

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

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

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