**See Hydrocodone-Acetaminophen Tab Products restrictions above**
	Hydrocodone-Acetaminophen Tab 7.5-325 MG	**See Hydrocodone-Acetaminophen Tab Products restrictions above**
	Hydrocodone-Acetaminophen Tab 10-325 MG	**See Hydrocodone-Acetaminophen Tab Products restrictions above**
	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	**Reimbursement for these products shall not exceed 180 ml/ day (4 grams/day of APAP). Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.**
	Hydrocodone-Acetaminophen Soln 10-325 MG/15ML	**Reimbursement for these products shall not exceed 180 ml/ day (4 grams/day of APAP). Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.**
	Hydrocodone-Ibuprofen Tab Products	**Reimbursement for these products shall not exceed more than five tablets per day. Initial coverage in an opioid naive IW will be limited to 7 days of coverage or 30 doses, whichever is less; a PA may be obtained to exceed these limitations for post-operative situations.**
	Hydrocodone-Ibuprofen Tab 2.5-200 MG	**See Hydrocodone-Ibuprofen Tab Products restrictions above**
	Hydrocodone-Ibuprofen Tab 5-200 MG	**See Hydrocodone-Ibuprofen Tab Products restrictions above**
	Hydrocodone-Ibuprofen Tab 7.5-200 MG	**See Hydrocodone-Ibuprofen Tab Products restrictions above**
	Hydrocodone-Ibuprofen Tab 10-200 MG	**See Hydrocodone-Ibuprofen Tab Products restrictions above**
	Oxycodone w/ Acetaminophen Tab Products	**Reimbursement is restricted to combinations of Oxycodone/Acetaminophen (APAP) that contain 325 mg of APAP. Reimbursement for this product will be limited to 6 doses per day for all covered forms of this product. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	**See Oxycodone w/ Acetaminophen Tab Products restrictions above**
	Oxycodone w/ Acetaminophen Tab 5-325 MG	**See Oxycodone w/ Acetaminophen Tab Products restrictions above**
	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	**See Oxycodone w/ Acetaminophen Tab Products restrictions above**
	Oxycodone w/ Acetaminophen Tab 10-325 MG	**See Oxycodone w/ Acetaminophen Tab Products restrictions above**
	Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	**Reimbursement for these products shall not exceed 60 mls/ day (4 grams/day of APAP). Initial coverage in an opioid naive IW will be limited to 7 days of coverage; a PA may be obtained to exceed these limitations for post-operative situations.**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Oxycodone-Aspirin Tab 4.8355-325 MG	**Reimbursement for this product will be limited to 6 doses per day. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
	Oxycodone-Ibuprofen Tab 5-400 MG	**Reimbursement for these products shall not exceed more than four doses per day or continue for longer than seven days.**
	Tramadol-Acetaminophen Tab 37.5-325 MG	**Reimbursement is restricted to only those combinations of Tramadol/Acetaminophen (APAP) that contain 325 mg of APAP. Reimbursement for this product will be limited to 6 doses per day. Daily doses above this level may be reimbursed with prior authorization upon submission of documentation that supports clinical failure, as defined in OAC 4123-6-21(J)(2), of a lower daily dose. Claims in which this quantity limit was exceeded prior to January 1, 2017 will be limited to the last quantity prescribed before that date. Prior Authorization will be required in all claims for reimbursement of concurrent use of this product with any other immediate release opioid. See also "Immediate Release Opioid Dose Formulation Restrictions" for additional restrictions for opioid naive IW.**
Opioid Partial Agonists - Immediate Release		
	Butorphanol Tartrate Nasal Soln 10 MG/ML	
	Pentazocine w/ Naloxone Tab 50-0.5 MG	
Opioid Partial Agonists - Sustained Release		
	Buprenorphine HCl Buccal Film Products	**Belbuca® will be eligible for reimbursement as a first tier sustained release opioid. Reimbursement for this product shall not exceed 2 films per day. Coverage will not be permitted for this product concurrently with any other sustained release opioid or opioid partial agonist. This product will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Buprenorphine HCl Buccal Film 75 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine HCl Buccal Film 150 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine HCl Buccal Film 300 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine HCl Buccal Film 450 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine HCl Buccal Film 600 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine HCl Buccal Film 750 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine HCl Buccal Film 900 MCG (Base Equivalent)	**See Buprenorphine HCl Buccal Film Products restrictions above**
	Buprenorphine TD Patch Products	**Coverage is limited to a maximum quantity of 4 patches of any strength per 28 days. The maximum daily dose covered for this product is 20 mcg/day. Coverage of this product is limited to only those claims with a daily Morphine Equivalent Dose (MED) requirement of 90 mg or less. Coverage will not be permitted for this product concurrently with any other sustained release opioid or opioid partial agonist. This product will not be covered in the post-operative period unless routinely prescribed pre-operatively.**
