

## 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)

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

Duoneb	Haldol	Lortab	Neosporin
Duricef**	Haldol_Decanoate	Lotensin	Neurontin
Dyazide	Hippex	Lotensin HCT	NitroDur*
Dynacin	Hycodan	Lotrel	Nizoral
<b><u>E</u></b>	Hydrea	Lotrimin	Nolvadex
EC-Naprosyn	Hydrodiuril	Lotrisone	Norflex CR*
E.E.S.	Hytone*	Loxitane	Norgesic*
Effexor	Hytrin	Lozol	Norpace
Efudex	<b><u>I</u></b>	Luvox*	Norpace CR
Elimate	Imitrex, Nasal	<b><u>M</u></b>	Norpramin*
Elavil	Imuran	Macrobid	Norvasc
Elocon*	Inderal, LA	Macrodantin	<b><u>O</u></b>
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*	<b><u>K</u></b>	Metrocream**	Oxandrin
<b><u>F</u></b>	K-Dur*	Metrogel**	Oxyir
Famvir	Kayexalate	Metro lotion**	<b><u>P</u></b>
Feldene	Keflex	Mevacor	Pamelor
Fioricet	Kenalog	Miacalcin	Pamine Forte
Fiorinal	Kenalog with Orabase	Micro K*	Parafon Forte DSC
Flagyl	Keppra	Micronase	Parcopa
Flonase	Kerlone**	Microzide	Parlodel
Florinef	Klonopin, Wafer	Miltown	Paxil, CR
Floxin, Otic	Kytril	Minipress	Pediazole
Flumadine*	<b><u>L</u></b>	Minocin	Penlac
FML	Lac Hydrin	Miralax Powder	Pentam*
Fortaz	Lamictal	Mobic	Pepcid
Fosamax	Lamisil	Moduretic	Percocet
Fulvicin P/G*	Lanoxin	Monoket	Percodan
Fungizone	Lasix*	Monopril	Periactin
Furacin	Lidex*	Motrin	Peridex*
<b><u>G</u></b>	Lidex E**	MS Contin	Periostat
Garamycin*	Limbitrol	Mucomyst	Persantine
Glucophage	Limbitrol DS	Myambutol	Phenergan
Glucophage XL	Lioresal	Mycelex Troche	Phenergan with
Glucotrol	Lodine, XL	Mycolog II	Codeine
Glucotrol XL	Lofibra	Mycostatin	Phenergan with DM
Glucovance	Lomotil	Mysoline	Plaquenil*
Glynase Prestab	Loniten	<b><u>N</u></b>	Plendil
<b>Golytely</b>	Lopid	Nalfon 600	Pletal
Grifulvin V Susp	Lopressor	Naprosyn	Polysporin
<b><u>H</u></b>	Lopressor HCT	<b>Nasarel</b>	Polytrim
Halcion	Loprox	Navane	Pravachol
	Lorcet+	Nebcin	Precose
		Neoral, Soln	Pred Forte

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

\* 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."