

OSC | 11
Ohio Safety Congress & Expo



Pharmacy Program Fundamentals

Session 614 and 634

John Hanna, R.Ph, M.B.A.
Pharmacy Program Director

Christine Sampson
Pharmacy Program Operations Manager

Ohio Bureau of Workers' Compensation

OSC | 11
Ohio Safety Congress & Expo

Continuing Nursing Education Disclosures

- o **Goal:** To educate conference attendees on specific aspects of accident prevention and Ohio's workers' compensation system
- o **Learning objectives for session # 614-BWC pharmacy program fundamentals:**
 - Explain how the BWC pharmacy benefit program works;
 - Identify when and who to contact when issues arise; and
 - Describe tools used to examine prescription utilization.
- o **Criteria for Successful Completion:** Attend the entire event and complete a session evaluation.
- o **Conflict of Interest:** The planners and faculty have **no** conflict of interest.
- o **Commercial Support:** There is no commercial support for this event.
- o **Continuing Education:** Awarded 0.1 IACET general CEUs and 1.0 RN* contact hour.

*The Ohio BWC (OH-18801-01-2013) is an approved provider of continuing nursing education by the Ohio Nurses Association (ONA-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

OSC | 11
Ohio Safety Congress & Expo

Presentation Outline

- o Program Description
- o 2010 Volumes and Expenditures
- o Operational Highlights
- o Clinical Highlights
- o Program Enhancements in 2011

OSC | 11
Ohio Safety Congress & Expo

Program Description

The BWC Pharmacy Program manages outpatient prescription benefits for injured workers.

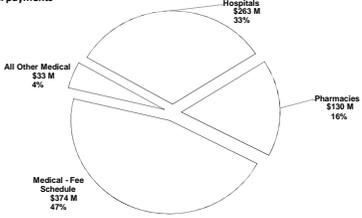
- o Outpatient prescriptions only.
- o Medications used in the physician's office, a clinic or hospital are **NOT** reimbursed through the program
- o Self Administered Injections (Insulin, Lovenox etc) **ARE** eligible for reimbursement if used at home.
- o This program does **Not** cover Self Insured claims.

OSC | 11
Ohio Safety Congress & Expo

Annual Expenditures

2010 – BWC Medical Expenditures

2010 Total medical payments = \$800 million



Category	Amount (M)	Percentage
Hospitals	\$263 M	33%
Medical - Fee Schedule	\$274 M	47%
Pharmacies	\$130 M	16%
All Other Medical	\$53 M	6%

5

OSC | 11
Ohio Safety Congress & Expo

Pharmacy

In 2010

- o 1.5 million prescriptions processed
- o 67,800 claims for prescription benefits
- o 22 prescriptions per claim
- o Average BWC prescription cost was \$88.07 vs \$183.36 for the average commercial insurance prescription cost

OSC | 11
Ohio Safety Congress & Expo

Operational Highlights

- Rebates Administrator Responsibilities
- Pharmacy Benefit Manager (PBM) Responsibilities
- Billing Process
- Reimbursement Rates
- Relatedness and Prior Authorization (MEDCO31 Form)
- Program Monitoring

OSC | 11
Ohio Safety Congress & Expo

Rebate Administrator Responsibilities

- Envision Pharmaceutical Services, Inc.
- Manufacturer contracts
- Submits BWC drug data to manufacturers
- Collects and forwards rebates to BWC
- Detailed reporting

OSC | 11
Ohio Safety Congress & Expo

Pharmacy Benefit Manager (PBM) Responsibilities

- SXC Health Solutions, Inc.
- Bill payment
- Prior authorization
- Provider auditing
- Retro drug utilization review
- Provider network
- Maximum Allowable Cost (MAC) pricing

OSC | 11
Ohio Safety Congress & Expo

Billing Process

- Electronic bill adjudication
- Existing injury claims
- New injury claims
- Limitation for reimbursement
- Compounded medications
- Injured Worker Outpatient Medication Reimbursement Request Form (C17)

OSC | 11
Ohio Safety Congress & Expo

Reimbursement Rates

- Single Source/Brand Drug
- Multi-Source/Generic Drug
- Maximum Allowable Cost (MAC)
- Dispensing Fee
- Incentive Fee
- Over the counter (OTC) medications

OSC | 11
Ohio Safety Congress & Expo

Relatedness and Prior Authorization (MEDCO31 Form)

- Relatedness Editing
- Relatedness Drug List
- Request for Prior Authorization of Medication Form (MEDCO-31)
- www.ohiobwc.com under Medical Provider and then Services, or call **1-800-OHIOBWC** and follow the prompts

OSC | 11
Ohio Safety Congress & Expo

Program Monitoring

- PBM contract compliance
- Rebate management contract compliance
- Operations oversight

13

OSC | 11
Ohio Safety Congress & Expo

Clinical Program Highlights

- Clinical Program
 - Formulary Management
 - Development of Clinical Edits
 - Pharmacy and Therapeutics Committee Activities
 - Monitoring for Safety and Potential Medication Misuse

14

OSC | 11
Ohio Safety Congress & Expo

Formulary Management

2010 Top 25 Drugs By Prescription Volume

Rank	Drug Class	WCI	Product Name	Rx Count	Amount Paid	Dollars Injured Workers	Pct of Total Injured Workers
1	8550	H3A	HYDROCODONE/ACETAMINOPHEN	168,893	\$2,360,112.07	27,854	42.7%
2	8550	H3A	OXYCODONE/ACE/TAMINOPHEN	100,921	\$4,413,828.90	18,254	27.0%
3	7260	H4B	GABAPENTIN	49,311	\$1,251,869.44	8,234	12.9%
4	7260	H4B	LYRICA	45,181	\$2,532,899.12	7,291	10.7%
5	7510	H5H	CYCLOBENZAPRINE HCL	44,465	\$502,764.04	11,454	17.3%
6	8510	H3A	TRAMADOL HCL	41,431	\$613,718.18	10,065	15.2%
7	5810	H3C	OTIBALTA	39,859	\$8,300,097.71	5,297	8.0%
8	8510	H3A	OXYCONTIN	34,382	\$19,478,399.80	4,180	6.3%
9	8510	S2B	VALIUM	30,841	\$8,500,226.04	4,128	6.3%
10	8510	S2B	BUPROPION	30,688	\$322,448.97	8,963	13.6%
11	5710	H4B	HYDROXIZINE HCL	30,528	\$24,199.90	4,253	6.3%
12	5710	H4B	ALPRAZOLAM	28,748	\$322,853.74	4,123	6.3%
13	5710	H4B	GAZE PAM	28,055	\$354,818.21	4,704	7.3%
14	5810	H3C	TRAZODONE HCL	21,504	\$19,499.60	3,750	5.7%
15	8510	H3A	OXYCODONE HCL	21,090	\$1,022,189.92	3,203	4.8%
16	8550	H3A	HYDROCODONE/ACE/TAMINOP	18,870	\$17,904.57	4,308	6.3%
17	6020	H2B	BUPRENEXIN TARTRATE	18,740	\$258,693.80	3,009	4.5%
18	4820	D4D	NEURON	17,955	\$1,804,570.45	2,480	3.7%
19	7210	H4B	VALIUM PAM	17,325	\$176,365.41	2,480	3.7%
20	8510	S2B	NAPROXEN	17,341	\$183,492.36	5,364	8.0%
21	5820	H3D	AMITRIPTYLINE HCL	17,150	\$110,963.70	2,988	4.5%
22	7510	H5H	CAREPROFOL	14,968	\$240,982.96	2,312	3.5%
23	8510	H3A	PERIVAN	14,872	\$4,400,248.54	1,800	2.8%
24	5810	H3C	LEVAPRO	14,700	\$1,838,210.62	2,122	3.2%
25	5810	H3C	ME THICARBAMOL	14,498	\$60,888.54	3,412	5.2%
Top 25 Totals				886,827	\$68,920,896.36		
Percent of 2010 Totals				61%	51%		

