

# 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.

Effective: February 1, 2007

Brand Medically Necessary Drugs That Require Prior Authorization			
Accupril	Butisol Sodium Elixir	Dilacor XR**	Glucotrol XL
Accuretic	Calan	Dilantin	Glucovance
Accutane	Calciferol	Dilantin Kapseal	Glyrase Prestab
Achromycin	Capoten	Dimetane DC, DX	Grifulvin V Susp
Actifed	Capozide	Diprolene*	Halcion
Actifed w/Codeine	Carafate**	Diprolene AF*	Haldol
Actigall	Cardene	Diprosone*	Haldol Decanoate
Adalat CC	Cardizem**	Ditropan	Hydrea
Adderall	Cardura	Ditropan XL	Hydrodiuril
Adipex-P	Cataflam	Diuril	Hytone*
Agrylin	Catapres	Dolobid	Hytrin
Aldactazide	Ceclor	Dolophine HCL	Imdur*
Aldactone	Ceftin**	Doryx*	Imuran
Aldomet	Cefzil	Dostinex 0.5 mg	Inderal
Aldoril	Celexa Solution*	Drisdol	Inderide
Aldoril D	Chloromycetin	Duragesic Patch	Indocin
Allegra	Chloroptic	Duricef**	Inflamase Forte
Alphagan	Ciloxan	Dyazide	Inflamase Mild
Amaryl	Cipro	Dymelor	Intal Nebulizer Solution*
Amikin	Cleocin	EC-Naprosyn	Isoptin
Amoxil	Cleocin Phosphate	E. E. S.	Isoptin SR
Anafranil	Cleocin T	Effexor	Isopto Atropine Drops
Anaprox	Climara	Elavil	Isordil
Ansaid	Clinoril	Elixophyllin*	K-Dur*
Antivert	Clozaril***	Elocon*	Keflex
Anturane	Cogentin	Enduron	Kenalog
Apresazide	Compazine	Equanil	Kenalog with Orabase
Apresoline	Copegus	Eryc*	Kerlone**
Arava**	Cordarone	Erycette	Klonopin
Aristocort	Corgard	Erygel**	Lac Hydrin
Aristocort A	Cortisporin	Eryped	Lamictal
Artane	Coumadin	Ery-tab	Lanoxin
Atarax	Cutivate	Esgic-Plus*	Lasix*
Ativan	Cyclogyl	Eskalith	Lidex*
Atromid-S	Cylert	Estrace**	Lidex E**
Atrovent	Cytotec	Eulexin*	Limbitrol
Augmentin	Dalmane	Feldene	Limbitrol DS
Aventyl*	Danocrine*	Fioricet	Lioresal
Axid	Dantrium	Fiorinal	Lodine
Azulfidine	Darvocet N 50	Flagyl	Lodine XL
Bactocill	Darvocet N 100	Flexeril	Lomotil
Bactrim	Daypro	Flonase	Loniten
Bactroban	DDAVP*	Florinef	Lopid
Bancap HC*	Decadron	Floxin	Lopressor
Benadryl	Deltasone	Flumadine*	Lopressor HCT
Bentyl*	Demadex	FML	Loprox
Betagan	Depakene	Fulvicin P/G*	Lorcet+
Betapace	Depo-Provera Vial	Fulvicin U/F*	Lortab
Biaxin, XL	Desowen	Fungizone	Lotensin
Blocadren	Desyrel	Furacin	Lotensin HCT
Brethine	Dexedrine	Garamycin*	Lotrimin
Bumex	Diabinese	Glucophage	Lotrisone
Buspar	Diamox	Glucophage XL	Loxitane
	Diflucan	Glucotrol	Lozol

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Luvox*	Ophthaine	Questran Lite	Timoptic-XE
Macrobid	Optipranolol	Quinaglute	Tobrex
Macrochantin	Orudis	Reglan	Tofranil
Maxitrol	Oruvail	Relafen	Tolectin
Maxzide	Oxandrin	Remeron	Tolinase
Medrol	Oxycontin	Remeron Soltab	Topicort**
Megace	Oxyir	Restoril	Trandate**
Mellaril	Pamelor	Retin-A	Transderm Nitro
Mestinon	Parafon Forte DSC	Retrovir	Tranxene**
Metaglip	Parlodel	Revia	Trental*
Metrocream**	Pediazole	Rifadin*	Tridesilon
Metrogel**	Pentam*	Ritalin	Trilafon*
Metroloction**	Pepcid	Ritalin SR	Tylenol with Codeine
Mevacor	Percocet	Robaxin	Tylox
Mexitil	Percodan	Rocaltrol	Ultracet
Micro K*	Percolone	Rocephin	Ultram
Micronase	Periactin	Roxicodone	Urecholine
Midamor	Peridex*	Roxicodone Intensol	Vantin
Miltown	Periostat	Restoril	Vaseretic
Minipress	Permax	Rythmol	Vasotec
Minocin	Persantine	Sectral**	Velosef
Miralax Powder	Phenergan	Septra	Vepesid
Mobic	Phenergan with Codeine	Serax	Verelan
Moduretic	Phenergan with DM	Silvadene**	Vibramycin
Monoket	Plaquenil*	Sinemet	Vibra-Tabs
Monopril	Plendil	Sinemet CR	Vicodin
Motrin	Pletal	Sinequan	Vicodin ES
MS Contin	Polaramine*	Soma	Vicoprofen
Mucomyst	Polysporin	Soma Compound	Vistaril
Mycelex Troche	Polytrim	Spectazole	Voltaren
Mycolog II	Pravachol sans 80mg	Sporanox	Voltaren XR
Mycostatin	Pred Forte	Stadol	Wellbutrin
Mydracil	Prelone*	Staticin	Wellbutrin SR
Mysoline	Prilosec SA	Stelazine	Westcort
Nalfon 600	Primacor*	Symmetrel	Wytensin
Naprosyn	Principen	Synalar*	Xanax
Navane	Prinivil	Tagamet	Xanax XR
Nebcin	Prinzide	Tambocor*	Xylocaine
Neoral	Procan SR	Tapazole	Xylocaine Viscous
Neosporin	Procardia	Taxol	Zanaflex
Neurontin	Procardia XL	Tegretol	Zantac
NitroDur*	Prolixin	Temovate	Zantac Gel dose
Nitro-Stat	Prolixin Decanoate	Temovate E	Zaroxolyn
Nizoral	Proloprim	Tenex*	Zebeta
Nolvadex	Pronestyl	Tenoretic	Zestoretic
Norflex CR*	Propine	Tenormin	Zestril
Norgesic*	Proscar	Tenuate*	Ziac
Norpace	Prosom	Terazol*	Zithromax
Norpace CR	Proventil	Tessalon Perles	Zocor
Norpramin*	Provera	Theo-Dur*	Zofran, ODT
Ocuflox	Prozac	Tiazac*	Zonegran
Ocupress	Psorcon*	Ticlid	Zovirax
Ogen	Questran	Timoptic	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."