



**April 29, 2015**

**Dear BWC Pharmacy Provider:**

## **First Fill Prescriptions - Effective May 5, 2015**

The First Fill rule allows Ohio Bureau of Workers Compensation to provide immediate coverage for limited quantities of select acute care type medications before formally approving injury claims. This new program replaces the previous Accepting Assignment process.

Pharmacy providers will be reimbursed at the standard fee schedule with a dispensing fee of \$3.50. Unlike the previous Accepting Assignment process, there is no risk to the pharmacy for lost reimbursement due to a denied claim. To be eligible to be submitted as a first fill prescription, the prescriber or their agent must write "work-related injury" on and sign the prescription. Pharmacists and pharmacy interns are permitted to write the phrase and sign telephone prescriptions.

Upon receiving a prescription with the above notation written on it, the pharmacist should submit the prescription as any other BWC prescription (using the Date of Injury and SSN if a Claim number has not been assigned). If the claim has not yet been approved, a reject message will be generated with instructions to consult the first fill list (to determine if the medication is eligible for first fill) and to submit a 444000000 (or 333000000) PA for First Fill depending on the current status of the claim. Following this second submission, if the criteria of first fill rule are met, the prescription will be approved.

### **Key Points:**

- First fill applies only to new injury claims that are in the 14 day employer appeal period from the date of injury.
- Quantities of medications approved will be for 10 days or less of coverage at the most commonly prescribed dosing schedule and will not be refillable. A list of the medications covered under this rule and the maximum quantities that may be dispensed is included with this notice.
- Ohio BWC may, with prior authorization, reimburse the first fill of medications not included on the list in cases of medical necessity. Please consult the first fill list for suitable alternatives before contacting the Catamaran Clinical Call Center at 1-877-615-6330.
- Duplicate medications (same or different) in the same drug group will not be covered. If more than one antiretroviral is prescribed for Post Exposure Prophylaxis of HIV, please call 1-877-615-6330 to obtain a prior authorization.
- The Accepting Assignment process will end 5/05/2015.
- First Fill prescriptions should be entered in the same manner as any other BWC prescription. Custom messaging will direct the pharmacist to resubmit the prescription after consulting the first fill medication list to ensure coverage.
- Sustained release opioids as well as compounded prescriptions are not covered under this rule.

For questions related to the new first fill rule, please contact BWC's pharmacy department at: [Pharmacy.Benefits@bwc.state.oh.us](mailto:Pharmacy.Benefits@bwc.state.oh.us)

