

Brand Medically Necessary Drugs That Require Prior Authorization

The following table lists brand medically necessary drugs that require prior authorization (PA). Effective on and after April 1, 2005, when a brand medically necessary prescription is written, prescribers are required to complete the new Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) HCF 11083 (dated 3/05). 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>.

Unless otherwise specifically noted, all strengths and forms of products listed in the table are subject to BMN PA. For additional information, providers can refer to the Wisconsin Medicaid Maximum Allowable Cost (MAC) table at <http://dhfs.wisconsin.gov/medicaid/pharmacy>.

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	Augmentin	Catapres	Darvocet N 50
Accupril	Aventyl*	Ceclor	Darvocet N 100
Accuretic	Axid	Ceftin**	Daypro
Accutane	Azulfidine	Cefzil	DDAVP*
Achromycin		Celexa Solution*	Decadron
Actifed	B	Cerebyx	Deltasone
Actigall	Bactocill	Chloroptic	Demadox
Actiq	Bactrim	Ciloxan	Depakene
Adalat CC	Bactroban	Cipro, XR	Depo-Provera Vial
Adderall	Bancap HC*	Cleocin	Desowen
Adipex-P	Benadryl	Cleocin Phosphate	Desyrel
Agrylin	Bentyl*	Cleocin T	Dexedrine
Aldactazide	Benzac	Climara	Diabinese
Aldactone	Benziq	Clinoril	Diamox
Aldomet	Betagan	Clozaril***	Didronel
Alphagan	Betapace	Cogentin	Diffucan
Altace	Biaxin, XL	Colazal	Dilacor XR**
Amaryl	Blocadren	Colestid	Dilantin
Ambien	Brethine	Combunox	Dilantin Kapseal
Amikin	Brevoxyl Wash	Compazine	Dilaudid, HP
Amoxil	Bumex	Copegus	Diprolene*
Anafranil	Buspar	Cordarone	Diprolene AF*
Anaprox	Butisol Sodium Elixir	Coreg	Diprosone*
Ansaid		Corgard	Ditropan
Antivert	C	Cortisporin	Ditropan XL
Anturane	Calan	Coumadin	Diuril
Apresoline	Calciferol	Cutivate	Dolobid
Arava**	Capoten	Cyclogyl	Dolophine HCL
Aristocort	Capozide	Cytotec	Doryx*
Aristocort A	Carafate**		Dostinex 0.5 mg
Artane	Cardene	D	Drisdol
Atarax	Cardizem**	Dalmane	Duoneb
Ativan	Cardura	Danocrine*	Duragesic Patch
Atrovent	Cataflam	Dantrium	Duricef**

Dyazide

E

EC-Naprosyn

E.E.S.

Effexor

Elimite

Elavil

Elocon*

Equanil

Eryc*

Erycette

Erygel**

Eryped

Esgic-Plus*

Eskalith

Estrace**

Eulexin*

F

Famvir

Feldene

Fioricet

Fiorinal

Flagyl

Flexeril

Flonase

Florinef

Floxin, Otic

Flumadine*

FML

Fortaz

Fulvicin P/G*

Fungizone

Furacin

G

Garamycin*

Glucophage

Glucophage XL

Glucotrol

Glucotrol XL

Glucovance

Glynase Prestab

Grifulvin V Susp

H

Halcion

Haldol

Haldol_Decanoate

Hydrea

Hydrodiuril

Hytone*

Hytrin

I

Imdur*

Imuran

Inderal, LA

Inderide

Indocin

Intal_Neb Soln*

Isoptin

Isoptin SR

Isopto Atropine Drops

Isordil

K

K-Dur*

Keflex

Kenalog

Kenalog with Orabase

Kerlone**

Klonopin, Wafer

Kytril

L

Lac Hydrin

Lamisil

Lanoxin

Lasix*

Lidex*

Lidex E**

Limbitrol

Limbitrol DS

Lioresal

Lodine, XL

Lofibra

Lomotil

Loniten

Lopid

Lopressor

Lopressor HCT

Loprox

Lorcet+

Lortab

Lotensin

Lotensin HCT

Lotrel

Lotrimin

Lotrisone

Loxitane

Lozol

Luvox*

M

Macrobid

Macrochantin

Maxitrol

Maxzide

Medrol

Megace

Mellaril

Mestinon

Metaglip

Metrocream**

Metrogel**

Metro lotion**

Mevacor

Micro K*

Micronase

Miltown

Minipress

Minocin

Miralax Powder

Mobic

Moduretic

Monoket

Monopril

Motrin

MS Contin

Mucomyst

Mycelex Troche

Mycolog II

Mycostatin

Mysoline

N

Nalfon 600

Naprosyn

Navane

Nebcin

Neoral

Neosporin

Neurontin

Nimotop

NitroDur*

Nitro-Stat

Nizoral

Nolvadex

Norflex CR*

Norgesic*

Norpace

Norpace CR

Norpramin*

Norvase

O

Ocuflox

Ocupress

Ogen

Olux

Omnicef

Ophthaine

Optipranolol

Orudis

Oxandrin

Oxyir

P

Pamelor

Parafon Forte DSC

Parlodel

Paxil

Pediazole

Penlac

Pentam*

Pepcid

Percocet

Percodan

Percolone

Periactin

Peridex*

Periostat

Persantine

Phenergan

Phenergan with

Codeine

Phenergan with DM

Plaquenil*

Plendil

Pletal

Polysporin

Polytrim

Pravachol

Pred Forte

Prelone*

Prilosec SA

Primacor

Principen

Prinivil

Prinzide

Procan SR

Procardia

Procardia XL

Prolixin

Prolixin Decanoate

Proloprim

Propine

Proscar

Prosom

Protonix

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

* 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."