OSC | 11
Ohio Safety Congress & Expo

Clinical Prescribing Edits

- What do they do?
 - Promote safe and appropriate therapy
- **By the end of 2011, all prescriptions will be subjected to electronic clinical edits of increasing rigor depending upon the drugs involved.**
- Examples of drug edits
 - Relatedness requirement & quantity restrictions
 - Maximum daily doses of acetaminophen
 - Antibiotics properly related to claim
 - Muscle relaxants for acute use only
 - Anti-inflammatory drugs without GI protection
 - Analgesic dosing within safe ranges

OSC | 11
Ohio Safety Congress & Expo

Clinical Edits (Cont'd)

- Antibiotics
 - All antibiotics are available in first 30 days, before edit is applied
 - Has stopped 3,500 inappropriately billed prescriptions per month
 - Saved over \$20,000/month
 - Emergency prescription coverage is available

OSC | 11
Ohio Safety Congress & Expo

Clinical Edits (Cont'd)

- High Dose Acetaminophen Monitoring
 - The maximum dose of acetaminophen is 4grams/day (8 Tylenol Extra Strength Tablets)
 - Above this dose liver toxicity can occur
 - Over 200 Injured Workers above 4gm/day
 - Physician letters are being sent

OSC | 11
Ohio Safety Congress & Expo

Pharmacy & Therapeutics Committee Activities

Opioid Utilization

- o Each month 40,000 prescriptions are filled for opioids
- o 21,000 Injured Workers receive these drugs each month
- o 13% of these workers are receiving opioids in the high dose range
- o What constitutes a "high dose" of opioids?

OSC | 11
Ohio Safety Congress & Expo

Pharmacy & Therapeutics Committee Activities

Opiate Utilization (Cont'd)

- o BWC tracks every opioid prescription for every IW, every month.
- o Morphine Equivalent Dose (a common Metric)
- o CDC uses a 100mg/day MED as a caution point for a prescriber
- o Above 120mg/day MED Washington State requires a pain management consult.

OSC | 11
Ohio Safety Congress & Expo

Pharmacy & Therapeutics Committee Activities

Opioid Utilization (Cont'd)

- o In January, 13.8% of the Injured Workers receiving opioids were at or above 100 mg/day MED
- o This is the equivalent of 14 Percocet tablets/day
- o Opioids are the #1 class of drugs involved in prescription drug deaths in Ohio.
- o For the past 5 years BWC averaged 1-2 Injured Worker deaths per month attributed to prescription drug use.
- o Monitoring utilization is the first step toward improving the safe use of these drugs by Injured Workers

OSC | 11
Ohio Safety Congress & Expo

Program Changes Coming in 2011

- o Formulary established by rule
- o Restrictions on payments for prescriptions compounded in physician offices
- o Increased number of drugs will require prior authorization
- o A Lock-In Program will be implemented to stop the use of multiple pharmacies
- o A Medication Therapy Management pilot program will be initiated to encourage Pharmacists to intervene with prescribers.

OSC | 11
Ohio Safety Congress & Expo

Contacts

- o SXC Health Solutions: To contact BWC's PBM, call **1-800-OHIOBWC**, and follow the prompts.
- o BWC Pharmacy Department: Questions or comments about pharmacy benefits can be emailed to Pharmacy.Benefits@bwc.state.oh.us or by mail to: Ohio BWC Pharmacy Department, 30 W. Spring St., L-21, Columbus, OH 43215-2256.
- o MCOs: BWC's PBM does not reimburse for durable medical equipment or medical supplies purchased at a pharmacy, such are paid by the MCO. Call **1-800-OHIOBWC** and follow the prompts for assistance.

OSC | 11
Ohio Safety Congress & Expo

Questions

Thank you

OSC 11
Ohio Safety Congress & Expo

BWC Programs

Looking to reduce costs and protect your work force?

Learn more about BWC's incentive programs and safety services by visiting us online at

ohiobwc.com.

OHIO BWC BILLING AND REIMBURSEMENT MANUAL

CHAPTER 3, SECTION D

OUTPATIENT MEDICATION PRIOR AUTHORIZATION PROGRAM

1. Pharmacy Benefits Manager

SXC Health Solutions is BWC's Pharmacy Benefits Manager (PBM). The PBM processes outpatient medication bills for State-Fund, Black Lung and Marine Industrial Fund claims. The PBM is a single source for accepting and adjudicating prescription drug information and is separate from the Managed Care Organizations (MCOs). This program does not apply to claims managed by self-insured employers. Questions related to self insured claims should be referred to the injured worker's employer.

As part of its responsibilities, the PBM:

- Performs online, point-of-service adjudication of outpatient medication bills with prescription information transmitted electronically between a pharmacy and PBM;
- Enrolls pharmacy providers in a BWC specific network;
- Maintains a prior authorization (PA) system for certain outpatient medications identified by BWC and
- Utilizes reviewediting for prescribed medications.

2. Prior Authorization

BWC requires injured workers to get prior authorization for certain drugs not typically used to treat work-related injuries or illnesses (when there is not an allowed condition in the claim that is included among the FDA-approved uses of the prescribed drug). The PBM processes prior authorization requests. The prescribing physician is required to complete the *Request for Prior Authorization of Medication Form* (MEDCO-31) to document the relationship between the prescribed drug and the allowed condition(s) in an injured worker's claim. In surgical situations where medications are needed but are denied in the claim, the request form can be submitted to the PBM prior to the scheduled surgery and an authorization can be granted with a thirty (30) day fill limit. The Prior Authorization Medication List and Form may be accessed through www.ohiobwc.com under Medical Provider and then Services, or call 1-800-OHIOBWC, and follow the prompts. If you have questions related to a self-insured claim, please contact the employer. Injured workers with self-insured claims should have cards with employer contact information.

3. Generic and Brand Name Drugs

Injured workers who request a brand name drug for a medication which has an applicable maximum allowable cost (MAC) price shall have, the following options available:

- The physician agrees that a generic drug may be dispensed
- The physician prescribes a different drug
- The brand name drug is dispensed and the injured worker pays the difference in price between the generic MAC price and the brand name drug requested.

Even if the physician writes dispense as written or DAW on the prescription, or otherwise indicates that the brand name form of the prescribed drug is medically necessary, the injured worker will be responsible for the cost difference between the established maximum allowable cost price of the drug product and the average wholesale price plus or minus the bureau established percentage of the dispensed brand name drug.

4. Other Drug Coverage Issues or Limitations

Compounded medications - BWC will reimburse providers for compounded medications purchased at a pharmacy through the MCO. The provider is required to submit medication invoicing to support and determine payment reimbursement upon request.

Ketorolac Tablets- There is a quantity limit of 20 tablets or five-day supply (whichever is fewer) as a one-time prescription for the duration of the claim.

Lidoderm® (lidocaine) - BWC will only consider reimbursement for this drug when a diagnosis of **post-herpetic neuralgia** is recognized as an allowed condition in the injured worker's claim. Post-herpetic neuralgia is the sole FDA-approved indication for this drug.

Actiq® (fentanyl citrate transmucosal) and Fentora® (fentanyl buccal tablet) - BWC will only consider reimbursement for this drug when a diagnosis of **malignancy** is recognized as an allowed condition in the claim. Oral transmucosal fentanyl is indicated only for the management of breakthrough cancer pain in patients with malignancies already receiving and tolerant of opioid therapy for their underlying persistent cancer pain.

