

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		Ciloxan	Desyrel
Accuretic	B	Cipro, XR	Dexedrine, Spansule
Accutane	Bactocill	Cleocin	Diabinese
Achromycin	Bactrim	Cleocin Phosphate	Diamox
Actifed	Bactroban	Cleocin T	Didronel
Actigall	Bancap HC*	Climara	Diffucan
Actiq	Benadryl	Clinoril	Dilacor XR**
Adalat CC	Bentyl*	Clozaril***	Dilantin
Adderall	Benzac	Cogentin	Dilantin Kapseal
Adipex-P	Benziq	Colazal	Dilaudid, HP
Agrylin	Betagan	Colestid	Diprolene*
Aldactazide	Betapace	Combunox	Diprolene AF*
Aldactone	Biaxin, XL	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	C	Cyclogyl	Dovonex
Anaprox	Cafcit	Cytotec	Drisdol
Ansaid	Calan		Duoneb
Antivert	Calciferol	D	Duragesic Patch
Anturane	Capoten	Dalmane	Duricef**
Apresoline	Capozide	Danocrine*	Dyazide
Arava**	Carafate**	Dantrium	
Aristocort	Cardene	Darvocet N 50	E
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*
Azulfidine	Cerebyx	Depo-Provera Vial	Erycette
	Chloroptic	Desowen	Erygel**

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

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

* 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 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."