

## 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) HCF 11083 (dated 10/08). Please submit the PA/BMNA with the prescription to the pharmacy. The PA/BMNA form is found at <https://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage>.

*Note:* This table includes Wisconsin Medicaid's most current information and may be updated periodically. All drugs listed in this table are registered or trademarked by the manufacturer.

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

Erycette	Intal_Neb Soln*	Mestinon	Orudis
Erygel**	Isoptin	Metaglip	Oxandrin
Eryped	Isoptin SR	Metrocream**	Oxyir
Esgic-Plus*	Isopto Atropine Drops	Metrogel**	
Eskalith	Isordil	Metro lotion**	<b>P</b>
Estrace**		Mevacor	Pamelor
Eulexin*	<b>K</b>	Micro K*	<b>Pamine Forte</b>
<b>F</b>	K-Dur*	Micronase	Parafon Forte DSC
Famvir	Keflex	Microzide	<b>Parcopa</b>
Feldene	Kenalog	Miltown	Parlodel
Fioricet	Kenalog with Orabase	Minipress	Paxil, CR
Fiorinal	Kerlone**	Minocin	Pediazole
Flagyl	Klonopin, Wafer	Miralax Powder	Penlac
Flexeril	Kytril	Mobic	Pentam*
Flonase		Moduretic	Pepcid
Florinef	<b>L</b>	Monoket	Percocet
Floxin, Otic	Lac Hydrin	Monopril	Percodan
Flumadine*	Lamisil	Motrin	Percolone
FML	Lanoxin	MS Contin	Periactin
Fortaz	Lasix*	Mucomyst	Peridex*
Fosamax	Lidex*	Mycelex Troche	Periostat
Fulvicin P/G*	Lidex E**	Mycolog II	Persantine
Fungizone	Limbitrol	Mycostatin	Phenergan
Furacin	Limbitrol DS	Mysoline	Phenergan with Codeine
<b>G</b>	Lioresal	<b>N</b>	Phenergan with DM
Garamycin*	Lodine, XL	Nalfon 600	Plaquenil*
Glucophage	Lofibra	Naprosyn	Plendil
Glucophage XL	Lomotil	Navane	Pletal
Glucotrol	Loniten	Nebcin	Polysporin
Glucotrol XL	Lopid	Neoral	Polytrim
Glucovance	Lopressor	Neosporin	Pravachol
Glynase Prestab	Lopressor HCT	Neurontin	Precose
Grifulvin V Susp	Loprox	Nimotop	Pred Forte
<b>H</b>	Lorcet+	NitroDur*	Prelone*
Halcion	Lortab	Nitro-Stat	Prilosec SA
Haldol	Lotensin	Nizoral	Primacor
Haldol_Decanoate	Lotensin HCT	Nolvadex	Principen
Hycodan	Lotrel	Norflex CR*	Prinivil
Hydrea	Lotrimin	Norgesic*	Prinzide
Hydrodiuril	Lotrisone	Norpace	Proamatine
Hytone*	Loxitane	Norpace CR	Procan SR
Hytrin	Lozol	Norpramin*	Procardia
<b>I</b>	Luvox*	Norvasc	Procardia XL
Imdur*	<b>M</b>	<b>O</b>	Prolixin
Imuran	Macrobid	Ocuflox	Proloprim
Inderal, LA	Macrodantin	Ocupress	Propine
Inderide	Marinol	Ogen	Proscar
Indocin	Maxitrol	Olux	Prosom
Inspra	Maxzide	Omnicef	Protonix
	Medrol	Ophthaine	Proventil
	Megace	Optipranolol	Provera
	Mellaril		Prozac

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

\* This drug does not have a signed rebate agreement on file with the Department of Health and Family Services (DHFS). Wisconsin SeniorCare will not cover a drug that does not have a signed SeniorCare rebate agreement between the manufacturer and the DHFS. 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 Appendix 1 of the Pharmacy Data Tables section of the Pharmacy Handbook for a list of manufacturers that do not have signed SeniorCare rebate agreements. Providers may also call Provider Services at (800) 947-9627 to obtain a list of manufacturers with signed rebate agreements, or they can refer to the SeniorCare section of the Pharmacy Handbook for more information on drug rebate agreements.

\*\*\* 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."