Antibiotic medications: Payment of covered antibiotics will be approved in BWC claims with allowed infectious conditions in all claims within 30 days of the date of injury. For the treatment of allowed non-infections conditions, a MEDCO31 Prior Authorization Request form can be submitted to the PBM for consideration. For post surgical situations, there is a thirty (30) day fill limit. Reimbursement approval can be obtained two ways:

- a. The injured worker can inform the pharmacy of the surgery and the pharmacy can submit an emergency override at the point of service.
- b. Prior to a BWC approved scheduled surgery, the physician can submit a MEDCO31 Prior Authorization Request form to the PBM and include the specific date of the surgery for consideration. Additionally, the form can also be used to request pain medication or other post-surgically related medications that may be needed which are denied in the claim, a thirty (30) day fill limit would apply.

COVERED ANTIBIOTICS
PENICILLIN V (BASE) TAB 250 MG & 500 MG
AMOXICILLIN (TRIHYDRATE) CAP 250 MG & 500 MG & 875 MG
DICLOXACILLIN SODIUM CAP 250 MG & 500 MG
AMOXICILLIN & K CLAVULANATE TAB 250-125 MG, 500-125 MG, 875-125MG
CEFADROXIL CAP 500 MG
CEPHALEXIN CAP 250 MG & 500 MG & 750 MG
CEFPROZIL TAB 250 MG & 500 MG
CEFUROXIME AXETIL TAB 250 MG & 500 MG
CEFDINIR CAP 300 MG
CEFIXIME TAB 200 MG & 400 MG
CEFPODOXIME PROXETIL TAB 100 MG & 200 MG
CLARITHROMYCIN TAB 250 MG & 500 MG
ERYTHROMYCIN TAB 250 MG & 500 MG
ERYTHROMYCIN TAB DELAYED RELEASE 250 MG, 333 MG, 500 MG
ERYTHROMYCIN W/ ENTERIC COATED PARTICLES CAP 125 MG & 333 MG
ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG
CLINDAMYCIN HCL CAP 150 MG & 300 MG

AZITHROMYCIN TAB 250 MG & 500 MG & 600 MG, AZITHROMYCIN PACK
DOXYCYCLINE HYCLATE CAP 100 MG
TETRACYCLINE HCL CAP 250 MG & 500 MG
CIPROFLOXACIN TAB 250 MG & 500 MG & 750 MG
LEVOFLOXACIN TAB 250 MG & 500 MG & 750 MG
VALACYCLOVIR HCL TAB 500 MG
METRONIDAZOLE TAB 250 MG & 500 MG
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG, 800-160 MG
MACROBID 100 MG CAPSULE

5. Contacts

SXC Health Solutions: BWC's PBM is prepared to answer inquiries from injured workers and employers regarding the Outpatient Medication Prior Authorization Program. To contact SXC, call **1-800-OHIOBWC**, and follow the prompts.

BWC Pharmacy Department: Providers, injured workers, employers and their representatives may send questions or comments about pharmacy benefits to BWC's Pharmacy Department at Pharmacy.Benefits@bwc.state.oh.us or by mail to: Ohio Bureau of Workers' Compensation, Pharmacy Department, 30 W. Spring St. , L-21, Columbus, OH 43215-2256.

MCOs: Since BWC's PBM does not reimburse for durable medical equipment or medical supplies purchased at a pharmacy, the injured worker's MCO needs to be contacted regarding these services. To contact the correct MCO using the injured worker's claim number, contact a BWC Call Center Agent at 1-800-OHIOBWC or log on to ohiobwc.com, select Medical Providers and then Services.

6. Eligible Providers

Only those providers designated as pharmacy provider are eligible to receive reimbursement for medications dispensed to injured workers. A provider who meets all the following criteria and submits a W9 to BWC can obtain a pharmacy provider designation and provider number:

- Has a valid Terminal Distributor of Dangerous Drugs license if located within Ohio; or an equivalent state license if located outside of Ohio;
- Has a valid Drug Enforcement Agency (DEA) registration
- Has a licensed registered pharmacist in full and actual charge of a pharmacy;
- Has the ability to submit required bill data at the time of service to BWC's pharmacy benefit manager or bill processor using on line bill adjudication, at the point of service.
- Has a signed Provider agreement with the PBM to provide outpatient medication services to Ohio injured workers and be eligible for reimbursement

All state and federal laws relating to the practice of pharmacy and the dispensing of medication by a duly licensed pharmacist must be observed.

BWC requires pharmacy providers to:

- Maintain a signature log verifying receipt by the injured worker of applicable covered services.
- Include prescriber information within bills submitted electronically to the PBM for payment. Pharmacy bills submitted with missing or invalid information will be rejected for payment.
 - Non-controlled drugs require the prescriber's National Prescriber Identification (NPI).

- Controlled drugs require the prescriber's Drug Enforcement Administration (DEA) number.

Non-pharmacy providers are not eligible for reimbursement for outpatient medications supplied to injured workers. Drugs supplied to an injured worker in a physician's office are not considered outpatient medication and are not reimbursed by either the PBM or MCOs. Medications supplied to an injured worker during an outpatient hospital visit are billed using the appropriate revenue center codes on the approved hospital bill form.

7. Injectable and Compounded Medication

Physicians permitted to administer injectable medications may seek reimbursement for medications administered to an injured worker through the MCO. Medication invoicing to support and determine payment reimbursement may be requested by the MCO and must be submitted upon request.

A compounded drug is a blend of drugs combined (compounded) by a pharmacist or physician. These medications contain pharmaceuticals in dosage forms and combinations that are not commercially available. Compounded medications do not have a National Drug Code (NDC) number, an average sale price or an average wholesale price.

The Healthcare Common Procedure Coding System (HCPCS) J codes for the individual drugs used in formulating the compounded medication do not accurately reflect the compounded drug. Do not submit the specific HCPCS J codes for the individual drugs used in the compounded formulation on provider bills. Billing with the HCPCS J codes for the individual drugs used on the compounded medication generally results in excessive reimbursement amounts and/or delayed reimbursement.

Providers must submit HCPCS code J3490 (unclassified drug) for reimbursement of compounded medication. Reimbursable costs include usual, customary and reasonable expenses for specific doses and volumes of drugs and diluents used to prepare the compound as well as prorated expenses for acquisition of drugs (i.e., mailing, storage). When requested by an MCO or BWC, providers are required to provide an invoice of itemized costs to facilitate proper bill processing. This invoice must include the NDC number for all drugs and diluents used to prepare the final compound. Reimbursement for compounded drugs is negotiated. The reimbursement amount provided by BWC, typically, should not be greater than 120 percent of the provider's actual cost of the compounded medication per the itemized invoice and any documented prorated expenses.

8. Covered Services

Medications must be prescribed by the treating physician or physician of record (POR) to the industrial claim. FDA-approved legend and over-the-counter (OTC) drugs prescribed by the POR for an allowed compensable injury or disease are reimbursable by BWC. BWC will also reimburse medication prescribed for the treatment of an allowed compensable injury or occupational disease if the medicine prescribed is approved or widely accepted as a treatment for the allowed condition. The pharmacist or supplying physician may verify the allowed conditions in a claim by logging on to www.ohiobwc.com or by calling 1-800-OHIOBWC (1-800-644-6292).

