

Brand Medically Necessary Drugs That Require Prior Authorization

The following table lists brand medically necessary drugs that require prior authorization (PA). This policy was effective April 1, 2005. Effective for dates of service on and after July 1, 2008, when a brand medically necessary prescription is written, prescribers are required to complete the revised Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) F-11083 (10/08). Please submit the PA/BMNA with the prescription to the pharmacy. The PA/BMNA is found at <https://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage>.

Note: This table includes BadgerCare Plus's most current information and may be updated periodically. All drugs listed in this table are registered or trademarked by the manufacturer. (Revised 1/09)

<u>A</u>	Axid	Cefzil	Deltasone
Accupril	Azulfidine	Celexa Solution*	Demadex
Accuretic		Cerebyx	Depakene
Accutane	<u>B</u>	Chloroptic	Depakote
Achromycin	Bactocill	Ciloxan	Depo-Provera Vial
Actifed	Bactrim, DS	Cipro, XR	Desowen
Actigall	Bactroban	Cleocin	Desyrel
Actiq	Bancap HC*	Cleocin Phosphate	Dexedrine, Spansule
Adalat CC	Benadryl	Cleocin T	Diabinese
Adderall	Bentyl*	Climara	Diamox, Sequels
Adipex-P	Benzac	Clinoril	Didronel
Adoxa	Benziq	Clozaril***	Diflucan
Agrylin	Betagan	Cogentin	Dilacor XR**
Aldactazide	Betapace	Colazal	Dilantin
Aldactone	Biaxin, XL	Coly-Mycin M	Dilantin Kapseal
Aldomet	Bionect	Combunox	Dilaudid, HP
Alphagan	Blocadren	Compazine	Diprolene*
Altace	Brethine	Copegus	Diprolene AF*
Amaryl	Brevoxyl Wash	Cordarone	Diprosone*
Ambien	Bumex	Coreg	Ditropan
Amikin	Buspar	Corgard	Ditropan XL
Amoxil	Butisol Sodium Elixir	Cortisporin	Diuril
Anafranil		Cosopt	Dolobid
Anaprox	<u>C</u>	Coumadin	Dolophine HCL
Ansaid	Cafcit	Cutivate	Doryx*
Antivert	Calan	Cyclogyl	Dostinex
Anturane	Calciferol	Cytotec	Dovonex
Apresoline	Capoten		Drisdol
Arava**	Capozide	<u>D</u>	Duoneb
Aristocort	Carafate**	Dalmane	Duragesic Patch
Aristocort A	Cardene	Danocrine*	Duricef**
Artane	Cardizem**	Dantrium	Dyazide
Atarax	Cardura	Darvocet N 50	
Ativan	Cataflam	Darvocet N 100	<u>E</u>
Atrovent	Catapres	Daypro	EC-Naprosyn
Augmentin	Ceclor	DDAVP*	E.E.S.
Aventyl*	Ceftin**	Decadron	Effexor

Elimite	Imuran	Marinol	Ocupress
Elavil	Inderal, LA	Maxitrol	Ogen
Elocon*	Inderide	Maxzide	Olux
Equanil	Indocin	Medrol	Omnicef
Eryc*	Inspra	Megace	Ophthaine
Erycette	Intal_Neb Soln*	Mellaril	Optipranolol
Erygel**	Isoptin	Mestinon	Orudis
Eryped	Isoptin SR	Metaglip	Oxandrin
Esgic-Plus*	Isopto Atropine Drops	Metrocream**	Oxyir
Eskalith	Isordil	Metrogel**	
Estrace**		Metro lotion**	P
Eulexin*	K	Mevacor	Pamelor
	K-Dur*	Miacalcin	Pamine Forte
F	Keflex	Micro K*	Parafon Forte DSC
Famvir	Kenalog	Micronase	Parcopa
Feldene	Kenalog with Orabase	Microzide	Parlodel
Fioricet	Keppra	Miltown	Paxil, CR
Fiorinal	Kerlone**	Minipress	Pediazole
Flagyl	Klonopin, Wafer	Minocin	Penlac
Flexeril	Kytril	Miralax Powder	Pentam*
Flonase		Mobic	Pepcid
Florinef	L	Moduretic	Percocet
Floxin, Otic	Lac Hydrin	Monoket	Percodan
Flumadine*	Lamisil	Monopril	Percolone
FML	Lanoxin	Motrin	Periactin
Fortaz	Lasix*	MS Contin	Peridex*
Fosamax	Lidex*	Mucomyst	Periostat
Fulvicin P/G*	Lidex E**	Mycelex Troche	Persantine
Fungizone	Limbitrol	Mycolog II	Phenergan
Furacin	Limbitrol DS	Mycostatin	Phenergan with Codeine
	Lioresal	Mysoline	Phenergan with DM
G	Lodine, XL		Plaquenil*
Garamycin*	Lofibra	N	Plendil
Glucophage	Lomotil	Nalfon 600	Pletal
Glucophage XL	Loniten	Naprosyn	Polysporin
Glucotrol	Lopid	Navane	Polytrim
Glucotrol XL	Lopressor	Nebcin	Phoslo
Glucovance	Lopressor HCT	Neoral	Pravachol
Glynase Prestab	Loprox	Neosporin	Precose
Grifulvin V Susp	Lorcet+	Neurontin	Pred Forte
	Lortab	NitroDur*	Prelone*
H	Lotensin	Nitro-Stat	Prilosec SA
Halcion	Lotensin HCT	Nizoral	Primacor
Haldol	Lotrel	Nolvadex	Principen
Haldol_Decanoate	Lotrimin	Norflex CR*	Prinivil
Hycodan	Lotrisone	Norgesic*	Prinzide
Hydrea	Loxitane	Norpace	Proamatine
Hydrodiuril	Lozol	Norpace CR	Procan SR
Hytone*	Luvox*	Norpramin*	Procardia
Hytrin		Norvasc	Procardia XL
	M		Prolixin
I	Macrobid	O	Proloprim
Imitrex	Macrochantin	Ocuflox	

