

## 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>	Ativan	Carnitor	
Accuneb	Atrovent	Casodex	<b>D</b>
Accupril	Augmentin	Cataflam	Dalmane
Accuretic	Aventyl*	Catapres	Danocrine*
Aceon	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
Acular, LS	Bactroban	Chloroptic	Decadron
Adalat CC	Bancap HC*	Ciloxan	Declomycin
Adderall	Benadryl	Cipro, XR	Deltasone
Adipex-P	Bentyl*	Cleocin	Demadox
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. -D	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	Dolophine

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

Pletal	Rifadin*	Tenormin	Vesanoid
Polysporin	Risperdal, M-Tab	Terazol*	Vibramycin
Polytrim	Ritalin	Tessalon Perles	Vibra-Tabs
Pravachol	Ritalin SR	Theo-Dur*	Vicodin, ES, HP
Precose	Robaxin	Thorazine	Vicoprofen
Pred Forte	Robinul	Tiazac*	Viroptic
Prelone*	Rocaltrol	Ticlid	Vistaril
<b>Prevacid</b>	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	Septra, DS	Transderm Nitro	Xylocaine
Propine	Serax	Tranxene**	Xylocaine Viscous
Prosom	Silvadene**	Trental, <b>Syrup*</b>	
Protonix	Sinemet	Tricare	<u>Z</u>
Proventil	Sinemet CR	Tridesilon	Zanaflex
Provera	Sinequan	Trileptal	Zantac
Prozac	Soma	Tylenol with Codeine	Zantac Gel dose
Psorcon, E*	Soma Compound, w/	Tilos	Zarontin
<b>Pulmicort</b>	Codeine		Zaroxolyn
Purinethol	Sonata	<u>U</u>	Zebeta
	Spectazole		Zerit
<u>Q</u>	Sporanox	U-Kera E	Zestoretic
Questran	Stadol	Ultracet	Zestril
Questran Lite	<b>Starlix</b>	Ultram, <b>ER</b>	Ziac
	Stelazine	Unasyn	Zithromax
<u>R</u>	Symmetrel	Uniretic	Zocor
Razadyne, ER		Univasc	Zoderm
Rebetol	<u>T</u>	Urecholine	Zofran, ODT
Reglan	Tagamet	<b>Urex</b>	Zoloft
Relafen	Tambocor*	Urso	Zonegran
Remeron	Tapazole		Zovirax
Remeron Soltab	Taxol	<u>V</u>	Zyban
Requip	Tegretol	Vantin	Zyloprim
Restoril	Temovate	Vaseretic	
Retin-A	Temovate E	Vasotec	
Retrovir, Syrup	Tenex*	Vepesid	
Revia	Tenoretic	Verelan, PM	

\* 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."