

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: December 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	Glyname Prestab
Achromycin	Capoten	Dilaudid, HP	Grifulvin V Susp
Actifed	Capozide		Halcion
Actigall	Carafate**	Diprolene*	Haldol
Actiq	Cardene	Diprolene AF*	Haldol Decanoate
Adalat CC	Cardizem**	Diprosone*	Hydrea
Adderall	Cardura	Ditropan	Hydrodiuril
Adipex-P	Cataflam	Ditropan XL	Hytone*
Agrylin	Catapres	Diuril	Hytrin
Aldactazide	Ceclor	Dolobid	Imdur*
Aldactone	Ceftin**	Dolophine HCL	Imuran
Aldomet	Cefzil	Doryx*	Inderal, LA
Alphagan	Celexa Solution*	Dostinex 0.5 mg	Inderide
Amaryl	Cerebyx	Drisdol	Indocin
Ambien	Chloroptic	Duoneb	
Amikin	Ciloxan	Duragesic Patch	
Amoxil	Cipro, XR	Duricef**	Intal Nebulizer Solution*
Anafranil	Cleocin	Dyazide	Isoptin
Anaprox	Cleocin Phosphate		Isoptin SR
Ansaïd	Cleocin T	EC-Naprosyn	Isopto Atropine Drops
Antivert	Climara	E.E.S.	Isordil
Anturane	Clinoril	Effexor	
Apresoline	Clozaril***	Elimite	K-Dur*
Arava**	Cogentin	Elavil	Keflex
Aristocort	Colectid	Elocon*	Kenalog
Aristocort A	Compazine	Equanil	Kenalog with Orabase
Artane	Copegus	Eryc*	Kerlone**
Atarax	Cordarone	Erycette	Klonopin, Wafer
Ativan	Coreg	Erygel**	Lac Hydrin
	Corgard	Eryped	Lamisil
Atrovent	Cortisporin	Esgic-Plus*	Lanoxin
Augmentin	Coumadin	Eskalith	Lasix*
Aventyl*	Cutivate	Estrace**	Lidex*
Axid	Cyclogyl	Eulexin*	Lidex E**
Azulfidine	Cytotec	Famvir	Limbitrol
Bactocill	Dalmane	Feldene	Limbitrol DS
Bactrim	Danocrine*	Fioricet	Lioresal
Bactroban	Dantrium	Fiorinal	Lodine, XL
Bancap HC*	Darvocet N 50	Flagyl	Lofibra
Benadryl	Darvocet N 100	Flexeril	Lomotil
Bentyl*	Daypro	Florinef	Loniten
Benziq	DDAVP*	Floxin	Lopid
Betagan	Decadron	Flumadine*	Lopressor
Betapace	Deltasone	FML	Lopressor HCT
Biaxin, XL	Demadex	Fulvicin P/G*	Loprox
Blocadren	Depakene	Fungizone	Lorcet+
Brethine	Depo-Provera Vial	Furacin	Lortab
Brevoxyl Wash	Desowen	Garamycin*	Lotensin
Bumex	Desyrel	Glucophage	Lotensin HCT
Buspar	Dexedrine	Glucophage XL	Lotrimin
	Diabinese	Glucotrol	Lotrisone
	Diamox		Loxitane
	Diflucan		Lozol

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