

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 7/08). Please submit the PA/BMNA with the prescription to the pharmacy. The PA/BMNA form is found at <http://dhfs.wisconsin.gov/medicaid4/forms/index.htm>.

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.

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

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

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

* 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 or (608) 221-9883 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."