

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

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

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

\* 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."