

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

Dyazide

Dynacin**E**

EC-Naprosyn

E.E.S.

Effexor

Efudex

Elimite

Elavil

Elocon*

Equanil

Eryc*

Erycette

Erygel**

Eryped

Esgic-Plus*

Eskalith

Estrace**

Eulexin*

F

Famvir

Feldene

Fioricet

Fiorinal

Flagyl

Flonase

Florinef

Floxin, Otic

Flumadine*

FML

Fortaz

Fosamax

Fulvicin P/G*

Fungizone

Furacin

G

Garamycin*

Glucophage

Glucophage XL

Glucotrol

Glucotrol XL

Glucovance

Glynase Prestab

Grifulvin V Susp

H

Halcion

Haldol

Haldol_Decanoate

Hippex

Hycodan

Hydrea

Hydrodiuril

Hytone*

Hytrin

I

Imitrex, Nasal

Imuran

Inderal, LA

Inderide

Indocin

Inspra

Intal_Neb Soln*

Isoptin

Isoptin SR

Isopto Atropine Drops

Isordil

K

K-Dur*

Kayexalate

Keflex

Kenalog

Kenalog with Orabase

Keppra

Kerlone**

Klonopin, Wafer

Kytril

L

Lac Hydrin

Lamictal

Lamisil

Lanoxin

Lasix*

Lidex*

Lidex E**

Lorbitol

Lorbitol DS

Lioresal

Lodine, XL

Lofibra

Lomotil

Loniten

Lopid

Lopressor

Lopressor HCT

Loprox

Lorcet+

Lortab

Lotensin

Lotensin HCT

Lotrel

Lotrimin

Lotrisone

Loxitane

Lozol

Luvox*

M

Macrobid

Macrochantin

Marinol

Maxitrol

Maxzide

Medrol

Megace

Mellaril

Mestinon

Metaglip

Metrocream**

Metrogel**

Metro lotion**

Mevacor

Miacalcin

Micro K*

Micronase

Microzide

Miltown

Minipress

Minocin

Miralax Powder

Mobic

Moduretic

Monoket

Monopril

Motrin

MS Contin

Mucomyst

Myambutol

Mycelex Troche

Mycolog II

Mycostatin

Mysoline

N

Nalfon 600

Naprosyn

Navane

Nebcin

Neoral, Soln

Neosporin

Neurontin

NitroDur*

Nizoral

Nolvadex

Norflex CR*

Norgesic*

Norpace

Norpace CR

Norpramin*

Norvasc

O

Ocuflox

Ocupress

Ogen

Olux

Omnicef

Ophthaine

Optipranolol

Orudis

Oxandrin

Oxyir

P

Pamelor

Pamine Forte

Parafon Forte DSC

Parcopa

Parlodel

Paxil, CR

Pediazole

Penlac

Pentam*

Pepcid

Percocet

Percodan

Periactin

Peridex*

Periostat

Persantine

Phenergan

Phenergan with

Codeine

Phenergan with DM

Plaquenil*

Plendil

Pletal

Polysporin

Polytrim

Pravachol

Precose

Pred Forte

Prelone*

Prilosec SA

Primacor

Principen

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

* 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."