	Buprenorphine TD Patch Weekly 5 MCG/HR	**See Buprenorphine TD Patch Product restrictions above**
	Buprenorphine TD Patch Weekly 7.5 MCG/HR	**See Buprenorphine TD Patch Product restrictions above**
	Buprenorphine TD Patch Weekly 10 MCG/HR	**See Buprenorphine TD Patch Product restrictions above**
	Buprenorphine TD Patch Weekly 15 MCG/HR	**See Buprenorphine TD Patch Product restrictions above**
	Buprenorphine TD Patch Weekly 20 MCG/HR	**See Buprenorphine TD Patch Product restrictions above**
Otic Agents - Misc		

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Acetic Acid Otic Soln 2%	
	Antipyrine-Benzocaine Otic Soln 54-14 MG/ML (5.4-1.4%)	
	Antipyrine-Benzocaine-Polycosanol Otic Sol 5.4-1.4-0.0097%	
	Cresyl Acetate Otic Soln 25%	
	~~Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML~~	
Otic Anti-infective/Steroid		
	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	
	Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1%	
	Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML	
	Neomycin-Polymyxin-HC Otic Soln 1%	
	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	
Otic Anti-infectives		
	Ofloxacin Otic Soln 0.3%	
Otic Steroids		
	Fluocinolone Acetonide (Otic) Oil 0.01%	
	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	
Oxytocics		
	Methylergonovine Maleate Tab 0.2 MG	
Phosphate Binder Agents		
	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	
	Lanthanum Carbonate Chew Tab 750 MG (Elemental)	
	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	
	Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental)	
	Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental)	
	Sevelamer Carbonate Packet 2.4 GM	
	Sevelamer Carbonate Tab 800 MG	
	Sevelamer HCl Tab 800 MG	
Platelet Aggregation Inhibitors		
	Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	
	Cilostazol Tab 50 MG	
	Cilostazol Tab 100 MG	
	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	
	Dipyridamole Tab 25 MG	
	Dipyridamole Tab 50 MG	
	Dipyridamole Tab 75 MG	
	Prasugrel HCl Tab 10 MG (Base Equiv)	
Postherpetic Neuralgia (PHN) Agents		
	Gabapentin (Once-Daily) Tab 300 MG	**Gabapentin Sustained Release product class restriction:** **Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time.**
	Gabapentin (Once-Daily) Tab 600 MG	**Gabapentin Sustained Release product class restriction:** **Coverage of Gabapentin Sustained Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time.**
Potassium Removing Agents		
	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	
	Sodium Polystyrene Sulfonate Powder**	
Progestins		
	Medroxyprogesterone Acetate Tab 10 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Megestrol Acetate Susp 625 MG/5ML	
Prostatic Hypertrophy Agents		
	Alfuzosin HCl Tab ER 24HR 10 MG	
	Dutasteride Cap 0.5 MG	
	Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	
	Finasteride Tab 5 MG	
	Silodosin Cap 4 MG	
	Silodosin Cap 8 MG	
	Tamsulosin HCl Cap 0.4 MG	
Pseudobulbar Affect (PBA) Agents		
	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	
Pulmonary Hypertension - Endothelin Receptor Antagonists		
	Ambrisentan Tab 10 MG	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
	Sildenafil Citrate Tab 20 MG	
Pyrimidine Synthesis Inhibitors		
	Leflunomide Tab 10 MG	
	Leflunomide Tab 20 MG	
Rectal - Intrarectal Steroids		
	Hydrocortisone Enema 100 MG/60ML	
Rectal - Local Anesthetics		
	Dibucaine Rectal Ointment 1%	
	~~Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%~~	
	~~Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%~~	
	Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1%	
	Lidocaine Anorectal Cream 5%	
	Lidocaine Anorectal Gel 5%	
	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%	
	Phenylephrine-Shark Liver Oil-MO-Pet Oint 0.25-3-14-71.9%	
	Phenyleph-Shark Liver Oil-Cocoa Butter Suppos 0.25-3-85.5%	
	Pramoxine HCl Rectal Foam 1%	
	Pramox-PE-Glycerin-Petrolatum Rectal Cream 1-0.25-14.4-15%	
Rectal - Steroids		
	~~Hydrocortisone Acetate Suppos 25 MG~~	
	~~Hydrocortisone Acetate Suppos 30 MG~~	
	Hydrocortisone Rectal Cream 1%	
	Hydrocortisone Rectal Cream 2.5%	
Respiratory - Antiasthmatic - Monoclonal Antibodies		
	Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML	**Prior authorization is required. Reimbursement is limited to claims in which the following are documented; asthma is an allowed condition, inadequate control of asthma after at least three months of use of an inhaled corticosteroid plus a long acting beta-agonist, or, an inhaled corticosteroid plus a long acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL in the past 12 months. Initial approval will be no greater than six months, and subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications.**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	**Prior authorization is required. Reimbursement is limited to claims in which the following are documented; asthma is an allowed condition, inadequate control of asthma after at least three months of use of an inhaled corticosteroid plus a long acting beta-agonist, or, an inhaled corticosteroid plus a long acting muscarinic antagonist, and a peripheral eosinophil count greater than or equal to 300 cells/mcL in the past 12 months. Initial approval will be no greater than six months, and subsequent requests may be considered if there is a documented decrease in exacerbations, improvement in symptoms, or decrease in utilization of rescue medications.**
