

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

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

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

\* 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."