

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

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

* 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."