

BWC's non-preferred drug list

BWC requires prescribers to complete the *Request for Prior Authorization of Non-Preferred Medication* (MEDCO-32) for medications on this list. Send the completed form by fax to the number located at the bottom of the MEDCO-32. BWC's pharmacy benefits manager will then process your request. To obtain a MEDCO-32 or additional information about this program, log on to ohiobwc.com, and click Medical Providers and then Services, or call 1-800-OHIOBWC, and listen to the options.

Analgesics: Opioids

Short-acting/immediate release

- Carisoprodol/ASA/codeine* (generic for Soma® Compound w/Codeine)
- Combunox™ (oxycodone/ibuprofen)
- Magnacet™ (oxycodone/acetaminophen)
- Panlor DC® (dihydrocodeine/APAP/caffeine)
- Perloxx® (oxycodone/acetaminophen)
- Reprexain® (hydrocodone/ibuprofen)
- Synalgos DC® (dihydrocodeine/ASA/caffeine)
- Xodol® (hydrocodone /APAP)
- Zydone® (hydrocodone /APAP)

Approval length: Six months

Eligible for reimbursement only if the claim is allowed for cancer or malignancy

- Actiq® (fentanyl citrate transmucosal)
- Fentora® (fentanyl citrate buccal tablet)

Non-covered

BWC does not cover injectable dosage forms of all opioid/narcotic analgesics. Therefore, they are not eligible for prior authorization, including:

- Buprenorphine HCl* (generic for Buprenex®);
- Nalbuphine HCl* (generic for Nubain®).

Skeletal Muscle Relaxants

- Carisoprodol * (generic for Soma®)
- Skelaxin® (metaxalone)

Skeletal muscle relaxant/analgesic combination

- carisoprodol/ASA* (generic for Soma Compound®)

Approval Length: Three months

Non-covered

BWC does not cover injectable dosage forms of all skeletal muscle relaxants. Therefore, they are not eligible for prior authorization.

- Amrix® ER Capsules (cyclobenzaprine)
- Fexmid® Tablets (cyclobenzaprine)
- Soma® 250MG Tablets (carisoprodol)
- Zanaflex® Capsules (tizanidine)

Analgesics: NSAIDs and COX-2s

- Celebrex® (celecoxib)
- Naprelan® (naproxen sodium controlled-release)
- Ponstel® (mefenamic acid)

NSAID/Gastro protective Agent Combination

- Arthrotec® (diclofenac sodium/misoprostol)
- Prevacid NapraPAC® (naproxen/lansoprazole)

Approval length: 12 months

Non-covered

BWC does not cover injectable dosage forms of all NSAIDs. Therefore, they are not eligible for prior authorization, including:

- Ketorolac tromethamine (generic for Toradol®);
- Flector® Patch (diclofenac);
- Ketorolac Tablets: Limited to the lesser of 20 tablets or five-day supply as a one-time prescription for the duration of the claim. Quantities in excess of these limits are not covered.

*Multi source drugs

Notes

- A prior authorization approval does not override the denial of the respective drug class in the BWC claim.
- We cannot reactivate the claim based on an approval of a prior authorization request.
- In general, we consider drugs that are generically available in these drug classes preferred unless otherwise noted.