	Omalizumab For Inj 150 MG	
Respiratory - Anticholinergics		
	Aclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT	
	Glycopyrrolate Inhal Cap 15.6 MCG	
	Glycopyrrolate Inhal Solution 25 MCG/ML	
	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	
	Ipratropium Bromide Inhal Soln 0.02%	
	Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT	
	Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT	
	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	
	Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)	
Respiratory - Anti-Inflammatory Agents		
	Cromolyn Sodium Soln Nebu 20 MG/2ML	
Respiratory - Leukotriene Modulators		
	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	
	Montelukast Sodium Tab 10 MG (Base Equiv)	
	Zafirlukast Tab 20 MG	
	Zileuton Tab ER 12HR 600 MG	
Respiratory - Selective Phosphodiesterase 4 (PDE4) Inhibitors		
	Roflumilast Tab 250 MCG	
	Roflumilast Tab 500 MCG	
Respiratory - Steroid Inhalants		
	Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT	
	Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT	
	Beclomethasone Diprop Inhal Aero Soln 40 MCG/ACT (50/Valve)	
	Beclomethasone Diprop Inhal Aero Soln 80 MCG/ACT (100/Valve)	
	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	
	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	
	Budesonide Inhalation Susp 0.25 MG/2ML	
	Budesonide Inhalation Susp 0.5 MG/2ML	
	Budesonide Inhalation Susp 1 MG/2ML	
	Ciclesonide Inhal Aerosol 80 MCG/ACT	
	Ciclesonide Inhal Aerosol 160 MCG/ACT	
	Flunisolide HFA Inhal Aerosol 80 MCG/ACT	
	Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	
	Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	
	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	
	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	
	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	
	Fluticasone Propionate Aer Pow BA 55 MCG/ACT	
	Fluticasone Propionate Aer Pow BA 113 MCG/ACT	
	Fluticasone Propionate Aer Pow BA 232 MCG/ACT	
	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	
	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	
	Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT	
	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT	
	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	
	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	
Respiratory - Sympathomimetics		
	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	
	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	
	Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	
	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)	
	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	
	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	
	Albuterol Sulfate Syrup 2 MG/5ML	
	Albuterol Sulfate Tab 2 MG	
	Albuterol Sulfate Tab 4 MG	
	Albuterol Sulfate Tab ER 12HR 4 MG	
	Albuterol Sulfate Tab ER 12HR 8 MG	
	Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)	
	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	
	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	
	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH	
	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH	
	Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	
	Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	
	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	
	Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	
	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	
	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	
	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	
	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	
	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	
	Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH	
	Formoterol Fumarate Inhal Cap 12 MCG	
	Formoterol Fumarate Soln Nebu 20 MCG/2ML	
	Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT	
	Indacaterol-Glycopyrrolate Inhal Cap 27.5-15.6 MCG	
	Indacaterol Maleate Inhal Powder Cap 75 MCG (Base Equiv)	
	Ipratropium-Albuterol Aerosol 18-103 MCG/ACT (20-120MCG/ACT)	
	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	
	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	
	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	
	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	
	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	
	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	
	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	
	Metaproterenol Sulfate Tab 10 MG	
	Metaproterenol Sulfate Tab 20 MG	
	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT	
	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	
	Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)	
	Pirbuterol Acetate Breath Activated Inhal Aerosol 200MCG/INH	
	Racepinephrine HCl Soln Nebu 2.25% (Base Equivalent)	
	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Terbutaline Sulfate Tab 2.5 MG	
	Terbutaline Sulfate Tab 5 MG	
	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	
	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	
Respiratory - Xanthines		
	Theophylline Cap ER 24HR 100 MG	
