



BWC Formulary Changes* Effective 2/1/2012

1. Sustained release opiates

- a. Morphine sulfate continuous release tablets will be the ONLY sustained release opiate eligible for reimbursement as an initial sustained release opiate. Excluding Kadian® and Avinza®, this change will NOT apply to injured workers receiving prescriptions for sustained release opiates prior to Feb. 1, 2012.
- b. New prescriptions for Kadian® and Avinza® products (as well as any generic version) will not be eligible for reimbursement. Please note: Prescription reimbursement for patients who were receiving either of these products prior to Feb. 1, 2012, will stop effective May 1, 2012.
- c. New prescriptions for Oxycontin will ONLY be reimbursed if there is a documented treatment failure or allergic reaction to morphine sulfate continuous release tablets. This change will NOT apply to injured workers receiving prescriptions for Oxycontin prior to Feb. 1, 2012.
- d. New prescriptions for Fentanyl patches will be subject to the following restrictions.
 - Fentanyl patches will not be reimbursed if combined with another long acting opiate product. (e.g., MS CR tablets, Oxycontin, Opana ER and Exalgo).
 - Unless there is a documented treatment failure or allergy to MS CR tablets and Oxycontin tablets, Fentanyl patches will only be approved for claims when the injured worker cannot swallow or absorb oral products.
 - These changes do NOT apply to injured workers receiving prescriptions for Fentanyl patches prior to Feb. 1, 2012.

2. Acetaminophen-containing tablets and capsules

- a. Only tablets or capsules containing 325 mg or 500 mg of Acetaminophen will be reimbursed. Please note: Prescription reimbursement for patients who were receiving any acetaminophen combination product prior to Feb. 1, 2012, will stop effective May 1, 2012.
- b. This change does not apply to any strength of Tylenol with Codeine tablets or any generic version of those products (Tylenol #2, Tylenol #3 and Tylenol #4).
- c. Prescriptions for daily doses of Acetaminophen greater than 4000 mg will not be reimbursed.

3. Skeletal muscle relaxants

- a. The use of Tizanidine is unrestricted for treating symptoms of spasticity in an allowed condition.
- b. Up to one year of coverage is available for Cyclobenzaprine, Chlorzoxazone, Methocarbamol, Metaxalone, Orphenadrine and Tizanidine for treating muscle spasms secondary to spinal surgery or device implantation. These situations require documentation in the claim and a prior authorization.
- c. Up to one year of coverage is available for Cyclobenzaprine, Chlorzoxazone, Methocarbamol, Metaxalone, Orphenadrine and Tizanidine where the drugs are being used as adjuncts for pain management and not for treating muscle spasms. These situations require documentation in the claim and a prior authorization.

*The formulary subcommittee of BWC's Pharmacy & Therapeutics (P & T) Committee is responsible for reviewing the existing formulary drugs and drug classes as well as new drugs that are entering the market. The subcommittee makes recommendations to the P&T Committee on drugs that should be added, deleted or restricted. Both the formulary subcommittee and the P&T Committee conduct public meetings. Any prescriber can request BWC to have a drug added to the formulary. Information about this process is available on ohioBWC.com at: <https://www.ohioBWC.com/provider/services/ICD10FormularyLookup/Details.aspx>.