

# 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: June 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	Dimetane DC, DX	Halcion
Actifed w/Codeine	Carafate**	Diprolene*	Haldol
Actigall	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	Chloromycetin	Drisdol	Indocin
Ambien	Chloroptic	Duragesic Patch	
Amikin	Ciloxan	Duricef**	
Amoxil	Cipro	Dyazide	Intal Nebulizer Solution*
Anafranil	Cleocin	Dymelor	Isoptin
Anaprox	Cleocin Phosphate	EC-Naprosyn	Isoptin SR
Ansaïd	Cleocin T	E.E.S.	Isopto Atropine Drops
Antivert	Climara	Effexor	Isordil
Anturane	Clinoril	Elavil	K-Dur*
Apresoline	Clozaril***	Elocon*	Keflex
Arava**	Cogentin	Equanil	Kenalog
Aristocort	Compazine	Eryc*	Kenalog with Orabase
Aristocort A	Copegus	Erycette	Kerlone**
Artane	Cordarone	Erygel**	Klonopin
Atarax	Corgard	Eryped	Lac Hydrin
Ativan	Cortisporin	Esgic-Plus*	
Atromid-S	Coumadin	Eskalith	Lanoxin
Atrovent	Cutivate	Estrace**	Lasix*
Augmentin	Cyclogyl	Eulexin*	Lidex*
Aventyl*		Feldene	Lidex E**
Axid	Cytotec	Fioricet	Limbitrol
Azulfidine	Dalmane	Fiorinal	Limbitrol DS
Bactocill	Danocrine*	Flagyl	Lioresal
Bactrim	Dantrium	Flexeril	Lodine, XL
Bactroban	Darvocet N 50		Lofibra
Bancap HC*	Darvocet N 100	Florinef	Lomotil
Benadryl	Daypro	Floxin	Loniten
Bentyl*	DDAVP*	Flumadine*	Lopid
Benziq	Decadron	FML	Lopressor
Betagan	Deltasone	Fulvicin P/G*	Lopressor HCT
Betapace	Demadex		Loprox
Biaxin, XL	Depakene	Fungizone	Lorcet +
Blocadren	Depo-Provera Vial	Furacin	Lortab
Brethine	Desowen	Garamycin*	Lotensin
Brevoxyl Wash	Desyrel	Glucophage	Lotensin HCT
Bumex	Dexedrine	Glucophage XL	Lotrimin
Buspar	Diabinese	Glucotrol	Lotrisone
	Diamox		Loxitane
	Diflucan		Lozol

Effective: June 1, 2007

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

\* 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."