

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: May 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	Glyrase Prestab
Achromycin	Capoten	Dimetane DC, DX	Grifulvin V Susp
Actifed	Capozide	Diprolene*	Halcion
Actifed w/Codeine	Carafate**	Diprolene AF*	Haldol
Actigall	Cardene	Diprosone*	Haldol Decanoate
Adalat CC	Cardizem**	Ditropan	Hydrea
Adderall	Cardura	Ditropan XL	Hydrodiuril
Adipex-P	Cataflam	Diuril	Hytone*
Agrylin	Catapres	Dolobid	Hytrin
Aldactazide	Ceclor	Dolophine HCL	Imdur*
Aldactone	Ceftin**	Doryx*	Imuran
Aldomet	Cefzil	Dostinex 0.5 mg	Inderal, LA
Alphagan	Celexa Solution*	Drisdol	Inderide
Amaryl	Chloromycetin	Duragesic Patch	Indocin
Ambien	Chloroptic	Duricef**	
Amikin	Ciloxan	Dyazide	
Amoxil	Cipro	Dymelor	Intal Nebulizer Solution*
Anafranil	Cleocin	EC-Naprosyn	Isoptin
Anaprox	Cleocin Phosphate	E. E. S.	Isoptin SR
Ansaïd	Cleocin T	Effexor	Isopto Atropine Drops
Antivert	Climara	Elavil	Isordil
Anturane	Clinoril		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	Flonase	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	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

Luvox*	Ophthaine	Questran Lite	Tobrex
Macrobid	Optipranolol		Tofranil
Macrochantin	Orudis	Reglan	Tolectin
Maxitrol	Oxandrin	Relafen	Tolinase
Maxzide	Oxyir	Remeron	Topicort**
Medrol	Pamelor	Remeron Soltab	Toprol XL
Megace	Parafon Forte DSC	Restoril	Trandate**
Mellaril	Parlodol	Retin-A	Transderm Nitro
Mestinon	Pediazole	Retrovir	Tranxene**
Metaglip	Pentam*	Revia	Trental*
Metrocream**	Pepcid	Rifadin*	Tridesilon
Metrogel**	Percocet	Ritalin	Trilafon*
Metro lotion**	Percodan	Ritalin SR	Tylenol with Codeine
Mevacor	Percolone	Robaxin	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
		Stelazine	Wellbutrin
Mysoline	Principen	Symmetrel	Wellbutrin SR
Nalfon 600	Prinivil	Synalar*	Westcort
Naprosyn	Prinzide	Tagamet	Xanax
Navane	Procan SR	Tambocor*	Xanax XR
Nebcin	Procardia	Tapazole	Xylocaine
Neoral	Procardia XL	Taxol	Xylocaine Viscous
Neosporin	Prolixin	Tegretol	Zanaflex
Neurontin	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*	Zoloft
Ocuflox		Ticlid	Zonegran
Ocupress		Timoptic	Zovirax
Ogen		Timoptic-XE	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."