

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 <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.

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

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

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