9. Non-Covered Services

BWC will not approve payment for:

- Treatment for conditions/diseases unrelated to the allowed conditions of the claim.
- Samples or other medications dispensed by the treating physician.
- Experimental or investigative drugs.
- Medications that are not approved for use in the United States
- Injectable drugs which are not intended to be self-administered or for at-home use by the injured worker or which are to be administered by the physician or in a physician's office.
- Drugs administered via iontophoresis. The drugs are delivered/administered to the patient in a provider's office/facility and, as a result, are not outpatient drugs. The provider of the iontophoresis treatment may pay the pharmacy provider directly for the cost for the drug being administered and bundle the cost of the drug with the charge for the procedure. Or, the pharmacy provider may bill the drug using code J3490-unclassified drugs in addition to the provider billing for the iontophoresis procedure. Either way, the MCO responsible for the claim will determine reimbursement eligibility based on its policy.
- Herbal products/ nutritional supplements; New or existing drug products that have been designated for review or not approved by the BWC Pharmacy and Therapeutics Subcommittee.
- Not Covered Drug Products- Each of the drug products listed as "Not Reimbursable", are available in other dosage forms and/or strengths that are either preferred or, in the case of carisoprodol, available with prior authorization.

Not Reimbursable	Preferred
Zanaflex® Capsules (tizanidine)	Tizanidine 2mg & 4mg Tablets
Amrix® ER Capsules (cyclobenzaprine)	Cyclobenzaprine 5mg & 10mg Tablets

FDA approved prescription smoking deterrent drugs- BWC does not reimburse FDA approved prescription smoking deterrent drugs dispensed by a pharmacy provider. BWC and the MCO may consider reimbursement of these drugs only when used as part of an approved smoking cessation program.

Weight Control Drugs- BWC does not reimburse for weight control/loss drugs dispensed by a pharmacy provider. BWC and the MCO may consider reimbursement of weight control/loss drugs only when used as part of an approved/accredited weight control program.

10. Billing

Existing Claims

Pharmacy providers are expected to submit bills for outpatient medications at the point-of-service in all claims, including situations prior to a BWC claim number being assigned. In order to submit a bill at the point-of-service, the pharmacist must transmit at least two of the following three items, along with the other billing information, to the PBM:

- BWC claim number;
- Social Security number;
- Date of injury.

All bills are paid according to the BWC fee schedule. Therefore, when the injured worker has paid for the prescription in full (i.e., an amount greater than the fee schedule) and then seeks reimbursement, the injured worker is responsible for the difference between the price paid and

the fee schedule amount. It is in the best interest of the injured worker for the pharmacy to submit the bill(s) for outpatient medication to the PBM electronically.

New Claims - Captured/Suspended Bills

If there is no claim found in the eligibility file that matches the submitted eligibility data elements, or the matched claim is not in a pending claim status, the PBM will reject the bill and return a message to the pharmacist that indicates the current claim status and also the amount that would be allowed per BWC's fee schedule should the medication be allowed. At this point, the pharmacist has 2 options:

1) Accept assignment

At the pharmacist's discretion, they can elect to accept assignment and not charge the alleged injured worker. If the pharmacist wants to accept assignment, he/she must resubmit the bill to the PBM with the Prior Authorization code of 999000000. The co-payment field will default to \$0.00, and the alleged injured worker is supplied the medication at no charge. The bill information is then captured and suspended by the PBM.

The PBM will review all bills in a captured/suspended bill status on their system daily, and if a claim is found that matches the submitted eligibility information that is in an ALLOWED status, the bill is adjudicated and paid to the PHARMACY based on the PA code of 999000000. If the claim is DISALLOWED, the bill will be denied and removed from the suspended bill file. If the bill is paid, the pharmacy will receive an additional fee of \$2.50 as payment for the risk associated with accepting assignment of the prescription.

2) Charge the injured worker:

The pharmacist should inform the alleged injured worker of the amount that he/she would have to pay in order to receive the medication which is the amount that was returned to the pharmacist when the initial submittal was denied. If the alleged injured worker agrees to pay for the medication, the pharmacist must then resubmit the bill information to the PBM with a Prior Authorization Code of 888000000. The PBM will capture the bill information and return the amount to be paid by the alleged injured worker in the co-payment field on the prescription receipt.

The PBM will review all bills in a captured and suspended bill status within their system daily, and if a claim is found that matches the submitted eligibility information that is in an ALLOWED status, the bill is adjudicated and paid to the INJURED WORKER based on the PA code of 888000000. If the claim is DISALLOWED, the bill will be denied and removed from the suspended bill file.

Denied Claims

For claims in a denied status, claims of a self-insured employer or claims of an employer that participates in BWC's \$15,000 Medical Only deductible programs, the PBM notifies the pharmacist prior to the dispensing of the prescribed medication that the payment for the drug will not be made by BWC and is either the patient's responsibility or the employer's.

11. Reimbursement Rates

Single Source/Brand Drug: The lesser of Blue Book Average Wholesale Price (AWP) - 9% + \$3.50 dispensing fee or the provider's Usual and Customary charge. The dispensing fee for prescriptions billed in new claims is \$6.00.

Multi-Source/Generic Drug: The lesser of Centers for Medicare & Medicaid Services (CMS) Federal Upper Limit (CMS FUL), Maximum Allowable Cost (MAC), Blue Book Average Wholesale Price (AWP) - 9%, + \$3.50 dispensing fee, or the provider's Usual and Customary charge.

Accepting Assignment: If the pharmacist accepts assignment as described above, the dispensing fee will be \$6.00.

IMPORTANT: BWC does not distinguish between legend and over-the counter (OTC) medications when determining reimbursement. OTC drugs must be prescribed by a physician licensed to prescribe medications in order for the drug to be considered for reimbursement.

The state fund and self-insuring employers' pharmacy rules both state that the product cost component of payment for prescription drugs shall be AWP plus or minus a percentage. As such, the SI reimbursement rate is consistent with the state fund rate, that is, AWP -9%, plus a dispensing fee of \$3.50.

Self-insuring employers or their contracted PBM vendor may negotiate a lower or higher rate with pharmacy providers, however, pharmacy providers that do not enter into such agreements are entitled to payment at BWC's fee schedule amount and in no cases can the injured worker be balance billed by the provider. The SI employer cannot unilaterally impose a lower fee schedule than the amount allowed under BWC's fee schedule so when an injured worker uses a pharmacy that has not agreed to accept a lower amount, the PBM cannot refuse to accept the bills from the pharmacy or pay them at their network rate. Relatedness editing and increasing the dispensing fee for initial prescriptions in new claims does not apply to Self-Insuring Employers.

12. Supply and Quantity Limits

BWC established maximum days supply and maximum quantity limits for both standard and catastrophic/chronic claim types. A standard claim can only receive the greater of a 34-day supply or 120 units per dispensing. Catastrophic claims may receive up to a 90-day supply with no quantity limitations.

BWC has a \$10,000 maximum per prescription without verification. If a prescribed medication is within the quantity limitations but exceeds \$10,000, the pharmacist must call 1-800-OHIOBWC and follow the options to connect with the PBM to confirm the bill charge.

Antimigraine Drugs (Triptans)- Specific quantity limits were instituted at the drug-form level.

