

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)

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

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

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

* 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."