**Sincerely,**

**Ohio BWC and Catamaran Provider Relations**

## Ohio BWC - First Fill Medications - Alphabetical - 05/2015

Generic Drug Name and Strength	Dispensing Unit of Measure	Dispensing Units Covered
ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tablet	5
ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	Tablet	30
ACETAMINOPHEN W/ CODEINE TAB 300-80 MG	Tablet	30
ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Gram	18
AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	Tablet	30
AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	Tablet	30
AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	Tablet	30
AMOXICILLIN (TRIHYDRATE) CAP 250 MG	Capsule	30
AMOXICILLIN (TRIHYDRATE) CAP 500 MG	Capsule	30
AMPICILLIN CAP 250 MG	Capsule	30
AMPICILLIN CAP 500 MG	Capsule	30
ARTIFICIAL TEAR OPTH SOLUTION	Milliliter	30
ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	Capsule	10
ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	Capsule	5
AZITHROMYCIN OPTH SOLN 1%	Milliliter	2.5
AZITHROMYCIN TAB 250 MG	Tablet	7
AZITHROMYCIN TAB 500 MG	Tablet	7
BACITRACIN OINT 500 UNIT/GM	Gram	30
BACITRACIN OPTH OINT 500 UNIT/GM	Gram	3.5
BACITRACIN ZINC OINT 500 UNIT/GM	Gram	30
BACITRACIN-POLYMYXIN B OINT	Gram/Packet	30
BACITRACIN-POLYMYXIN B OPTH OINT	Gram	3.5
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINT 1%	Gram	15
BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPTH OINT 1%	Gram	3.5
BESIFLOXACIN HCL OPTH SUSP 0.6% (BASE EQUIV)	Milliliter	5
BETAMETHASONE DIPROPIONATE CREAM 0.05%	Gram	15
BETAMETHASONE VALERATE CREAM 0.1%	Gram	15
BROMFENAC SODIUM OPTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Milliliter	1.7
BROMFENAC SODIUM OPTH SOLN 0.09% (BASE EQUIVALENT)	Milliliter	2.5
CAPSAICIN CREAM 0.025%	Gram	60
CAPSAICIN CREAM 0.035%	Gram	42.5
CAPSAICIN CREAM 0.075%	Gram	60
CAPSAICIN CREAM 0.1%	Gram	42.5
CEFACLOR CAP 250 MG	Capsule	30
CEFACLOR CAP 500 MG	Capsule	30
CEPHALEXIN CAP 250 MG	Capsule	30
CEPHALEXIN CAP 500 MG	Capsule	30
CHLORZOXAZONE TAB 500 MG	Tablet	30
CIPROFLOXACIN HCL OPTH OINT 0.3%	Gram	3.5
CIPROFLOXACIN HCL OPTH SOLN 0.3%	Milliliter	5
CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tablet	14
CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tablet	14
CLINDAMYCIN HCL CAP 150 MG	Capsule	30
CLINDAMYCIN HCL CAP 300 MG	Capsule	30
CLOBETASOL PROPIONATE CREAM 0.05%	Gram	15
COLLAGENASE OINT 250 UNIT/GM (SANTYL)	Gram	30
CYCLOBENZAPRINE HCL TAB 10 MG	Tablet	30
DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Capsule	20
DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Capsule	20
DALTEPARIN SODIUM INJ 10000 UNIT/ML	Milliliter	5
DALTEPARIN SODIUM INJ 12500 UNIT/0.5ML	Milliliter	2.5
DALTEPARIN SODIUM INJ 15000 UNIT/0.6ML	Milliliter	3
DALTEPARIN SODIUM INJ 18000 UNIT/0.72ML	Milliliter	3.6
DALTEPARIN SODIUM INJ 2500 UNIT/0.2ML	Milliliter	1
DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML	Milliliter	1
DEXAMETHASONE OPTH SUSP 0.1%	Milliliter	5
DEXAMETHASONE SODIUM PHOSPHATE OPTH SOLN 0.1%	Milliliter	5
DEXAMETHASONE TAB 0.5 MG	Tablet	20
DEXAMETHASONE TAB 0.75 MG	Tablet	20
DEXAMETHASONE TAB 1.5 MG TAPER PACK	Tablet	35
DEXAMETHASONE TAB 4 MG	Tablet	20
DICLOFENAC POTASSIUM CAP 25 MG	Tablet	30
DICLOFENAC POTASSIUM TAB 50 MG	Tablet	30
DICLOFENAC SODIUM OPTH SOLN 0.1%	Milliliter	2.5
DIFLUPREDNATE OPTH EMULSION 0.05%	Milliliter	5
DIPHENHYDRAMINE HCL CREAM 2%	Gram	30
DIPHENHYDRAMINE HCL TAB 25 MG	Tablet	30
DOXYCYCLINE HYCLATE CAP 100 MG	Capsule	14
DOXYCYCLINE HYCLATE CAP 50 MG	Capsule	14
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Tablet	5
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	Tablet	5
ENOXAPARIN SODIUM INJ 100 MG/ML	Milliliter	1
ENOXAPARIN SODIUM INJ 120 MG/0.8ML	Milliliter	8
ENOXAPARIN SODIUM INJ 150 MG/ML	Milliliter	1
ENOXAPARIN SODIUM INJ 30 MG/0.3ML	Milliliter	3
ENOXAPARIN SODIUM INJ 300 MG/3ML	Milliliter	30
ENOXAPARIN SODIUM INJ 40 MG/0.4ML	Milliliter	4
ENOXAPARIN SODIUM INJ 60 MG/0.6ML	Milliliter	6

