

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: January 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
Aldoril	Celexa Solution*	Drisdol	Inderide
Aldoril D	Chloromycetin	Duragesic Patch	Indocin
Allegra	Chloroptic	Duricef**	Inflamase Forte
Alphagan	Ciloxan	Dyazide	Inflamase Mild
Amaryl	Cipro	Dymelor	Intal Nebulizer Solution*
Amikin	Cleocin	EC-Naprosyn	Isoptin
Amoxil	Cleocin Phosphate	E. E. S.	Isoptin SR
Anafranil	Cleocin T	Effexor	Isopto Atropine Drops
Anaprox	Climara	Elavil	Isordil
Ansaid	Clinoril	Elixophyllin*	K-Dur*
Antivert	Clozaril***	Elocon*	Keflex
Anturane	Cogentin	Enduron	Kenalog
Apresazide	Compazine	Equanil	Kenalog with Orabase
Apresoline	Copegus	Eryc*	Kerlone**
Arava**	Cardarone	Erycette	Klonopin
Aristocort	Corgard	Erygel**	Lac Hydrin
Aristocort A	Cortisporin	Eryped	Lamictal
Artane	Coumadin	Ery-tab	Lanoxin
Atarax	Cutivate	Esgic-Plus*	Lasix*
Ativan	Cyclogyl	Eskalith	Lidex*
Atromid-S	Cylert	Estrace**	Lidex E**
Atrovent	Cytotec	Eulexin*	Limbitrol
Augmentin	Dalmane	Feldene	Limbitrol DS
Aventyl*	Danocrine*	Fioricet	Lioresal
Axid	Dantrium	Fiorinal	Lodine
Azulfidine	Darvocet N 50	Flagyl	Lodine XL
Bactocill	Darvocet N 100	Flexeril	Lomotil
Bactrim	Daypro	Flonase	Loniten
Bactroban	DDAVP*	Florinef	Lopid
Bancap HC*	Decadron	Floxin	Lopressor
Benadryl	Deltasone	Flumadine*	Lopressor HCT
Bentyl*	Demadex	FML	Loprox
Betagan	Depakene	Fulvicin P/G*	Lorcet+
Betapace	Depo-Provera Vial	Fulvicin U/F*	Lortab
Biaxin	Desowen	Fungizone	Lotensin
Blocadren	Desyrel	Furacin	Lotensin HCT
Brethine	Dexedrine	Garamycin*	Lotrimin
Bumex	Diabinese	Glucophage	Lotrisone
Buspar	Diamox	Glucophage XL	Loxitane
	Diflucan	Glucotrol	Lozol

Effective: January 1, 2007

Luvox*	Ophthaine	Quinaglute	Tobrex
Macrobid	Optipranolol	Reglan	Tofranil
Macrochantin	Orudis	Relafen	Tolectin
Maxitrol	Oruvail	Remeron	Tolinase
Maxzide	Oxycontin	Remeron Soltab	Topicort**
Medrol	Oxyir	Restoril	Trandate**
Megace	Pamelor	Retin-A	Transderm Nitro
Mellaril	Parafon Forte DSC	Retrovir	Tranxene**
Mestinon	Parlodel	Revia	Trental*
Metaglip	Pediazole	Rifadin*	Tridesilon
Metrocream**	Pentam*	Ritalin	Trilafon*
Metrogel**	Pepcid	Ritalin SR	Tylenol with Codeine
Metroloction**	Percocet	Robaxin	Tylox
Mevacor	Percodan	Rocaltrol	Ultracet
Mexitil	Percolone	Rocephin	Ultram
Micro K*	Periactin	Roxicodone	Urecholine
Micronase	Peridex*	Roxicodone Intensol	Vantin
Midamor	Periostat	Restoril	Vaseretic
Miltown	Permax	Rythmol	Vasotec
Minipress	Persantine	Sectral**	Velosef
Minocin	Phenergan	Sepra	Vepesid
Miralax Powder	Phenergan with Codeine	Serax	Verelan
Mobic	Phenergan with DM	Silvadene**	Vibramycin
Moduretic	Plaquenil*	Sinemet	Vibra-Tabs
Monoket	Plendil	Sinemet CR	Vicodin
Monopril	Pletal	Sinequan	Vicodin ES
Motrin	Polaramine*	Soma	Vicoprofen
MS Contin	Polysporin	Soma Compound	Vistaril
Mucomyst	Polytrim	Spectazole	Voltaren
Mycelex Troche	Pravachol sans 80mg	Sporanox	Voltaren XR
Mycolog II	Pred Forte	Stadol	Wellbutrin
Mycostatin	Prelone*	Statinin	Wellbutrin SR
Mydracil	Prilosec SA	Stelazine	Westcort
Mysoline	Primacor*	Symmetrel	Wytensin
Nalfon 600	Principen	Synalar*	Xanax
Naprosyn	Prinivil	Tagamet	Xanax XR
Navane	Prinzide	Tambocor*	Xylocaine
Nebcin	Procan SR	Tapazole	Xylocaine Viscous
Neoral	Procardia	Taxol	Zanaflex
Neosporin	Procardia XL	Tegretol	Zantac
Neurontin	Prolixin	Temovate	Zantac Gel dose
NitroDur*	Prolixin Decanoate	Temovate E	Zaroxolyn
Nitro-Stat	Proloprim	Tenex*	Zebeta
Nizoral	Pronestyl	Tenoretic	Zestoretic
Nolvadex	Propine	Tenormin	Zestril
Norflex CR*	Proscar	Tenuate*	Ziac
Norgesic*	Prosom	Terazol*	Zithromax
Norpace	Proventil	Tessalon Perles	Zocor
Norpace CR	Provera	Theo-Dur*	Zonegran
Norpramin*	Prozac	Tiazac*	Zovirax
Ocuflox	Psorcon*	Ticlid	Zyloprim
Ocupress	Questran	Timoptic	
Ogen	Questran Lite	Timoptic-XE	

* 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."