Drug Name	Strength	Max QTY
AMERGE	2.5MG	9
AMERGE	1MG	9
AXERT	12.5MG	12
AXERT	6.25MG	6
FROVA	2.5MG	9

IMITREX	50MG	9
IMITREX	100MG	9
IMITREX	25MG	18
IMITREX	4MG/0.5ML	4
IMITREX	4MG/0.5ML	4
IMITREX NASAL SPRAY	5MG	12
IMITREX NASAL SPRAY	20MG	6
IMITREX PREFILLED SYRINGE	6MG	4
IMITREX SINGLE DOSE VIAL	6MG	5
IMITREX STAT-DOSE KIT	6MG/0.5ML	4
MAXALT	5MG	12
MAXALT	10MG	12
MAXALT MLT	5MG	12
MAXALT MLT	10MG	12
RELPAX	20MG	6
RELPAX	40MG	6
ZOMIG	2.5MG	12
ZOMIG	5MG	6
ZOMIG NASAL SPRAY	5MG	12
ZOMIG ZMT	5MG	6
ZOMIG ZMT	2.5MG	12
TREXIMET	85-500MG	9

13. Erectile Dysfunction/Impotency Drugs

BWC reimburses for the treatment of impotency in cases where impotency (ICD **302.7** or **607.84**) is recognized as an allowed condition in the claim. Reimbursement is limited to thirty (30) dosage units per thirty (30) days of any of the products that are FDA approved to be given on a daily basis. Products that are FDA approved for use as needed are limited to six (6) dosage units per thirty (30) days.

14. Forms

Request for Prior Authorization of Medication (MEDCO-31): This form is used by the prescribing physician to request prior authorization for medications not typically used for industrial injuries or occupational disease. Fax completed MEDCO-31 forms to the PBM's Prior Authorization fax number, which is located at the bottom of the form for processing.

Outpatient Medication Invoice (C-17): Injured workers must use the C-17 form to get reimbursed for prescribed outpatient medication only. Injured workers can obtain all the information needed to complete the C-17 form at their pharmacy. Completed C-17 forms are submitted to the PBM with the medication labels with pricing information or a pharmacy printout with pricing information and the pharmacist's signature. For billing instructions on the (C-17), refer to Billing Instructions, Chapter 4. The invoice must then be mailed to:

**SXC Health Solutions
 PO Box 5226**

Lisle, IL 60532-5226

Note: *Injured workers whose employers are self-insuring should contact their employers for instructions on billing for outpatient medications. SXC Health Solutions is not responsible for processing bills in self-insuring claims.*

Service Invoice (C-19) or CMS 1500: MCOs determine reimbursement eligibility for the following services that may be obtained in a pharmacy: durable medical equipment; disposable medical supplies; and home infusion therapy. Contact the MCO for specific requirements for the use of the C-19 and CMS 1500. Note: BWC began accepting the new CMS-1500 (08/05) Jan. 2, 2007. However, because BWC is not a covered entity under HIPAA, BWC will accept either the 12/90 or the 08/05 version of the CMS-1500.



- The pharmacy can process a point of sale transaction to avoid the need to submit the C-17.
- The attachment of prescription labels with pricing information or a pharmacy printout with pricing information is required. Photocopies are acceptable. Cash register receipts are not sufficient.
- Pharmacist's signature and date are required.
- Injured workers only use this form for reimbursement of outpatient medication.
- There is a two-year statute of limitations for reimbursement.
- If the injured worker uses more than one pharmacy to fill prescriptions, he or she must submit a separate C-17 for each pharmacy.
- Bill medical supplies, durable medical equipment and other non-drug items on a separate invoice to the managed care organization (MCO). To identify the correct MCO, please log on to **ohiobwc.com**, or call **1-800-OHIOBWC**, and listen to the options.
- The amount paid will be pursuant to the approved BWC fee schedule for drugs.
- For drugs that are available generically, BWC will reimburse the maximum allowable cost amount assigned to that drug. If you or your physician requested the brand-name version of a drug when a generic drug was available, BWC will reimburse at the maximum allowable cost for the drug, which is based on the cost of the generic drug.
- Medications, including over-the-counter items, must be prescribed by a medical professional licensed to prescribe drugs and dispensed by a pharmacy provider enrolled with BWC. Drugs purchased from a physician's office for at-home use are not reimbursable.
- Compounded drugs are not reimbursable.
- Mail completed form to:

**SXC Health Solutions
P.O. Box 5226
Lisle, IL 60532-5226**

- For additional information, or if you need help to complete this form, please contact an SXC customer service representative by calling 1-800-OHIOBWC and listening to the options.

Check List

- Is the C-17 filled out completely for processing?
- Have you completed the Injured Worker Information section?
- Has the Injured Worker signed and dated the form?
- Has the pharmacy completed the Pharmacy Information and Prescription Detail sections?
- Has the pharmacist signed and dated the form?
- Have you included pharmacy labels with pricing information or a pharmacy printout with pricing information as required? Cash register receipts are not sufficient.



Injured Worker Information

Date of request	Date of injury	BWC claim number <i>(Required)</i>
Injured worker name <i>(last, first, middle initial)</i>		
Injured worker address <i>(street or PO Box, city, state, and nine-digit ZIP code)</i>		

Pharmacy Information

Pharmacy <i>(name and store number)</i>	NABP/NCPDP number <i>(Required)</i>	Pharmacy phone
Pharmacy address <i>(street or P.O. Box, city, state, and nine-digit ZIP code)</i>		

Prescription Detail

Date Rx written	Prescriber's name	Prescriber NPI number	Prescription number
Date dispensed	National drug code	Drug name, strength and dosage form	
Metric quantity	Estimated days supply	Refill <input type="checkbox"/> YES <input type="checkbox"/> NO	Total charge

Date Rx written	Prescriber's name	Prescriber NPI number	Prescription number
Date dispensed	National drug code	Drug name, strength and dosage form	
Metric quantity	Estimated days supply	Refill <input type="checkbox"/> YES <input type="checkbox"/> NO	Total charge

Date Rx written	Prescriber's name	Prescriber NPI number	Prescription number
Date dispensed	National drug code	Drug name, strength and dosage form	
Metric quantity	Estimated days supply	Refill <input type="checkbox"/> YES <input type="checkbox"/> NO	Total charge

Date Rx written	Prescriber's name	Prescriber NPI number	Prescription number
Date dispensed	National drug code	Drug name, strength and dosage form	
Metric quantity	Estimated days supply	Refill <input type="checkbox"/> YES <input type="checkbox"/> NO	Total charge

Any person who obtains compensation, medical or pharmaceutical benefits from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation, medical or pharmaceutical benefits to which he/she is not entitled, is subject to felony criminal prosecution for fraud. By signing below, I certify I have read and understand the statements above and agree with these conditions.

Injured Worker

I certify below the information on this form is true and correct to the best of my knowledge and belief.

Injured worker's signature <i>(Required)</i>	Date
--	------

Pharmacist

I certify below the information on this form is true and correct to the best of my knowledge and belief.

Pharmacist's signature <i>(Required)</i>	Date
--	------



Instructions

- The prescriber should only complete this form.
- Please fax completed form to 866-213-6066.
- To speak with an SXC customer service representative, please call 877-615-6330.

Injured worker information

Request date	BWC claim number
Injured worker name	
Injured worker date of injury	

Prescriber information

Prescriber	Prescriber NPI
Prescriber phone	Prescriber fax number

Medication requested and conditions being treated (Required)

Medication name	ICD-9 code(s)	ICD-9 code description(s)
1.		
2.		
3.		
4.		

Post surgical medication request

Date of scheduled surgery

Justification for request (Required - attach separate sheet if needed.)

Please document how the medication(s) requested is/are related to the treatment of or the control of symptoms associated with the allowed conditions in the claim.