## Ohio BWC - First Fill Medications - Alphabetical - 05/2015

Generic Drug Name and Strength	Dispensing Unit of Measure	Dispensing Units Covered
ENOXAPARIN SODIUM INJ 80 MG/0.8ML	Milliliter	8
ERYTHROMYCIN OPHTH OINT 5 MG/GM	Gram	3.5
ERYTHROMYCIN TAB 250 MG	Tablet	30
ERYTHROMYCIN TAB 600 MG	Tablet	30
ETODOLAC TAB 400 MG	Tablet	30
ETODOLAC TAB 500 MG	Tablet	30
FAMOTIDINE TAB 10 MG	Tablet	30
FENOPROFEN CALCIUM TAB 800 MG	Tablet	30
FLUOCINOLONE ACETONIDE CREAM 0.01%	Gram	15
FLUOCINOLONE ACETONIDE CREAM 0.025%	Gram	15
FLUOCINONIDE CREAM 0.05%	Gram	15
FLUOCINONIDE CREAM 0.1%	Gram	30
FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%	Milliliter	5
FLUOROMETHOLONE OPHTH OINT 0.1%	Gram	3.5
FLUOROMETHOLONE OPHTH SUSP 0.1%	Milliliter	5
FLUOROMETHOLONE OPHTH SUSP 0.25%	Milliliter	5
FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	Milliliter	2.5
FLUTICASONE PROPIONATE CREAM 0.05%	Gram	15
FONDAPARINUX SODIUM INJ 10 MG/0.8ML	Milliliter	4
FONDAPARINUX SODIUM INJ 2.5 MG/0.5ML	Milliliter	2.5
FONDAPARINUX SODIUM INJ 5 MG/0.4ML	Milliliter	2
FONDAPARINUX SODIUM INJ 7.5 MG/0.6ML	Milliliter	3
GATIFLOXACIN OPHTH SOLN 0.5%	Milliliter	2.5
GEMIFLOXACIN MESYLATE TAB 320 MG (BASE EQUIV)	Tablet	7
GENTAMICIN SULFATE CREAM 0.1%	Gram	15
GENTAMICIN SULFATE OINT 0.1%	Gram	15
GENTAMICIN SULFATE OPHTH OINT 0.3%	Gram	3.5
GENTAMICIN SULFATE OPHTH SOLN 0.3%	Milliliter	5
GENTAMICIN-PREDNISOLONE ACE OPHTH SUSP 0.3-1%	Milliliter	5
HALCINONIDE CREAM 0.1%	Gram	30
HALOBETASOL PROPIONATE CREAM 0.05%	Gram	15
HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML	Milliliter	10
HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Milliliter	10
HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML	Milliliter	5
HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tablet	30
HYDROCORTISONE BUTYRATE CREAM 0.1%	Gram	15
HYDROCORTISONE CREAM 0.5%	Gram	30
HYDROCORTISONE CREAM 1%	Gram	30
HYDROCORTISONE CREAM 2.5%	Gram	30
HYDROCORTISONE PROBUTATE CREAM 0.1%	Gram	15
HYDROCORTISONE TAB 5 MG	Tablet	30
HYDROCORTISONE VALERATE CREAM 0.2%	Gram	15
HYDROXYZINE HCL TAB 10 MG	Tablet	15
IBUPROFEN SUSP 100 MG/5ML	Milliliter	120
IBUPROFEN TAB 200 MG	Tablet	30
IBUPROFEN TAB 400 MG	Tablet	30
IBUPROFEN TAB 600 MG	Tablet	30
IBUPROFEN TAB 800 MG	Tablet	30
INDINAVIR SULFATE CAP 400 MG	Capsule	30
INDOMETHACIN CAP 25 MG	Capsule	30
KETOPROFEN CAP 50 MG	Capsule	30
KETOPROFEN CAP 75 MG	Capsule	30
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Milliliter	5
KETOROLAC TROMETHAMINE OPHTH SOLN 0.45%	Each	30
KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Milliliter	3
KETOROLAC TROMETHAMINE TAB 10 MG	Tablet	20
LAMIVUDINE TAB 150 MG	Tablet	10
LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Tablet	10
LEVOFLOXACIN OPHTH SOLN 0.5%	Milliliter	5
LEVOFLOXACIN TAB 250 MG	Tablet	7
LEVOFLOXACIN TAB 500 MG	Tablet	7
LIDOCAINE CREAM 4%	Gram	30
LIDOCAINE HCL CREAM 3%	Gram	30
LINEZOLID TAB 600 MG	Tablet	14
LOPINAVIR-RITONAVIR TAB 200-50 MG	Tablet	20
LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	Gram	6
LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	Gram	3.5
LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Milliliter	5
LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Milliliter	5
LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	Milliliter	5
MECLOFENAMATE SODIUM CAP 50 MG	Capsule	30
MELOXICAM TAB 7.5 MG	Tablet	20
METHOCARBAMOL TAB 500 MG	Tablet	30
METHYLPREDNISOLONE TAB 4 MG	Tablet	30
METHYLPREDNISOLONE TAB 4 MG DOSE PACK	Tablet	21
METRONIDAZOLE TAB 250 MG	Tablet	30
METRONIDAZOLE TAB 500 MG	Tablet	30
MOMETASONE FUROATE CREAM 0.1%	Gram	15
MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Milliliter	3

