

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

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

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

* 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."