--

Prescriber signature (required)	Signature date
---------------------------------	----------------

DRUG CLASSES THAT REQUIRE PRIOR AUTHORIZATION

First DataBank Therapeutic Class Code	First DataBank's Drug Class Description	Representative Brand Name Drug (when applicable)	Generic Drug Name
A1A	DIGITALIS GLYCOSIDES	LANOXIN 250 MCG TABLET	DIGOXIN
A2A	ANTIARRHYTHMICS	PACERONE 200 MG TABLET	AMIODARONE HCL
A2C	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	RANEXA 500 MG TABLET	RANOLAZINE
A4A	HYPOTENSIVES, VASODILATORS	APRESOLINE 50MG TABLET	HYDRALAZINE HCL
A4B	HYPOTENSIVES, SYMPATHOLYTIC	CATABRES 0.1 MG TABLET	CLONIDINE HCL
A4C	HYPOTENSIVES, GANGLIONIC BLOCKERS	INVERSINE 2.5MG TABLET	MECAMYLAMINE HCL
A4D	HYPOTENSIVES, ACE INHIBITORS	PRINIVIL 10 MG TABLET	LISINAPRIL
A4F	HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	COZAAR 50 MG TABLET	LOSARTAN POTASSIUM
A4H	ANGIOTENSIN RECEPTOR ANTAGONIST & CALC CHANNEL BLOCKER	EXFORGE 5-160 MG TABLET	AMLODIPINE/VALSARTAN
A4I	ANGIOTENSIN RECEPTOR ANTAGONIST/THIAZIDE DIURETIC COMB	HYZAAR 50-12.5 TABLET	LOSARTAN/HYDROCHLOROTHIAZIDE
A4J	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC 20/12.5 TABLET	LISINAPRIL/HYDROCHLOROTHIAZIDE
A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	LOIREL 5/20 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL
A4T	RENIN INHIBITOR, DIRECT	TEKTURNA 150 MG TABLET	ALISKIREN HEMIFUMARATE
A4Y	HYPOTENSIVES, MISCELLANEOUS	ZIAC 2.5-6.25 MG TABLET	BISOPROLOL/HYDROCHLOROTHIAZIDE
A7B	VASODILATORS, CORONARY	NITROSTAT 0.4 MG TABLET SL	NITROGLYCERIN
A7C	VASODILATORS, PERIPHERAL	PAVABID 150MG CAPSULE SA	PAPAVERINE HCL
A7J	VASODILATORS, COMBINATION	BIDIL TABLET	ISOSORB DINITR/HYDRALAZINE HCL
A9A	CALCIUM CHANNEL BLOCKING AGENTS	NORVASC 5 MG TABLET	AMLODIPINE BESYLATE
B1B	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	TRACLEER 125 MG TABLET	BOSENTAN
B1D	PULM. ANTI-HTN, SEL. C-GMP PHOSPHODIESTERASE 15 INHIB	REVATIO 20 MG TABLET	SILDENAFIL CITRATE
C0D	ANTI-ALCOHOLIC PREPARATIONS	ANTABUSE 250 MG TABLET	DISULFIRAM
C1A	ELECTROLYTE DEPLETERS	PHOSLO 667 MG GELCAP	CALCIUM ACETATE
C1D	POTASSIUM REPLACEMENT	K-DUR 20MEQ TABLET SA	POTASSIUM CHLORIDE
C1F	CALCIUM REPLACEMENT	N/A	CALCIUM CARBONATE/VITAMIN D
C1H	MAGNESIUM SALT'S REPLACEMENT	MAGOX 400 TABLET	MAGNESIUM OXIDE
C1P	PHOSPHATE REPLACEMENT	NEUTRA-PHOS PACKET	NAPHEMB-D8K PH,MBDB
C3B	IRON REPLACEMENT	N/A	FERROUS SULFATE
C3C	ZINC REPLACEMENT	N/A	ZINC SULFATE
C3H	IODINE CONTAINING AGENTS	SSKI 1 GMMML SOLUTION	POTASSIUM IODIDE
C4F	ANTIHYPERGLY. (DPP-4) INHIBITOR & BIGUANIDE COMB.	JANUMET 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL
C4G	INSULINS	LANTUS 100 UNITS/ML VIAL	INSULIN GLARGINE HUM REC ANLOG
C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	SYMLIN 0.6 MG/ML VIAL	PRAMLINTIDE ACETATE
C4I	ANTIHYPERGLY. INCRETIN MIMETIC/GLP-1 RECEPTAGONIST)	BYETTA 10 MG/0.04 ML PEN I	EXENATIDE
C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	JANUVIA 100 MG TABLET	SITAGLIPTIN PHOSPHATE
C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	MICRONASE 5 MG TABLET	GLYBURIDE
C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	GLUCOPHAGE 500 MG TABLET	METFORMIN HCL
C4M	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)	PRECOSE 25 MG TABLET	ACARBOSE
C4N	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	ACTOS 30 MG TABLET	PIOGGLITAZONE HCL
C4R	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE & RELEASE COMB.	AVANDARYL 4 MG-4 MG TABLET	ROSIGLITAZONE/GLIMEPIRIDE
C4S	ANTIHYPERGLYCEMIC, INSULIN-REL STIM & BIGUANIDE COMB.	GLUCOVANCE 9/500 MG TAB	GLYBURIDE/METFORMIN HCL
C4T	ANTIHYPERGLYCEMIC, INSUL-RESP ENHANCER & BIGUANIDE COMB	AVANDAMET 2 MG/500 MG TABLET	ROSIGLITAZONE/METFORMIN HCL
C6A	VITAMIN A PREPARATIONS	N/A	VITAMIN A
C6B	VITAMIN B PREPARATIONS	N/A	VITAMIN B
C6C	VITAMIN C PREPARATIONS	N/A	ASCORBIC ACID
C6D	VITAMIN D PREPARATIONS	N/A	ERGOCALCIFEROL
C6E	VITAMIN E PREPARATIONS	N/A	VITAMIN E
C6F	PRENATAL VITAMIN PREPARATIONS	N/A	PRENATAL VITAMINS
C6G	GERIATRIC VITAMIN PREPARATIONS	N/A	MULTIVITAMINS W/MINERALS
C6H	PEDIATRIC VITAMIN PREPARATIONS	N/A	MULTIVITAMINS W-IRON
C6J	BIOFLAVONOIDS	BIO CITRUS 200MG CAPSULE	PHYTONADIONE
C6K	VITAMIN K PREPARATIONS	MEPHYTON 5 MG TABLET	PHYTONADIONE
C6L	VITAMIN B12 PREPARATIONS	N/A	CYANOCOBALAMIN
C6M	FOLIC ACID PREPARATIONS	FOLIC ACID 1 MG TABLET	FOLIC ACID
C6N	NIACIN PREPARATIONS	NIACIN 100 MG TABLET	NIACIN
C6P	PANTHENOL PREPARATIONS	PANTOTHENIC ACID 500 MG TAB	PANTOTHENIC ACID
C6Q	VITAMIN B6 PREPARATIONS	PYRIDOXINE 50 MG TABLET	PYRIDOXINE HCL
C6R	VITAMIN B2 PREPARATIONS	N/A	RIBOFLAVIN
C6T	VITAMIN B1 PREPARATIONS	N/A	THIAMINE HCL
C6V	PRENATAL VITAMIN PREPARATIONS (CONTINUED 1)	N/A	PRENATAL VITAMINS

