

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

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

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

* 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."