

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	Azulfidine	Cerebyx	Depo-Provera Vial
Accupril		Chloroptic	Desowen
Accuretic	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	Colestid	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	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*

Erycette	Intal_Neb Soln*	Mestinon	Orudis
Erygel**	Isoptin	Metaglip	Oxandrin
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*		Norvasc	Prolixin Decanoate
Hytrin	M		Proloprim
	Macrobid	O	Propine
I	Macrochantin	Ocuflox	Proscar
Imdur*	Marinol	Ocupress	Prosom
Imuran	Maxitrol	Ogen	Protonix
Inderal, LA	Maxzide	Olux	Proventil
Inderide	Medrol	Omnicef	Provera
Indocin	Megace	Ophthaine	Prozac
Inspra	Mellaril	Optipranolol	Psorcon, E*

Purinethol

Q

Questran
Questran Lite

R

Razadyne

Rebetol
Reglan
Relafen
Remeron
Remeron Soltab
Requip
Restoril
Retin-A
Retrovir
Revia
Rifadin*
Ritalin
Ritalin SR
Robaxin
Robinul
Rocaltrol
Rocephin
Rowasa
Roxicodone
Roxicodone Intensol
Restoril
Rythmol

S

Salex

Sandostatin
Sectral**
Septra

Serax
Silvadene**
Sinemet
Sinemet CR
Sinequan
Soma
Soma Compound, w/
Codeine
Sonata
Spectazole
Sporanox
Stadol
Stelazine
Symmetrel
Synalar*

T

Tagamet
Tambocor*
Tapazole
Taxol
Tegretol
Temovate
Temovate E
Tenex*
Tenoretic
Tenormin
Terazol*
Tessalon Perles
Theo-Dur*
Thorazine
Tiazac*
Ticlid
Timoptic
Timoptic-XE
Tobrex

Tofranil
Tolectin
Tolinase
Topicort**
Toprol XL
Trandate**
Transderm Nitro
Tranxene**
Trental*
Tridesilon
Trilafon*
Trileptal
Tylenol with Codeine
Tilos

U

Ultracet
Ultram
Unasyn
Uniretic
Univasc
Urecholine

V

Vantin
Vaseretic
Vasotec
Vepesid
Verelan, PM
Vibramycin
Vibra-Tabs
Vicodin
Vicodin ES
Vicoprofen
Viroptic
Vistaril

Voltaren, Ophthalmic
Voltaren XR
Vospire ER

W

Wellbutrin, XL
Wellbutrin SR
Westcort

X

Xanax
Xanax XR
Xylocaine
Xylocaine Viscous

Z

Zanaflex
Zantac
Zantac Gel dose
Zaroxolyn
Zebeta
Zestoretic
Zestril
Ziac
Zithromax
Zocor
Zoderm
Zofran, ODT
Zoloft
Zonegran
Zovirax
Zyban
Zyloprim

* 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."