DRUG CLASSES THAT REQUIRE PRIOR AUTHORIZATION

First DataBank Therapeutic Class Code	First DataBank's Drug Class Description	Representative Brand Name Drug (when applicable)	Generic Drug Name
C6Z	MULTIVITAMIN PREPARATIONS	N/A	MULTIVITAMINS
C7A	HYPERURICEMIA TX - PURINE INHIBITORS	ZYLORIM 300 MG TABLET	ALLOPURINOL
C7F	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	MEGESTROL ACET 40 MG/ML SUS	MEGESTROL ACETATE
D7A	PERIODONTAL COLLAGENASE INHIBITORS	PERIOSTAT 20MG CAPSULE	DOXYCYCLINE HYCLATE
D7D	DENTAL AIDS AND PREPARATIONS	PERIDEX 0.12% LIQUID	CHLORHEXIDINE GLUCONATE
D2A	FLUORIDE PREPARATIONS	PREVIDENT 1.1% GEL	SODIUM FLUORIDE
D4F	ANTI-ULCER-HYPOLORI AGENTS	PREVPAC PATIENT PACK	LANSOPRAZOLE/AMOX TRICLARITH
D6E	IRRITABLE BOWEL SYND. AGENT 5HT-4 PARTIAL AGONIST	ZEL NORM 6 MG TABLET	TEGASEROD HYDROGEN MALEATE
D8F	DRUG TX-CHRONIC INFLAM. COLON DX. 5-AMINOSALICYLAT	ASACOL 400 MG TABLET EC	MESALAMINE
D8S	LAXATIVES AND CATHARTICS*	COLYTE SOLUTION	SOD SULF/SOD/INAHCO3/KCL/PEG'S
	*ONLY BOWEL EVACUANTS REQUIRE PRIOR AUTHORIZATION		
D7A	BILE SALTS	URSO FORTE 500 MG TABLET	URSODIOL
D7L	BILE SALT SEQUESTRANTS	WELCHOL 625 MG TABLET	COLESEVELAM HCL
D8A	PANCREATIC ENZYMES	CREON 5 CAPSULE EC	AMYLASE/LIPASE/PROTEASE
F7A	ANDROGENIC AGENTS	ANDROGEL 1%(5G) GEL PACKET	TESTOSTERONE
F2A	DRUGS TO TREAT IMPOTENCY	VIAGRA 100 MG TABLET	SILDENAFIL CITRATE
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/TALBUMIN
H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	NAMENDA 10 MG TABLET	MEMANTINE HCL
H2D	BARBITURATES	PHENOBARBITAL 32.4 MG TABLET	PHENOBARBITAL
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	PROVIGIL 200 MG TABLET	MODAFINIL
H3F	ANTIMIGRAINE PREPARATIONS	IMITREX 100 MG TABLET	SUMATRIPTAN SUCCINATE
H6A	ANTI-PARKINSONISM DRUGS OTHER	REQUIP 1 MG TABLET	ROPINIROLE HCL
H6B	ANTI-PARKINSONISM DRUGS ANTICHOLINERGIC	BENZTROPINE MES 1 MG TABLET	BENZTROPINE MESYLATE
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS*	ANZEMET	DOLASETRON MESYLATE
	**ONLY 5 DRUGS LISTED AT RIGHT IN THIS CATEGORY REQUIRE PRIOR AUTHORIZATION		
		KYTRIL	GRANISETRON HCL
		MARINOL	DRONABINOL
		ZOFRAIN	ONDANSETRON HCL
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD), NRI-TYPE	STRATTERA 40 MG CAPSULE	ATOMOXETINE HCL
J1B	CHOLINESTERASE INHIBITORS	ARICEPT 10 MG TABLET	DONEPEZIL HCL
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	ADDERALL 20 MG TABLET	AMPHET ASP/AMPHET/D-AMPHET
J5H	ADRENERGIC VASOPRESSOR AGENTS	PROAMTINE 10 MG TABLET	MIDODRINE HCL
J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	COREG 25 MG TABLET	CARVEDILOL
J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	CARDURA 4 MG TABLET	DOXAZOSIN MESYLATE
J7C	BETA-ADRENERGIC BLOCKING AGENTS	LOPRESSOR 50 MG TABLET	METOPROLOL TARTRATE
J9B	ANTISPASMODIC AGENTS	BELLAMINE-S TABLET	ERGOTAMINE TART/BELLAD ALK/PB
L0C	DIABETIC ULCER PREPARATIONS, TOPICAL	REGANEX 0.01% GEL	BECAPLERMIN
L1A	ANTI-PSORIATICS AGENTS, SYSTEMIC	SORIATANE 25 MG CAPSULE	AGITREIN
L5F	ANTI-PSORIATICS AGENTS	TAZORAC 0.1% CREAM	TAZAROTENE
L5G	ROSACEA AGENTS, TOPICAL	METROCREAM 0.75% CREAM	METRONIDAZOLE
L9D	TOPICAL HYPERPIGMENTATION AGENTS	OXSORALEN 1% LOTION	METHOXSALEN
M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	LIPITOR 20 MG TABLET	ATORVASTATIN CALCIUM
M4E	LIPOTROPICS	TRICOR 145 MG TABLET	FENOFRIBATE NANOCRYSTALLIZED
M4F	LIPOTROPICS (CONTINUED 1)	ZETIA 10 MG TABLET	EZETIMIBE
M4G	HYPERGLYCEMICS	GLUCOSE 15 GEL	DEXTROSE
M4I	ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB	CADUET 10 MG/20 MG TABLET	AMLODIPINE/TORVAST CAL
M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIAICIN	ADVICOR 1,000 MG/20 MG TABL	NIACIN/LOVASTATIN
M4M	ANTIHYPERLIP HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	VYTORIN 10/40 TABLET	EZETIMIBE/SIMVASTATIN
M9P	PLATELET AGGREGATION INHIBITORS	PLAVIX 75 MG TABLET	CLOPIDOGREL BISULFATE
M9S	HEMORRHOLOGIC AGENTS	TRENTAL 400 MG TABLET SA	PENTOXIFYLLINE
N1B	HEMATINICS OTHER	PROCRIT 10000U/ML VIAL	EPOETIN ALFA
P1E	ADRENOGORTICOTROPIC HORMONES	ACTHAR H P GEL 80 UNITS/ML	CORTICOTROPIN
P1F	PITUITARY SUPPRESSIVE AGENTS	PARLODEL 2.5MG TABLET	BROMOCRIPTINE MESYLATE
P2B	ANTI-DIURETIC AND VASOPRESSOR HORMONES	DDAVP 0.01% NASAL SPRAY	DESMOPRESSIN (NONREFRIGERATED)
P3A	THYROID HORMONES	SYNTHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM
P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	FORTEO 750 MCG/3 ML PEN	TERIPARATIDE
P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	ZEMPLAR 1 MCG CAPSULE	PARICALCITOL
P4I	BONE RESORPTION INHIBITORS	FOSAMAX 70 MG TABLET	ALENDRONATE SODIUM
P4M	CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER	SENSIPAR 30 MG TABLET	CINACALCET HCL

