

## 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>	Atrovent	Casodex	<b>D</b>
Accupril	Augmentin	Cataflam	Dalmane
Accuretic	Aventyl*	Catapres	Danocrine*
<b>Aceon</b>	Axid	Ceclor	Dantrium
Achromycin	Azulfidine	Ceftin**	Darvocet N 50, 100
Actifed		Cefzil	Darvon
Actigall	<b>B</b>	Celexa, Solution*	Daypro
Activella	Bactocill	Cellcept	DDAVP*
Actiq	Bactrim, DS	Cerebyx	DDAVP Nasal Spray
<b>Acular, LS</b>	Bactroban	Chloroptic	Decadron
Adalat CC	Bancap HC*	Ciloxan	Declomycin
Adderall	Benadryl	Cipro, XR	Deltasone
Adipex-P	Bentyl*	Cleocin	Demadex
Adoxa	Benzac, AC	Cleocin Phosphate	Depakene
Agrylin	Benziq	Cleocin T	Depakote, ER
Aldactazide	Betagan	Climara	Depakote Sprinkles
Aldactone	Betapace	Clinoril	Depo-Provera Vial
Aldomet	Biaxin, XL	Clozaril***	Desowen
Allegra. <b>-D</b>	Bionect	Cogentin	Desyrel
Alphagan	Blocadren	Colazal	Dexedrine, Spansule
Altace	Brethine	Colestid	Diabinese
Amaryl	Brevoxyl Wash	Coly-Mycin M	Diamox, Sequels
Ambien	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	Cortef	Diprolene AF*
Apresoline	Capozide	Cortisporin	Diprosone*
Arava**	Carafate**	Cosopt	Ditropan
Aristocort	Cardene	Coumadin	Ditropan XL
Aristocort A	Cardizem**	Cutivate	Diuril
Artane	Cardura	Cyclogyl	Dolobid
Atarax	Carmol	Cytotec	<b>Dolophine</b>
Ativan	Carnitor		Doryx*

Dostinex	<b>H</b>	Lopressor HCT	Nebcin
Dovonex	Halcion	Loprox	Neoral, Soln
Drisdol	Haldol	Lorcet+	Neosporin
Duoneb	Haldol_Decanoate	Lortab, ELixir	Neurontin
Duricef**	Hippex	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	<b>Marinol</b>	Ocupress
Eryc*	Indocin	Maxitrol	Ogen
Erycette	Inspra	Maxzide	Olux
Erygel**	Intal_Neb Soln**	Medrol	Omnicef
Eryped	Isoptin	Megace	Ophthaine
Esgic-Plus*	Isoptin SR	Mellaril	Optipranolol
Eskalith	Isopto Atropine Drops	Mestinon	Orudis
Estrace**	Isordil	Metaglip	Ovide
Eulexin*		Metrocream**	Oxandrin
	<b>K</b>	Metrogel**	Oxyir
<b>F</b>	K-Dur*	Metroloction**	
Feldene	Kayexalate	Mevacor	<b>P</b>
Fioricet	Keflex	Micro K*	Pamelor
Fiorinal	Kenalog	Micronase	Pamine Forte
Flagyl	Kenalog with Orabase	Microzide	Parafon Forte DSC
Flonase	Keppra	Miltown	Parcopa
Florinef	Kerlone**	Minipress	Parlodel
Floxin, Otic	Klonopin, Wafer	Minocin	Paxil, CR
Flumadine*	Kytril	Miralax Powder	Paxil Susp
FML		Mobic	Pediazole
Fortaz	<b>L</b>	Moduretic	Penlac
Fosamax	Lac Hydrin	Monoket	Pentam*
Fulvicin P/G*	Lamictal	Monopril	Pepcid
Fungizone	Lamisil	Motrin	Percocet
Furacin	Lanoxin	MS Contin	Percodan
	Lasix*	Mucomyst	Periactin
<b>G</b>	Lidex*	Myambutol	Peridex*
Garamycin*	Lidex E**	Mycelex Troche	Periostat
Glucophage	Limbitrol	Mycolog II	Persantine
Glucophage XL	Limbitrol DS	Mycostatin	Phenergan
Glucotrol	Lioresal	Mysoline	Phenergan with
Glucotrol XL	Lodine, XL		Codeine
Glucovance	Lofibra	<b>N</b>	Phenergan with DM
Glynase Prestab	Lomotil	Nalfon 600	Plaquenil*
Golytely	Loniten	Naprosyn	Plendil
Grifulvin V Susp	Lopid	Nasarel	Pletal
	Lopressor	Navane	Polysporin

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

\* 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."