

## 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.

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

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

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

\* 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."