	Theophylline Cap ER 24HR 200 MG	
	Theophylline Cap ER 24HR 300 MG	
	Theophylline Cap ER 24HR 400 MG	
	Theophylline Tab ER 12HR 100 MG	
	Theophylline Tab ER 12HR 200 MG	
	Theophylline Tab ER 12HR 300 MG	
	Theophylline Tab ER 24HR 400 MG	
	Theophylline Tab ER 24HR 600 MG	
Respiratory Inhalants - Misc		
	Camphor-Eucalyptus-Menthol - Oint	
	Sodium Chloride Aero Soln 0.9%	
	Sodium Chloride Soln Nebu 0.9%	
	Sodium Chloride Soln Nebu 3%	
Restless Leg Syndrome (RLS) Agents		
	Gabapentin Enacarbil Tab ER 300 MG	**Gabapentin Extended Release product class restriction:** **Coverage of Gabapentin Extended Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time. Effective June 1, 2019, gabapentin will be a tier 1 medication, requiring titration up to 900 mg per day (in divided doses) over 60 days.**
	Gabapentin Enacarbil Tab ER 600 MG	**Gabapentin Extended Release product class restriction:** **Coverage of Gabapentin Extended Release products requires a Prior Authorization that reflects a 30 day trial and documented clinical failure (as defined in O.A.C. 4123-6-21 (J) (2) of the immediate release form of gabapentin. Coverage of all gabapentin products is restricted to a single form at any one time. Effective June 1, 2019, gabapentin will be a tier 1 medication, requiring titration up to 900 mg per day (in divided doses) over 60 days.**
Rosacea Agents - Oral		
	Doxycycline (Rosacea) Cap Delayed Release 40 MG	
Salicylates		
	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG	
	Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 500 MG	
	Aspirin Chew Tab 81 MG	
	Aspirin Tab 81 MG	
	Aspirin Tab 325 MG	
	Aspirin Tab 500 MG	
	Aspirin Tab Delayed Release 81 MG	
	Aspirin Tab Delayed Release 325 MG	
	Aspirin Tab Delayed Release 500 MG	
	Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 500-33-33-237 MG	
	Aspirin-Al Hydro-Mg Hydro-Ca Carb Tab 325 MG	
	Choline & Magnesium Salicylates Tab 1000 MG	
	Choline & Magnesium Salicylates Tab 500 MG	
	Choline & Magnesium Salicylates Tab 750 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Diflunisal Tab 500 MG	
	Salsalate Tab 500 MG	
	Salsalate Tab 750 MG	
Sympathomimetic Decongestants		
	Oxymetazoline HCl Nasal Soln 0.05%	
	Phenylephrine HCl Tab 10 MG	
	Pseudoephedrine HCl Syrup 30 MG/5ML	
	Pseudoephedrine HCl Tab 30 MG	
	Pseudoephedrine HCl Tab 60 MG	
	Pseudoephedrine HCl Tab ER 12HR 120 MG	
	Pseudoephedrine HCl Tab ER 24HR 240 MG	
Thyroid Hormones		
	Levothyroxine Sodium Tab 25 MCG	
	Levothyroxine Sodium Tab 50 MCG	
	Levothyroxine Sodium Tab 75 MCG	
	Levothyroxine Sodium Tab 88 MCG	
	Levothyroxine Sodium Tab 100 MCG	
	Levothyroxine Sodium Tab 112 MCG	
	Levothyroxine Sodium Tab 125 MCG	
	Levothyroxine Sodium Tab 137 MCG	
	Levothyroxine Sodium Tab 150 MCG	
	Levothyroxine Sodium Tab 175 MCG	
	Levothyroxine Sodium Tab 200 MCG	
	Levothyroxine Sodium Tab 300 MCG	
	Liothyronine Sodium Tab 5 MCG	
	Liothyronine Sodium Tab 25 MCG	
	Liothyronine Sodium Tab 50 MCG	
	Thyroid Tab 30 MG (1/2 Grain)	
	Thyroid Tab 60 MG (1 Grain)	
	Thyroid Tab 81.25 MG	
	Thyroid Tab 90 MG (1 1/2 Grain)	
	Thyroid Tab 113.75 MG	
	Thyroid Tab 162.5 MG (2 1/2 Grain)	
	Thyroid Tab 146.25 MG	
TNF - Anti-TNF-alpha - Monoclonal Antibodies		
	Adalimumab Pen-Injector Kit 40 MG/0.4ML	
	Adalimumab Pen-injector Kit 40 MG/0.8ML	
	Adalimumab Prefilled Syringe Kit 40 MG/0.4ML	
	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	
TNF - Soluble Tumor Necrosis Factor Receptor Agents		
	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	
	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	
	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	
	Etanercept Subcutaneous Solution Cartridge 50 MG/ML	
Topical - Acne Products		
	Benzoyl Peroxide-Erythromycin Gel 5-3%	
	Clindamycin Phosphate Foam 1%	
	Clindamycin Phosphate Gel 1%	
	Clindamycin Phosphate Lotion 1%	
	Clindamycin Phosphate Soln 1%	
	Clindamycin Phosphate Swab 1%	
	Erythromycin Gel 2%	
	Erythromycin Soln 2%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Sulfacetamide Sodium w/ Sulfur Cream 10-5%	
	Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%	
	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	
	Sulfacetamide Sodium w/ Sulfur Foam 10-5%	
	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%	
	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%	
Topical - Agents for External Genital and Perianal Warts		
	Sinecatechins Oint 15%	
Topical - Analgesics		
	Menthol Areosol 10.5%	
	Menthol Aerosol Powder 1%	
	Menthol Cream 7.5%	
	Menthol Cream 16%	
	Menthol Gel 2%	
	Menthol Gel 2.5%	
	Menthol Gel 3.1%	
	Menthol Gel 3.5%	
	Menthol Gel 3.7%	
	Menthol Gel 4%	
	Menthol Gel 4.5%	
	Menthol Gel 5%	
	Menthol Gel 6%	
	Menthol Gel 7%	
	Menthol Gel 10%	
	Menthol Gel 16%	
	Menthol Liquid 2.5%	
	Menthol Liquid 3.1%	
	Menthol Liquid 3.5%	
	Menthol Liquid 3.7%	
	Menthol Liquid 8%	
	Menthol Liquid 10%	
	Menthol Liquid 10.4%	
	Menthol Liquid 16%	
	Menthol Lotion 0.1%	
	Menthol Lotion 7.5%	
	Menthol Lotion 8.5%	
	Menthol Pad 154 MG	
	Menthol Patch 5%	
	Menthol Patch 7.5%	
	Menthol Roll 7.5%	
	Menthol Sleeve 16%	
Topical - Antibiotics		
	Bacitracin Oint 500 Unit/GM	
	Bacitracin Zinc Oint 500 Unit/GM	
	Bacitracin-Polymyxin B Oint	
	Bacitracin-Polymyxin-Neomycin HC Oint 1%	
	Gentamicin Sulfate Cream 0.1%	
