

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, TTS3	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	Glucovance	Lomotil	Nalfon 600
Doryx*	Glynase Prestab	Loniten	Naprosyn
Dostinex	Golytely	Lopid	Nasarel
Dovonex	Grifulvin V Susp	Lopressor	Navane
Drisdol		Lopressor HCT	Nebcin
Duoneb	H	Loprox	Neoral, Soln
Duragesic	Halcion	Lorcet+	Neosporin
Duricef**	Haldol	Lortab, ELixir	Neurontin
Dyazide	Haldol_Decanoate	Lotensin	NitroDur*
Dynacin	Hycodan	Lotensin HCT	Nizoral
	Hydrea	Lotrel	Nolvadex
E	Hydrodiuril	Lotrimin	Norflex CR*
EC-Naprosyn	Hytone*	Lotrisone	Norgesic*
E.E.S.	Hytrin	Loxitane	Norpace
Effexor		Lozol	Norpace CR
Efudex	I	Luvox*	Norpramin*
Elimite	Imdur		Norvasc
Elavil	Imitrex, Nasal	M	
Elocon*	Imuran	Macrobid	O
EMLA	Inderal, LA	Macrodantin	Ocuflox
Equanil	Inderide	Maxitrol	Ocupress
Eryc*	Indocin	Maxzide	Ogen
Erycette	Inspra	Medrol	Olux
Erygel**	Intal_Neb Soln*	Megace	Omnicef
Eryped	Isoptin	Mellaril	Ophthaine
Esgic-Plus*	Isoptin SR	Mestinon	Optipranolol
Eskalith	Isopto Atropine Drops	Metaglip	Optivar
Estrace**	Isordil	Metrocream**	Orapred
Eulexin*		Metrogel**	Orudis
	K	Metroloction**	Ovide
F	K-Dur*	Mevacor	Oxandrin
Feldene	Kayexalate	Micro K*	Oxyir
Fioricet, w/Codeine	Keflex	Micronase	
Fiorinal	Kenalog	Microzide	P
Flagyl	Kenalog with Orabase	Miltown	Pamelor
Flolan	Kepra	Minipress	Pamine Forte
Flonase	Kerlone**	Minocin	Parafon Forte DSC
Florinef	Klonopin, Wafer	Miralax Powder	Parcopa
Floxin, Otic	Kytril	Mirapex	Parlodel
Flumadine*		Mobic	Paxil, CR
FML	L	Moduretic	Paxil Susp
Fortaz	Lac Hydrin	Monoket	Pediazole
Fosamax	Lamictal	Monopril	Penlac
Fulvicin P/G*	Lamisil	Motrin	Pentam*
Fungizone	Lasix*	MS Contin	Pepcid
Furacin	Lidex*	Mucomyst	Percocet
	Lidex E**	Myambutol	Percodan
G	Limbitrol	Mycelelex Troche	Periactin
Garamycin*	Limbitrol DS	Mycolog II	Peridex*
Glucophage	Lioresal	Mycostatin	Periostat
Glucophage XL	Lithobid	Mysoline	Persantine
Glucotrol	Lodine, XL		Phenergan
Glucotrol XL	Lofibra	N	

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