

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*	Demadox
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	Ogen
Elavil	Inderal, LA	Maxitrol	Olux
Elocon*	Inderide	Maxzide	Omnicef
Equanil	Indocin	Medrol	Ophthaine
Eryc*	Inspra	Megace	Optipranolol
Erycette	Intal_Neb Soln*	Mellaril	Orudis
Erygel**	Isoptin	Mestinon	Oxandrin
Eryped	Isoptin SR	Metaglip	Oxyir
Esgic-Plus*	Isopto Atropine Drops	Metrocream**	
Eskalith	Isordil	Metrogel**	P
Estrace**		Metrolotion**	Pamelor
Eulexin*	K	Mevacor	Pamine Forte
F	K-Dur*	Miacalcin	Parafon Forte DSC
Famvir	Keflex	Micro K*	Parcopa
Feldene	Kenalog	Micronase	Parlodol
Fioricet	Kenalog with Orabase	Microzide	Paxil, CR
Fiorinal	Keppra	Miltown	Pediazole
Flagyl	Kerlone**	Minipress	Penlac
Flexeril	Klonopin, Wafer	Minocin	Pentam*
Flonase	Kytril	Miralax Powder	Pepcid
Florinef		Mobic	Percocet
Floxin, Otic	L	Moduretic	Percodan
Flumadine*	Lac Hydrin	Monoket	Percolone
FML	Lamisil	Monopril	Periactin
Fortaz	Lanoxin	Motrin	Peridex*
Fosamax	Lasix*	MS Contin	Periostat
Fulvicin P/G*	Lidex*	Mucomyst	Persantine
Fungizone	Lidex E**	Mycelex Troche	Phenergan
Furacin	Limbitrol	Mycolog II	Phenergan with
	Limbitrol DS	Mycostatin	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	Nizoral	Prilosec SA
Halcion	Lotensin HCT	Nolvadex	Primacor
Haldol	Lotrel	Norflex CR*	Principen
Haldol_Decanoate	Lotrimin	Norgesic*	Prinivil
Hycodan	Lotrisone	Norpace	Prinzide
Hydrea	Loxitane	Norpace CR	Proamatine
Hydrodiuril	Lozol	Norpramin*	Procan SR
Hytone*	Luvox*	Norvasc	Procardia
Hytrin			Procardia XL
I	M	O	Prolixin
Imitrex	Macrobid	Ocuflox	Proloprim
	Macrochantin	Ocupress	Propine

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