	Gentamicin Sulfate Oint 0.1%	
	Mupirocin Calcium Cream 2%	
	Mupirocin Oint 2%	
	Neomycin-Bacitracin-Polymyxin Oint	
	Neomycin-Bacitracin-Polymyxin-Pramoxine Oint 1%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Neomycin-Polymyxin w/ Pramoxine Cream 1%	
	Neomycin-Polymyxin-HC Crm 3.5 MG/GM-10000 UNT/GM-0.5%	
	Retapamulin Oint 1%	
Topical - Antifungals		
	Butenafine HCl Cream 1%	
	Ciclopirox Gel 0.77%	
	Ciclopirox Olamine Cream 0.77% (Base Equiv)	
	Ciclopirox Olamine Susp 0.77% (Base Equiv)	
	Ciclopirox Shampoo 1%	
	Ciclopirox Solution 8%	
	Clotrimazole Cream 1%	
	Clotrimazole Ointment 1%	
	Clotrimazole Soln 1%	
	Clotrimazole w/ Betamethasone Cream 1-0.05%	
	Clotrimazole w/ Betamethasone Lotion 1-0.05%	
	Econazole Nitrate Cream 1%	
	Gentian Violet Soln 1%	
	~~Iodoquinol-HC Cream 1%~~	
	~~Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%~~	
	Ketoconazole Cream 2%	
	Ketoconazole Foam 2%	
	Ketoconazole Shampoo 2%	
	Miconazole Nitrate Cream 2%	
	Miconazole Nitrate Ointment 2%	
	Miconazole Nitrate Powder 2%	
	Miconazole Nitrate Soln 2%	
	Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35%	
	Naftifine HCl Cream 1%	
	Naftifine HCl Gel 1%	
	Nystatin Cream 100000 Unit/GM	
	Nystatin Oint 100000 Unit/GM	
	Nystatin Topical Powder 100000 Unit/GM	
	Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%	
	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	
	Oxiconazole Nitrate Cream 1%	
	Oxiconazole Nitrate Lotion 1%	
	Sertaconazole Nitrate Cream 2%	
	Sulconazole Nitrate Cream 1%	
	Terbinafine HCl Cream 1%	
	Terbinafine HCl Soln 1%	
	Tolnaftate Aerosol Pow 1%	
	Tolnaftate Cream 1%	
	Tolnaftate Powder 1%	
	Tolnaftate Soln 1%	
Topical - Antihistamines		
	Diphenhydramine HCl Cream 2%	
Topical - Anti-inflammatory Agents		
	Diclofenac Sodium Gel 1%	
	Diclofenac Sodium Soln 1.5%	**Reimbursement will be provided only in claims with osteoarthritis of the knee as an allowed condition.**

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Diclofenac Epolamine Patch 1.3%	**This drug may be reimbursed with prior authorization when medical documentation shows contraindication, intolerance, or clinical failure to at least 2 other non-steroidal anti-inflammatory drugs on the formulary. Reimbursement is limited to the first 12 weeks following the date of injury and may not exceed 2 patches per day. BWC will not reimburse for concurrent use with other non-steroidal anti-inflammatory drugs.**
Topical - Antineoplastic or Premalignant Lesion Agents		
	Diclofenac Sodium (Actinic Keratosis) Gel 3%	**ONLY reimbursed in claims with Actinic Keratosis allowed.**
	Fluorouracil Cream 0.5%	
	Fluorouracil Cream 4%	
	Fluorouracil Cream 5%	
Topical - Antipruritics		
	Camphor & Menthol Gel 0.2-3.5%	
	Camphor & Menthol Lotion 0.5-0.5%	
	Doxepin HCl Cream 5%	
Topical - Antipsoriatics		
	Calcipotriene Cream 0.005%	
	Calcipotriene Soln 0.005% (50 MCG/ML)	
	Tazarotene Cream 0.1%	
Topical - Antivirals		
	Acyclovir Cream 5%	
	Acyclovir Oint 5%	
	Penciclovir Cream 1%	
Topical - Burn Products		
	Mafenide Acetate Cream 85 MG/GM	
	Mafenide Acetate Packet For Topical Soln 5% (50 GM)	
	Silver Sulfadiazine Cream 1%	
Topical - Cauterizing Agents		
	Silver Nitrate-Potassium Nitrate Applicator 75-25%	
Topical - Corticosteroids		
	Alclometasone Dipropionate Cream 0.05%	
	Alclometasone Dipropionate Oint 0.05%	
	Amcinonide Cream 0.1%	
	Amcinonide Oint 0.1%	
	Betamethasone Dipropionate Augmented Cream 0.05%	
	Betamethasone Dipropionate Augmented Gel 0.05%	
	Betamethasone Dipropionate Augmented Lotion 0.05%	
	Betamethasone Dipropionate Augmented Oint 0.05%	
	Betamethasone Dipropionate Cream 0.05%	
	Betamethasone Dipropionate Lotion 0.05%	
	Betamethasone Dipropionate Oint 0.05%	
	Betamethasone Valerate Aerosol Foam 0.12%	
	Betamethasone Valerate Cream 0.1% (Base Equivalent)	
	Betamethasone Valerate Lotion 0.1% (Base Equivalent)	
	Betamethasone Valerate Oint 0.1% (Salt Equivalent)	
	Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064%	
	Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%	
	Clobetasol Propionate Cream 0.05%	
	Clobetasol Propionate Emollient Base Cream 0.05%	
	Clobetasol Propionate Emulsion Foam 0.05%	
	Clobetasol Propionate Foam 0.05%	
	Clobetasol Propionate Gel 0.05%	
	Clobetasol Propionate Lotion 0.05%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Clobetasol Propionate Oint 0.05%	
	Clobetasol Propionate Shampoo 0.05%	
	Clobetasol Propionate Soln 0.05%	
	Clobetasol Propionate Spray 0.05%	
	Clocortolone Pivalate Cream 0.1%	
	Desonide Cream 0.05%	
	Desonide Foam 0.05%	
	Desonide Gel 0.05%	
	Desonide Lotion 0.05%	
	Desonide Oint 0.05%	
	Desoximetasone Cream 0.05%	
	Desoximetasone Cream 0.25%	
	Desoximetasone Gel 0.05%	
	Desoximetasone Oint 0.25%	
	Diflorasone Diacetate Cream 0.05%	
	Diflorasone Diacetate Emollient Base Cream 0.05%	
	Diflorasone Diacetate Oint 0.05%	
	Fluocinolone Acetonide Cream 0.01%	
	Fluocinolone Acetonide Cream 0.025%	
	Fluocinolone Acetonide Oil 0.01% (Body Oil)	
	Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	
	Fluocinolone Acetonide Oint 0.025%	
	Fluocinolone Acetonide Shampoo 0.01%	
	Fluocinolone Acetonide Soln 0.01%	
	Fluocinonide Cream 0.05%	
	Fluocinonide Cream 0.1%	
	Fluocinonide Emulsified Base Cream 0.05%	
	Fluocinonide Gel 0.05%	
