

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

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

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

* 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."