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Generic Drug Name and Strength	Dispensing Unit of Measure	Dispensing Units Covered
MOXIFLOXACIN HCL OPTH SOLN 0.5% (BASE EQUIV)	Milliliter	3
MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	Tablet	7
MUPIROCIIN OINT 2%	Gram	22
NABUMETONE TAB 500 MG	Tablet	20
NABUMETONE TAB 750 MG	Tablet	20
NAPROXEN SODIUM TAB 220 MG	Tablet	30
NAPROXEN SODIUM TAB 275 MG	Tablet	30
NAPROXEN SODIUM TAB 550 MG	Tablet	30
NAPROXEN TAB 250 MG	Tablet	30
NAPROXEN TAB 500 MG	Tablet	30
NATAMYCIN OPTH SUSP 5%	Milliliter	15
NELFINAVIR MESYLATE TAB 625 MG	Tablet	30
NEOMYCIN-BACITRACIN-POLYMYXIN 5(3.5)MG-400UNT-10000UNT OP OIN	Gram	3.5
NEOMYCIN-BACITRACIN-POLYMYXIN OINT	Gram/Package	30
NEOMYCIN-BACITRACIN-POLYMYXIN-PRAMOXINE OINT 1%	Gram	30
NEOMYCIN-POLYMYXIN B-GRAMICIDIN OPTH SOLN	Milliliter	10
NEOMYCIN-POLYMYXIN W/ PRAMOXINE CREAM 1%	Gram	30
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPTH OINT 0.1%	Gram	3.5
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPTH SUSP 0.1%	Milliliter	5
NEOMYCIN-POLYMYXIN-HC CREAM 0.5%	Gram	7.5
NEOMYCIN-POLYMYXIN-HC OPTH SUSP	Milliliter	7.5
NEPAFENAC OPTH SUSP 0.1%	Milliliter	3
OFLOXACIN OPTH SOLN 0.3%	Milliliter	5
OFLOXACIN TAB 400 MG	Tablet	14
OXAPROZIN TAB 600 MG	Tablet	30
OXYCODONE HCL TAB 5 MG	Tablet	30
OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tablet	30
PENICILLIN V POTASSIUM TAB 250 MG	Tablet	30
PENICILLIN V POTASSIUM TAB 500 MG	Tablet	30
PIROXICAM CAP 10 MG	Capsule	20
PIROXICAM CAP 20 MG	Capsule	10
POLYMYXIN B-TRIMETHOPRIM OPTH SOLN 10000 UNIT/ML-0.1%	Milliliter	10
PREDNISOLONE ACETATE OPTH SUSP 0.12%	Milliliter	5
PREDNISOLONE ACETATE OPTH SUSP 1%	Milliliter	5
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1%	Milliliter	10
PREDNISOLONE TAB 5 MG	Tablet	30
PREDNISOLONE TAB 5 MG DOSE PACK	Tablet	21
PREDNISONE TAB 10 MG	Tablet	30
PREDNISONE TAB 10 MG DOSE PACK	Tablet	21
PREDNISONE TAB 20 MG	Tablet	15
PREDNISONE TAB 5 MG	Tablet	30
PREDNISONE TAB 5 MG DOSE PACK	Tablet	21
PROMETHAZINE HCL TAB 25 MG	Tablet	20
RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	Tablet	10
RANITIDINE HCL TAB 150 MG	Tablet	30
RIMEXOLONE OPTH SUSP 1%	Milliliter	5
RITONAVIR TAB 100 MG	Tablet	30
RIVAROXABAN TAB 10 MG	Tablet	10
RIVAROXABAN TAB 15 MG	Tablet	20
RIVAROXABAN TAB 20 MG	Tablet	10
SILVER SULFADIAZINE CREAM 1%	Gram	80
SULFACETAMIDE SODIUM OPTH SOLN 10%	Milliliter	10
SULFACETAMIDE SODIUM-PREDNISOLONE OPTH OINT 10-0.2%	Gram	3.5
SULFACETAMIDE SODIUM-PREDNISOLONE OPTH SOLN 10-0.23(0.25)%	Milliliter	5
SULFACETAMIDE SODIUM-PREDNISOLONE OPTH SUSP 10-0.2%	Milliliter	5
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tablet	14
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tablet	14
SULINDAC TAB 150 MG	Tablet	10
SULINDAC TAB 200 MG	Tablet	10
TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	Tablet	5
TETRACYCLINE HCL CAP 250 MG	Capsule	30
TETRACYCLINE HCL CAP 500 MG	Capsule	30
TIZANIDINE HCL TAB 4 MG	Tablet	30
TOBRAMYCIN SULFATE OPTH OINT 0.3%	Gram	3.5
TOBRAMYCIN SULFATE OPTH SOLN 0.3%	Milliliter	5
TOBRAMYCIN-DEXAMETHASONE OPTH OINT 0.3-0.1%	Gram	3.5
TOBRAMYCIN-DEXAMETHASONE OPTH SUSP 0.3-0.05%	Milliliter	5
TOBRAMYCIN-DEXAMETHASONE OPTH SUSP 0.3-0.1%	Milliliter	2.5
TOLMETIN SODIUM CAP 400 MG	Capsule	30
TOLMETIN SODIUM TAB 200 MG	Tablet	30
TOLMETIN SODIUM TAB 600 MG	Tablet	30
TRAMADOL HCL TAB 50 MG	Tablet	30
TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	Tablet	30
TRIAMCINOLONE ACETONIDE CREAM 0.025%	Gram	15
TRIAMCINOLONE ACETONIDE CREAM 0.1%	Gram	15
TRIAMCINOLONE ACETONIDE CREAM 0.5%	Gram	15
VALACYCLOVIR HCL TAB 600 MG	Tablet	20
WARFARIN SODIUM TAB 1 MG	Tablet	30
WARFARIN SODIUM TAB 10 MG	Tablet	30

**Ohio BWC - First Fill Medications - Alphabetical - 05/2015**

Generic Drug Name and Strength	Dispensing Unit of Measure	Dispensing Units Covered
WARFARIN SODIUM TAB 2 MG	Tablet	30
WARFARIN SODIUM TAB 2.5 MG	Tablet	30
WARFARIN SODIUM TAB 3 MG	Tablet	30
WARFARIN SODIUM TAB 4 MG	Tablet	30
WARFARIN SODIUM TAB 5 MG	Tablet	30
WARFARIN SODIUM TAB 6 MG	Tablet	30
WARFARIN SODIUM TAB 7.5 MG	Tablet	30
ZIDOVUDINE TAB 300 MG	Tablet	10