	Fluocinonide Oint 0.05%	
	Fluocinonide Soln 0.05%	
	Flurandrenolide Cream 0.05%	
	Flurandrenolide Tape 4 MCG/SQCM	
	Fluticasone Propionate Cream 0.05%	
	Fluticasone Propionate Lotion 0.05%	
	Fluticasone Propionate Oint 0.005%	
	Halcinonide Cream 0.1%	
	Halcinonide Oint 0.1%	
	Halobetasol Propionate Cream 0.05%	
	Halobetasol Propionate Oint 0.05%	
	Hydrocortisone Butyrate Cream 0.1%	
	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%	
	Hydrocortisone Butyrate Lotion 0.1%	
	Hydrocortisone Butyrate Oint 0.1%	
	Hydrocortisone Butyrate Soln 0.1%	
	Hydrocortisone Cream 0.5%	
	Hydrocortisone Cream 1%	
	Hydrocortisone Cream 2.5%	
	Hydrocortisone Gel 1%	
	Hydrocortisone Lotion 1%	
	Hydrocortisone Lotion 2.5%	
	Hydrocortisone Oint 0.5%	
	Hydrocortisone Oint 1%	
	Hydrocortisone Oint 2.5%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Hydrocortisone Probutate Cream 0.1%	
	Hydrocortisone Valerate Cream 0.2%	
	Hydrocortisone Valerate Oint 0.2%	
	Hydrocortisone-Aloe Vera Cream 1%	
	Mometasone Furoate Cream 0.1%	
	Mometasone Furoate Oint 0.1%	
	Mometasone Furoate Solution 0.1% (Lotion)	
	~~Pramoxine-HC Cream 1-1%~~	
	~~Pramoxine-HC Lotion 1-2.5%~~	
	~~Pramoxine-HC Oint 1-2.5%~~	
	Prednicarbate Oint 0.1%	
	Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	
	Triamcinolone Acetonide Cream 0.025%	
	Triamcinolone Acetonide Cream 0.1%	
	Triamcinolone Acetonide Cream 0.5%	
	Triamcinolone Acetonide Lotion 0.025%	
	Triamcinolone Acetonide Lotion 0.1%	
	Triamcinolone Acetonide Oint 0.025%	
	Triamcinolone Acetonide Oint 0.05%	
	Triamcinolone Acetonide Oint 0.1%	
	Triamcinolone Acetonide Oint 0.5%	
Topical - Emollient/Keratolytic Agents		
	Urea Lotion 10%	
	Urea-Hyaluronate Sodium Susp 40-0.3%	
Topical - Emollients		
	Emollient - Cream**	
	Emollient - Lotion**	
	Emollient - Ointment**	
	Hyaluronate Sodium (Emollient) Gel 0.2%	
	Hyaluronate Sodium (Emollient) Lotion 0.1%	
	Lactic Acid (Ammonium Lactate) Cream 12%	
	Lactic Acid (Ammonium Lactate) Lotion 12%	
	Lactic Acid (Ammonium Lactate) Lotion 5%	
	Vitamins A & D Cream**	
	Vitamins A & D Oint**	
Topical - Enzymes		
	Collagenase Oint 250 Unit/GM	
	Trypsin w/ Castor Oil & Peruvian Balsam Gel	
	Trypsin w/ Castor Oil & Peruvian Balsam Oint	
	~~Trypsin w/ Castor Oil & Peruvian Balsam Spray~~	
Topical - Hair Growth Agents (Eye Lash)		
	Bimatoprost Soln 0.03%	
Topical - Immunomodulating Agents		
	Imiquimod Cream 3.75%	
	Imiquimod Cream 5%	
	Pimecrolimus Cream 1%	
	Tacrolimus Oint 0.1%	
Topical - Keratolytic/Antimitotic Agents		
	Salicylic Acid & Benzoic Acid Oint 3-6%	
Topical - Liniments		
	Camphor-Menthol-Capsicum Topical Patch 80-24-16 MG	
	Camphor-Menthol-Methyl Salicylate Cream 3-5-15%	
	Camphor-Menthol-Methyl Salicylate Cream 4-10-30%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Camphor-Menthol-Methyl Salicylate Gel 0.2-4-8%	
	Camphor-Menthol-Methyl Salicylate Gel 3.1-16-10%	
	Camphor-Menthol-Methyl Salicylate Liquid 4-10-30%	
	Camphor-Menthol-Methyl Salicylate Ointment 4-10-30%	
	Camphor-Menthol-Methyl Salicylate Topical Patch 1.2-5.7-6.3%	
	Capsaicin-Menthol-Methyl Salicylate Cream 0.025-1-12%	
	Capsaicin-Menthol-Methyl Salicylate Cream 0.035-10-25%	
	Capsicum Oleoresin Cream 0.025%	
	Capsicum Oleoresin Cream 0.075%	
	Liniments & Rubs - Cream	
	Liniments & Rubs - Gel	
	Liniments & Rubs - Lotion	
	Liniments & Rubs - Pad	
	Menthol-Camphor Cream 10-11%	
	Menthol-Camphor Cream 11-11%	
	Menthol-Camphor Cream 16-11%	
	Menthol-Camphor Gel 3-3%	
	Menthol-Camphor Gel 3.5-0.8%	
	Menthol-Camphor Lotion 16-4%	
	Menthol-Camphor Ointment 5.1-5.1%	
	Menthol-Camphor Patch 70-230 MG	
	Menthol-Methyl Salicylate Cream	
	Menthol-Methyl Salicylate Gel	
	Menthol-Methyl Salicylate Liquid	
	Menthol-Methyl Salicylate Lotion	
	Menthol-Methyl Salicylate Ointment	
	Menthol-Methyl Salicylate Stick	
	Methyl Salicylate Liniment 10%	
	Methyl Salicylate Lotion 10%	
	Trolamine Salicylate Cream 10%	
	Trolamine Salicylate Lotion 10%	
Topical - Local Anesthetics		
	Benzocaine Aerosol 10%	
	~~Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%~~	
	Capsaicin Cream 0.025%	
	Capsaicin Cream 0.033%	
	Capsaicin Cream 0.035%	
	Capsaicin Cream 0.075%	
	Capsaicin Cream 0.1%	
	Capsaicin Gel 0.025%	
	Capsaicin Gel 0.05%	
	Capsaicin Gel 0.075%	
	Capsaicin in Lidocaine Vehicle Cream 0.25%	
	Capsaicin Liquid 0.15%	
	Capsaicin Lotion 0.035%	
	Capsaicin Pad 0.025%	
	Capsaicin-Menthol Gel 0.025-10%	
	Capsaicin-Menthol Topical Patch 0.05-5%	
	Capsaicin-Methyl Salicylate Liquid 0.034-10%	
	Dibucaine Oint 1%	
	Ethyl Chloride Aerosol Spray	
	Lidocaine Cream 4%	
	Lidocaine Gel 4%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Lidocaine Solution 4%	
	Lidocaine HCl Cream 3%	
	Lidocaine HCl Gel 2%	
	Lidocaine HCl Gel 2.5%	
	Lidocaine Oint 5%	**Prior Authorization will be required and documentation of a trial and therapeutic failure (as defined in O.A.C. 4123-6-21 (J)) with a lidocaine 4% topical product will be required. In claims where lidocaine 5% ointment was covered in the 60 days prior to 10/1/2017, the drug will continue to be covered.**
	Lidocaine Patch 4%	
	Lidocaine Patch 5%	**ONLY reimbursed in claims with post herpetic neuralgia allowed.**
	Lidocaine-Prilocaine Cream 2.5-2.5%	
	Pentafluoropropane-Tetrafluoroethane Aero Spray	