DRUG CLASSES THAT REQUIRE PRIOR AUTHORIZATION

First DataBank Therapeutic Class Code	First DataBank's Drug Class Description	Representative Brand Name Drug (when applicable)	Generic Drug Name
P4N	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	FOSAMAX PLUS D 70 MG/2,800	ALENDRONATE SODIUM/VITAMIN D3
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE RECTAL/LOWER BOWEL PREP. GLUCOCORT. (NON-HEMORR)	ACTONEL WITH CALCIUM TABLET RESTASIS 0.05% EYE EMULSION CORTIFOAM 10% AEROSOL	RISEDRON SODIUM/CALCIUM CARBONATE CYCLOSPORINE HYDROCORTISONE ACETATE HC ACETATE/PRAMOXINE HCL
Q3B	HEMORRHOIDAL PREPARATIONS	ANALPRAM HC 2.5% CRM SINGLE	MESALAMINE
Q3E	CHRONIC INFLAM. COLON DX. 5-A-SALICYLATE RECTAL TX	ROWASA 4 GM/60 ML ENEMA	DIBUCAINE
Q3H	HEMORRHOIDALS. LOCAL RECTAL ANESTHETICS	NUPERCAINAL 1% OINTMENT	HC ACETATE/LIDOCAINE HCL
Q3I	HEMORRHOIDAL PREP./ANTI-INFLAM STEROID/LOCAL ANESTH	ANAMANTLE HC FORTIE CREAM KI	BUTOCONAZOLE NITRATE
Q4F	VAGINAL ANTIFUNGALS	GYNAZOLE-1 CREAM	SULFANILAMIDE
Q4S	VAGINAL SULFONAMIDES	AVC 15% CREAM	METRONIDAZOLE
Q4W	VAGINAL ANTIBIOTICS	VANDA ZOLE VAGINAL 0.75% GEL	PIMECROLIMUS
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	ELIDEL 1% CREAM	FLUOROURACIL
Q6N	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS	CARAC CREAM	NEDOCROMIL SODIUM
Q8U	OPHTHALMIC MAST CELL STABILIZERS	ALOCRIL 2% EYE DROPS	IPRATROPIUM BROMIDE
Q7A	NOSE PREPARATIONS. MISCELLANEOUS (RX)	AFRIN 0.05% NOSE SPRAY	OXYMETAZOLINE HCL
Q7D	NOSE PREPARATIONS. VASOCONSTRICTORS(QTIC)	ASTELIN 137 MCG NASAL SPRAY	AZELASTINE HCL
Q7E	NASAL ANTHISTAMINE	NASALCROM 4% SPRAY	CROMOLYN SODIUM
Q7H	NASAL MAST CELL STABILIZERS AGENTS	FLOXASE 0.05% NASAL SPRAY	FLUTICASONNE PROPIONATE
Q7P	NASAL ANTI-INFLAMMATORY STEROIDS	BACTROBAN NASAL 2% OINTMENT	MUPIROCIN CALCIUM
Q7W	NOSE PREPARATIONS ANTIBIOTICS	SALINE NASAL SPRAY	SODIUM CHLORIDE
Q7Y	NOSE PREPARATIONS. MISCELLANEOUS (OTC)	FLONASE 0.4 MG CAPSULE SA	TAMSULOSIN HCL
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	DETROL LA 4 MG CAPSULE SA	TOLTERODINE TARTRATE
R1A	URINARY TRACT ANTISPASMODIC/ANTICONTINENCE AGENT	DIAMOX SEQUELS 500 MG CAP S	ACETAZOLAMIDE
R1E	CARBONIC ANHYDRASE INHIBITORS	HYDRODIURIL 25 MG TABLET	HYDROCHLOROTHIAZIDE
R1F	THIAZIDE AND RELATED DIURETICS	ALDACTONE 25 MG TABLET	SPIRONOLACTONE
R1H	POTASSIUM SPARING DIURETICS	ENBREL 50 MG TABLET	DARIFERENACIN HYDROBROMIDE
R1I	URINARY TRACT ANTISPASMODIC. M3) SELECTIVE ANTAG.	DYAZIDE 37.5/25 CAPSULE	TRIAMTERENE/HYDROCHLOROTHIAZID
R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	LASIX 40 MG TABLET	FUROSEMIDE
R1M	LOOP DIURETICS	UROGIT-K 10 MEQ TABLET SA	POTASSIUM CITRATE
R1S	URINARY PH MODIFIERS	PHENAZOPYRIDINE 200 MG TAB	PHENAZOPYRIDINE HCL
R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGENT (AZO-DYE)	ELMIRON 100MG CAPSULE	PENTOSAN POLYSULFATE SODIUM
R5B	URINARY TRACT ANALGESIC AGENTS	COLCHICINE 0.5 MG TABLET	COLCHICINE
S2A	COLCHICINE	RIDAURA 3 MG CAPSULE	AURANOFIN
S2C	GOLD SALTS	ARTHX D'S CAPSULE	GLUCOSAMINE HCL/CHONDRO SU A
S2H	ANTI-INFLAMMATORY/ANTIARTHRITIS AGENTS. MISC.	ARAVA 20 MG TABLET	LEFLUNOMIDE
S2I	ANTI-INFLAMMATORY. PYRIMIDINE SYNTHESIS INHIBITOR	ENBREL 50 MG/ML SYRINGE	ETAMERCEPT
S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	DEPEN 250 MG TITRATAB	PENICILLAMINE
S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	RHEUMATREX 2.5 MG TABLET	METHOTREXATE SODIUM
S2N	ANTI-ARTHRITIC. FOLATE ANTAGONIST AGENTS	TACLONEX OINTMENT	BETAMET DIPROP/CALCIPOTRIENE
T0A	TOPICAL VIT D ANALOG/ANTIINFLAMMATORY. STEROIDAL	ALTABAX 1% OINTMENT	RETAPAMULIN
T0B	TOPICAL PLEUROMUTILIN DERIVATIVES	CYTOXAN 50 MG TABLET	CYCLOPHOSPHAMIDE
V1A	ALKYLATING AGENTS	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM
V1B	ANTIMEBOLITES	MEGACE 20 MG TABLET	MEGESTROL ACETATE
V1E	STEROID ANTINEOPLASTICS	ARIMIDEX 1 MG TABLET	ANASTROZOLE
V1F	ANTINEOPLASTICS MISCELLANEOUS	AROMASIN 25MG TABLET	EXEMESTANE
V1H	ANTINEOPLASTICS MISCELLANEOUS (CONTINUED 1)	LEUCOVORIN CALCIUM 10MG TAB	LEUCOVORIN CALCIUM
V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	CASODEX 50MG TABLET	BICALUTAMIDE
V1J	ANTIANDROGENIC AGENTS	NOLVADEX 10MG TABLET	TAMOXIFEN CITRATE
V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	ZOVIRAX 400 MG TABLET	ACYCLOVIR
W6A	ANTIVIRALS. GENERAL	EPIVIR HBV 100 MG TABLET	LAMIVUDINE
W6F	HEPATITIS B TREATMENT AGENTS	REBETOL 200 MG CAPSULE	RIBAVIRIN
W6G	HEPATITIS C TREATMENT AGENTS	VALCYTE 450 MG TABLET	VALGANCICLOVIR HYDROCHLORIDE
W6H	ANTIVIRALS. GENERAL (CONTINUED 1)	GELUCEPT 250 MG CAPSULE	MYCOPHENOLATE MOFETIL
Z2E	IMMUNOSUPPRESSIVES	INTRON A 10MMU/ML KIT	INTERFERON ALFA-2B.RECOMB.
Z2G	IMMUNOMODULATORS	XOLAIR 150 MG VIAL	OMALIZUMAB
Z2L	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	ALLEGRA-D 12 HOUR TABLET	P-EPHED HCL/FELOFENADINE HCL
Z2O	2ND GEN ANTHISTAMINE & DECONGESTANT COMBINATIONS	ZYRTEC 10 MG TABLET	CETIRIZINE HCL
Z2Q	ANTIHISTAMINES - 2ND GENERATION	SINGULAIR 10 MG TABLET	MONTELUKAST SODIUM
Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS		

DRUG CLASSES THAT REQUIRE PRIOR AUTHORIZATION

First DataBank Therapeutic Class Code	First DataBank's Drug Class Description	Representative Brand Name Drug (when applicable)	Generic Drug Name
Z4E	5-LIPOXYGENASE INHIBITORS	ZYFLO 600 MG FILMTAB	ZILEUTON
NOTE: BWC RESERVES THE RIGHT TO CHANGE/ADD/REMOVE DRUGS OR DRUG CLASSES FROM THIS LIST WITHOUT NOTICE. DRUG CLASSES NOT LISTED ABOVE MAY STILL REQUIRE PRIOR AUTHORIZATION OR BE CLASSIFIED AS NON-COVERED BY BWC.			