Propine		Ticlid	Vistaril
Proscar	S	Timoptic	Voltaren, Ophthalmic
Prosom	Salex	Timoptic-XE	Voltaren XR
Protonix	Sandostatin	Tobrex	Vospire ER
Proventil	Sectral**	Tofranil	
Provera	Septra, DS	Tolectin	W
Prozac	Serax	Tolinase	Wellbutrin, XL
Psorcon, E*	Silvadene**	Topicort**	Wellbutrin SR
Purinethol	Sinemet	Trandate**	Westcort
	Sinemet CR	Transderm Nitro	
Q	Sinequan	Tranxene**	X
Questran	Soma	Trental*	Xanax
Questran Lite	Soma Compound, w/ Codeine	Tridesilon	Xanax XR
	Sonata	Trileptal	Xylocaine
R	Spectazole	Trusopt	Xylocaine Viscous
Razadyne, ER	Sporanox	Tylenol with Codeine	
Rebetol	Stadol	Tilos	Z
Reglan	Stelazine		Zanaflex
Relafen	Symmetrel	U	Zantac
Remeron	Synalar*	Ultracet	Zantac Gel dose
Remeron Soltab		Ultram	Zarontin
Requip	T	Unasyn	Zaroxolyn
Restoril	Tagamet	Uniretic	Zebeta
Retin-A	Tambocor*	Univasc	Zerit
Retrovir	Tapazole	Urecholine	Zestoretic
Revia	Taxol		Zestril
Rifadin*	Tegretol	V	Ziac
Ritalin	Temovate	Vantin	Zithromax
Ritalin SR	Temovate E	Vaseretic	Zocor
Robaxin	Tenex*	Vasotec	Zoderm
Robinul	Tenoretic	Vepesid	Zofran, ODT
Rocaltrol	Tenormin	Verelan, PM	Zoloft
Rocephin	Terazol*	Vibramycin	Zonegran
Rowasa	Tessalon Perles	Vibra-Tabs	Zovirax
Roxicodone	Theo-Dur*	Vicodin	Zyban
Roxicodone Intensol	Thorazine	Vicodin ES	Zyloprim
Restoril	Tiazac*	Vicoprofen	
Rythmol		Viroptic	

* This drug does not have a signed rebate agreement on file with the Department of Health Services (DHS). Wisconsin SeniorCare will not cover a drug that does not have a signed SeniorCare rebate agreement between the manufacturer and the DHS. Providers should note that drugs without signed rebate agreements for SeniorCare participants in Levels 2b and 3 will not be covered; however, these drugs may be covered for participants in Levels 1 and 2a.

** This drug has a signed rebate agreement with specific manufacturers. Providers may refer to the Pharmacy Data Tables titled "Numeric Listing of Manufacturers That Have Signed Rebate Agreements" for a list of manufacturers that have signed rebate agreements for SeniorCare. Providers may also call Provider Services at (800) 947-9627 for more information.

*** Refer to the "Prior Authorization for Brand Name Clozaril® " section of the August 2004 Wisconsin Medicaid and BadgerCare Update (2004-62) titled "Pharmacy Information on Prior Authorization Requirements for Brand Medically Necessary Drugs."