	Pramoxine HCl Lotion 1%	
	Pramoxine-Benzyl Alcohol Gel 1-10%	
	Pramoxine-Zinc Acetate Lotion 1-0.1%	
Topical - Misc		
	Aloe Vera Liquid**	
	Aloe Vera Lotion**	
	Aluminum Acetate Soln	
	Aluminum Chloride in Alcohol Solution 15%	
	Aluminum Chloride Soln 20%	
	Aluminum Hydroxide Oint	
	Benzoin Tincture	
	Dimethicone Cream 1%	
	Dimethicone-Petrolatum Cream 3-30%	
	Menthol-Zinc Oxide Oint 0.44-20.6%	
	Menthol-Zinc Oxide Oint 0.44-20.625%	
	Petrolatum-Zinc Oxide Oint 49-15%	
	Skin Protectants Misc - Cream	
	Skin Protectants Misc - Ointment	
	Skin Protectants Misc - Paste	
	Sodium Chloride External Soln 0.9%	
	Talc Topical Powder	
	Witch Hazel-Glycerin Cleansing Pads	
	Zinc Oxide Cream 13%	
	Zinc Oxide Cream 30.6%	
	Zinc Oxide Oint 12.8%	
	Zinc Oxide Oint 20%	
	Zinc Oxide Oint 40%	
Topical - Misc Dermatological Products		
	Dermatological Products Misc - Cream	
	Dermatological Products Misc - Emulsion	
Topical - Rosacea Agents		
	Metronidazole Cream 0.75%	
	Metronidazole Gel 0.75%	
	Metronidazole Gel 1%	
Topical - Scabicides & Pediculicides		
	Crotamiton Cream 10%	
	Crotamiton Lotion 10%	
	Lindane Lotion 1%	
	Lindane Shampoo 1%	
	Malathion Lotion 0.5%	
	Permethrin Cream 5%	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Permethrin Lotion 1%	
	Pyrethrins-Piperonyl Butoxide Liq 0.33-4%	
	Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%	
Topical - Scar Treatment		
	Scar Treatment Products - Cream	
	Scar Treatment Products - Gel	
Topical - Wound Care		
	Becaplermin Gel 0.01%	
	Hyaluronate Sodium Gel 0.2%	
	Lidocaine HCl-Collagen-Aloe Vera Gel 2%	
	Wound Cleansers - Liquid	
	Wound Dressings - Emulsion	
	Wound Dressings - Gel	
Ulcer Drugs - Antispasmodics		
	Belladonna Alkaloids & Opium Suppos 16.2-30 MG	
	Belladonna Alkaloids & Opium Suppos 16.2-60 MG	
	~~Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG~~	
	Dicyclomine HCl Cap 10 MG	
	Dicyclomine HCl Oral Soln 10 MG/5ML	
	Dicyclomine HCl Tab 20 MG	
	Glycopyrrolate Tab 1 MG	
	Glycopyrrolate Tab 2 MG	
	~~Hyoscyamine Sulfate Elixir 0.125 MG/5ML~~	
	~~Hyoscyamine Sulfate Tab 0.125 MG~~	
	Hyoscyamine Sulfate Tab ER 0.375 MG (0.125 MG IR/0.25 MG ER)	
	~~Hyoscyamine Sulfate Tab Disint 0.125 MG~~	
	~~Hyoscyamine Sulfate Tab SL 0.125 MG~~	
	Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	
	Methscopolamine Bromide Tab 2.5 MG	
	Methscopolamine Bromide Tab 5 MG	
	~~PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG~~	
	PB-Hyoscy-Atrop-Scopol Tab ER 48.6-0.3111-0.0582-0.0195 MG	
	Propantheline Bromide Tab 15 MG	
Ulcer Drugs - H-2 Antagonists		**H-2 Antagonist Drug Class Restictions:** **Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during recurrent oral steroid or non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)**
	Famotidine Tab 10 MG	**See H-2 Antagonist Drug Class Restrictions**
	Famotidine Tab 20 MG	**See H-2 Antagonist Drug Class Restrictions**
	Famotidine Tab 40 MG	**See H-2 Antagonist Drug Class Restrictions**
	Ranitidine HCl Cap 150 MG	**See H-2 Antagonist Drug Class Restrictions**
	Ranitidine HCl Cap 300 MG	**See H-2 Antagonist Drug Class Restrictions**
	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	**See H-2 Antagonist Drug Class Restrictions**
	Ranitidine HCl Tab 75 MG	**See H-2 Antagonist Drug Class Restrictions**
	Ranitidine HCl Tab 150 MG	**See H-2 Antagonist Drug Class Restrictions**
	Ranitidine HCl Tab 300 MG	**See H-2 Antagonist Drug Class Restrictions**
Ulcer Drugs - Misc		
	Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack	
	Metronidaz Tab-Tetracyc Cap-Bis Subsal Chew Tab Therapy Pack	
	Sucralfate Susp 1 GM/10ML	
	Sucralfate Tab 1 GM	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Ulcer Drugs - Prostaglandins		
	Misoprostol Tab 100 MCG	
	Misoprostol Tab 200 MCG	
Ulcer Drugs - Proton Pump Inhibitors		**Proton Pump Drug Class Restrictions:** **Reimbursement is restricted to only the following drugs in this class:** **Prescription Strength Delayed Release Products: Omeprazole 10mg, 20mg, 40mg** **Prescription Strength Dispersible Tablets: Prevacid Solutab (15mg, 30mg) Requires Prior Authorization to document inability to use the standard oral prduct.** **Over the Counter (OTC) Products: Omeprazole OTC 20mg** **Reimbursement for covered drugs in this class is only permitted when they are prescribed as gastrointestinal protectants during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)**
	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	**Prior Authorization required to document inability to use a formulary omeprazole oral product.** **Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease).**
	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	**Prior Authorization required to document inability to use a formulary omeprazole oral product.** **Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease).**
	Omeprazole Cap Delayed Release 10 MG	**Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)**
	Omeprazole Cap Delayed Release 20 MG	**Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)**
	Omeprazole Cap Delayed Release 40 MG	**Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)**
