

## 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.

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

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

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

\* 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."