

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.

A	Augmentin	Ceclor	Darvocet N 100
Accupril	Aventyl*	Ceftin**	Daypro
Accuretic	Axid	Cefzil	DDAVP*
Accutane	Azulfidine	Celexa Solution*	Decadron
Achromycin		Cerebyx	Deltasone
Actifed	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	C	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	D	Drisdol
Artane	Cardizem**	Dalmane	Duoneb
Atarax	Cardura	Danocrine*	Duragesic Patch
Ativan	Cataflam	Dantrium	Duricef**
Atrovent	Catapres	Darvocet N 50	Dyazide

<u>E</u>	<u>I</u>	Maxitrol	Omnicef
EC-Naprosyn	Imdur*	Maxzide	Ophthaine
E.E.S.	Imuran	Medrol	Optipranolol
Effexor	Inderal, LA	Megace	Orudis
Elimite	Inderide	Mellaril	Oxandrin
Elavil	Indocin	Mestinon	Oxyir
Elocon*	Intal_Neb Soln*	Metaglip	
Equanil	Isoptin	Metrocream**	<u>P</u>
Eryc*	Isoptin SR	Metrogel**	Pamelor
Erycette	Isopto Atropine Drops	Metrolotion**	Parafon Forte DSC
Erygel**	Isordil	Mevacor	Parlodel
Eryped		Micro K*	Paxil
Esgic-Plus*	<u>K</u>	Micronase	Pediazole
Eskalith	K-Dur*	Miltown	Penlac
Estrace**	Keflex	Minipress	Pentam*
Eulexin*	Kenalog	Minocin	Pepcid
	Kenalog with Orabase	Miralax Powder	Percocet
	Kerlone**	Mobic	Percodan
	Klonopin, Wafer	Moduretic	Percolone
	Kytril	Monoket	Periactin
<u>F</u>		Monopril	Peridex*
Famvir		Motrin	Periostat
Feldene	<u>L</u>	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
Flonase	Lidex*	Mysoline	Plaquenil*
Florinef	Lidex E**		Plendil
Floxin, Otic	Limbitrol	<u>N</u>	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
<u>G</u>	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	Lotrel	Norpace	Prolixin Decanoate
	Lotrimin	Norpace CR	Proloprim
<u>H</u>	Lotrisone	Norpramin*	Propine
Halcion	Loxitane	Norvasc	Proscar
Haldol	Lozol		Prosom
Haldol_Decanoate	Luvox*	<u>O</u>	Protonix
Hydrea		Ocuflox	Proventil
Hydrodiuril	<u>M</u>	Ocupress	Provera
Hytone*	Macrobid	Ogen	Prozac
Hytrin	Macrochantin		

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

* 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."