	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	**Reimbursement is only permitted when prescribed as a gastrointestinal protectant during non-steroidal anti-inflammatory drug therapy or to treat an allowed condition that involves a gastrointestinal disorder such as ulcer or GERD (gastrointestinal esophageal reflux disease)**
Urinary Analgesics		
	Phenazopyridine HCl Tab 100 MG	
	Phenazopyridine HCl Tab 200 MG	
Urinary Anti-infectives		
	Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)	
	Methenamine Hippurate Tab 1 GM	
	Methenamine Mandelate Tab 1 GM	
	Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG	
	~~Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG~~	
	Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG	
	Nitrofurantoin Macrocrystalline Cap 100 MG	
	Nitrofurantoin Macrocrystalline Cap 50 MG	
	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	
Urinary Antispasmodic		
	Bethanechol Chloride Tab 5 MG	
	Bethanechol Chloride Tab 10 MG	
	Bethanechol Chloride Tab 25 MG	
	Bethanechol Chloride Tab 50 MG	
	Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	
	Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	
	Fesoterodine Fumarate Tab ER 24HR 4 MG	
	Fesoterodine Fumarate Tab ER 24HR 8 MG	
	Flavoxate HCl Tab 100 MG	
	Mirabegron Tab ER 24 HR 25 MG	
	Mirabegron Tab ER 24 HR 50 MG	
	Oxybutynin Chloride Syrup 5 MG/5ML	
	Oxybutynin Chloride Tab 5 MG	
	Oxybutynin Chloride Tab ER 24HR 5 MG	
	Oxybutynin Chloride Tab ER 24HR 10 MG	
	Oxybutynin Chloride Tab ER 24HR 15 MG	
	Oxybutynin Chloride TD Gel 10%	
	Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR	
	Solifenacin Succinate Tab 5 MG	
	Solifenacin Succinate Tab 10 MG	
	Tolterodine Tartrate Cap ER 24HR 2 MG	
	Tolterodine Tartrate Cap ER 24HR 4 MG	
	Tolterodine Tartrate Tab 1 MG	
	Tolterodine Tartrate Tab 2 MG	
	Trospium Chloride Cap ER 24HR 60 MG	
	Trospium Chloride Tab 20 MG	
Urinary Stone Agents		
	Acetohydroxamic Acid Tab 250 MG	
Vaccines		
	Zoster Vaccine Live for Subcutaneous Susp 19400 Unit/0.65ML	
	Zoster Vaccine Recombinant Adjuvanted For IM Inj 50 MCG	
Vaginal Anti-infectives		
	Metronidazole Vaginal Gel 0.75%	
	Miconazole Nitrate Vaginal Cream 2%	
	Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM)	
	Terconazole Vaginal Cream 0.8%	
Vaginal Estrogens		
	Estradiol Vaginal Cream 0.1 MG/GM	
	Estradiol Vaginal Tab 10 MCG	
Vasopressors		
	Midodrine HCl Tab 2.5 MG	
	Midodrine HCl Tab 5 MG	
	Midodrine HCl Tab 10 MG	
Vitamins - B-Complex w/ C		**All combinations and strengths of oral dosage forms are covered for allowed conditions**
	B-Complex w/ C & E + Zn Tab	
	B-Complex w/ C Tab	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
Vitamins - B-Complex w/ Folic Acid		
	B-Complex w/ C & Folic Acid Cap 1 MG	
	B-Complex w/ C & Folic Acid Tab 0.8 MG	
	B-Complex w/ C & Folic Acid Tab	
	B-Complex w/ C-Biotin-Vit E & Folic Acid Tab 0.4 MG	
	B-Complex w/Biotin & Folic Acid Tab ER	
Vitamins - Multiple Vitamins w/ Iron		**All combinations and strengths of oral dosage forms are covered for allowed conditions**
	Multiple Vitamins w/ Iron Tab	
Vitamins - Multiple Vitamins w/ Minerals		**All combinations and strengths of oral dosage forms are covered for allowed conditions**
	Multiple Vitamins w/ Calcium Cap	
	Multiple Vitamins w/ Calcium Chew Tab	
	Multiple Vitamins w/ Calcium Tab	
	Multiple Vitamins w/ Minerals & FA Cap 0.5 MG	
	Multiple Vitamins w/ Minerals Cap	
	Multiple Vitamins w/ Minerals EC Tab	
	Multiple Vitamins w/ Minerals Effer Tab	
	Multiple Vitamins w/ Minerals Liquid	
	Multiple Vitamins w/ Minerals Tab	
Vitamins - Multivitamins		
	Multiple Vitamin Liquid	
	Multiple Vitamin Tab	
Vitamins - Oil Soluble Vitamins		
	Cholecalciferol Cap 400 Unit	
	Cholecalciferol Cap 1000 Unit	
	Cholecalciferol Cap 2000 Unit	
	Cholecalciferol Cap 5000 Unit	
	Cholecalciferol Cap 10000 Unit	
	Cholecalciferol Cap 50000 Unit	
	Cholecalciferol Chewable Wafer 50000 Unit	
	Cholecalciferol Tab 400 Unit	
	Cholecalciferol Tab 1000 Unit	
	Cholecalciferol Tab 2000 Unit	
	Cholecalciferol Tab 10000 Unit	
	Ergocalciferol Cap 50000 Unit	
	Ergocalciferol Soln 8000 Unit/ML	
	Ergocalciferol Tab 2000 Unit	
	Phytonadione Tab 5 MG	
	Vitamin A Tab 8000 Unit	
	Vitamin E Cap 1000 Unit	
Vitamins - Vitamin Mixtures		
	Cholecalciferol-Vitamin C Cap 1000 Unit-500 MG	
	Niacinamide w/ Zn-Cu-Methylfolate Tab 750-25-1.5-0.5 MG	
	Niacinamide w/ Zn-Cu-Methylfol-Se-Cr Tab 750-27-2-0.5 MG	
	Vit C-Cholecalciferol-Rose Hips Cap 500 MG-1000 Unit-20 MG	
	Vitamin A-Vitamin D-Minerals Cap	
	Vitamin C-Vitamin D-Zinc Tab	
	Vitamin D & K Cap	
	Vitamins A & C Chew Tab	
	Vitamins A & D Cap	
Vitamins - Water Soluble Vitamins		
	Ascorbic Acid Cap ER 500 MG	
	Ascorbic Acid Chew Tab 250 MG	
	Ascorbic Acid Chew Tab 500 MG	

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Drug Class Name	Drug Generic Name	Coverage restrictions or limitations for specific drugs or dosage forms are listed with the respective drugs below.
	Ascorbic Acid Chew Tab 1000 MG	
	Ascorbic Acid Syrup 500 MG/5ML	
	Ascorbic Acid Tab 250 MG	
	Ascorbic Acid Tab 500 MG	
	Ascorbic Acid Tab 1000 MG	
	Ascorbic Acid Tab ER 500 MG	
	Ascorbic Acid Tab Disint 60 MG	
	Niacin Tab ER 250 MG	
	Niacin Tab ER 750 MG	
	Potassium Aminobenzoate Tab 500 MG	
	Pyridoxine HCl Tab 50 MG	
	Pyridoxine HCl Tab 100 MG	
	Riboflavin Tab 100 MG	
	Thiamine HCl Tab 50 MG	
	Thiamine HCl Tab 100 MG	
	Thiamine Mononitrate Tab 100 MG	