

## 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>	Aristocort A	Cardizem**	Cutivate
Accuneb	Artane	Cardura	Cyclogyl
Accupril	Atarax	Carmol	Cytotec
Accuretic	Ativan	Carnitor	
Accutane	Atrovent	Casodex	<b>D</b>
Aceon	Augmentin	Cataflam	Dalmane
Achromycin	Aventyl*	Catapres, TTS3	Danocrine*
Actifed	Axid	Ceclor	Dantrium
Actigall	Azulfidine	Ceftin**	Darvocet N 50, 100
Activella		Cefzil	Darvon
Actiq	<b>B</b>	Celexa, Solution*	Daypro
Acular, LS	Bactocill	Cellcept	DDAVP*
Adalat CC	Bactrim, DS	Cerebyx	DDAVP Nasal Spray
Adderall	Bactroban	Chloroptic	Decadron
Adipex-P (Update 2009-53)	Bancap HC*	Ciloxan	Declomycin
Adoxa	Benadryl	Cipro, XR	Deltasone
Agrylin	Bentyl*	Cleocin	Demadox
Aldactazide	Benzac, AC	Cleocin Phosphate	Depakene
Aldactone	Benziq	Cleocin T	Depakote, ER
Aldomet	Betagan	Climara	Depakote Sprinkles
Allegra. -D	Betapace	Clinoril	Depo-Provera Vial
Alphagan	Biaxin, XL	Clozaril***	Desowen
Altace	Bionect	Cogentin	Desyrel
Amaryl	Blocadren	Colazal	Dexedrine, Spansule
Ambien	Brethine	Colestid	Diabinese
Amicar	Brevoxyl Wash	Coly-Mycin M	Diamox, Sequels
Amikin	Bumex	Colyte	Didronel
Amoxil	Buspar	Combunox	Diffucan
Anafranil	Butisol Sodium Elixir	Compazine	Dilacor XR**
Anaprox, DS		Copegus	Dilantin
Ansaid	<b>C</b>	Cordarone	Dilantin Kapseal
Antivert	Cafcit	Coreg	Dilaudid, HP
Anturane	Calan	Corgard	Diprolene*
Apresoline	Capoten	Cortisporin	Diprolene AF*
Arava**	Capozide	Cosopt	Diprosone*
Aristocort	Carafate**	Coumadin	Ditropan
	Cardene	Cozaar	Ditropan XL

Diuril	Glucotrol	Lodine, XL	
Dolobid	Glucotrol XL	Lofibra	<b>N</b>
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	<b>H</b>	Loprox	Neoral, Soln
Duragesic	Halcion	Lorcet+	Neosporin
Duricef**	Haldol	Lortab, ELixir	Neurontin
Dyazide	Haldol_Decanoate	Lotensin	NitroDur*
Dynacin	<b>Hyzaar</b>	Lotensin HCT	Nizoral
	Hycodan	Lotrel	Nolvadex
<b>E</b>	Hydrea	Lotrimin	Norflex CR*
EC-Naprosyn	Hydrodiuril	Lotrisone	Norgesic*
E.E.S.	Hytone*	Loxitane	Norpace
Effexor	Hytrin	Lozol	Norpace CR
Efudex		Luvox*	Norpramin*
Elimite	<b>I</b>		Norvasc
Elavil	Imdur	<b>M</b>	
Elocon*	Imitrex, Nasal	Macrobid	<b>O</b>
EMLA	Imuran	Macrodantin	Ocuflox
Equanil	Inderal, LA	Maxitrol	Ocupress
Eryc*	Inderide	Maxzide	Ogen
Erycette	Indocin	Medrol	Olux
Erygel**	Inspra	Megace	Omnicef
Eryped	Intal_Neb Soln*	Mellaril	Ophthaine
Esgic-Plus*	Isoptin	Mestinon	Optipranolol
Eskalith	Isoptin SR	Metaglip	Optivar
Estrace**	Isordil	Metrocream**	Orapred
Eulexin*		Metrogel**	Orudis
	<b>K</b>	Metroloction**	Ovide
<b>F</b>	K-Dur*	Mevacor	Oxandrin
Fioricet, w/Codeine	Kayexalate	Micro K*	Oxyir
Fiorinal, <b>w/ Codeine</b>	Keflex	Micronase	
Flagyl	Kenalog	Microzide	<b>P</b>
Flolan	Kenalog with Orabase	Miltown	Pamelor
<b>Flomax</b>	Keppra	Minipress	Pamine Forte
<b>Flonase</b> (5/7/2010)	Kerlone**	Minocin	Parafon Forte DSC
Florinef	Klonopin, Wafer	Miralax Powder	Parcopa
Floxin, Otic	Kytril	Mirapex	Parlodel
Flumadine*		Mobic	Paxil, CR
FML	<b>L</b>	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
<b>G</b>	Limbitrol	Mycelelex Troche	Periactin
Garamycin*	Limbitrol DS	Mycolog II	Peridex*
Glucophage	Lioresal	Mycostatin	Periostat
Glucophage XL	Lithobid	Mysoline	Persantine

Phenergan	Requip	Temovate	Verelan, PM
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, Intensol	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
	Stelazine	Univasc	Zofran, ODT
<u>R</u>	Symmetrel	Urecholine	Zoloft
Razadyne, ER	<u>T</u>	Urso	Zonegran
Rebetol	Tagamet	<u>V</u>	Zovirax Susp
Reglan	Tambocor*	Vantin	Zyban
Relafen	Tapazole	Vaseretic	Zyloprim
Remeron	Taxol	Vasotec	
Remeron Soltab	Tegretol, XR	Vepesid	

\* 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."