

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	Demadox
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	Metro lotion**	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
<u>F</u>	Kytril	Monoket	Periactin
Famvir		Monopril	Peridex*
Feldene	<u>L</u>	Motrin	Periostat
Fioricet	Lac Hydrin	MS Contin	Persantine
Fiorinal	Lamisil	Mucomyst	Phenergan
Flagyl	Lanoxin	Mycelex Troche	Phenergan with
Flexeril	Lasix*	Mycolog II	Codeine
Flonase	Lidex*	Mycostatin	Phenergan with DM
Florinef	Lidex E**	Mysoline	Plaquenil*
Floxin, Otic	Limbitrol		Plendil
Flumadine*	Limbitrol DS	<u>N</u>	Pletal
FML	Lioresal	Nalfon 600	Polysporin
Fulvicin P/G*	Lodine, XL	Naprosyn	Polytrim
Fungizone	Lofibra	Navane	Pravachol
Furacin	Lomotil	Nebcin	Pred Forte
	Loniten	Neoral	Prelone*
<u>G</u>	Lopid	Neosporin	Prilosec SA
Garamycin*	Lopressor	Neurontin	Primacor
Glucophage	Lopressor HCT	Nimotop	Principen
Glucophage XL	Loprox	NitroDur*	Prinivil
Glucotrol	Lorcet+	Nitro-Stat	Prinzide
Glucotrol XL	Lortab	Nizoral	Procan SR
Glucovance	Lotensin	Nolvadex	Procardia
Glynase Prestab	Lotensin HCT	Norflex CR*	Procardia XL
Grifulvin V Susp	Lotrel	Norgesic*	Prolixin
	Lotrimin	Norpace	Prolixin Decanoate
<u>H</u>	Lotrisone	Norpace CR	Proloprim
Halcion	Loxitane	Norpramin*	Propine
Haldol	Lozol	Norvasc	Proscar
Haldol_Decanoate	Luvox*		Prosom
Hydrea		<u>O</u>	Protonix
Hydrodiuril	<u>M</u>	Ocuflox	Proventil
Hytone*	Macrobid	Ocupress	Provera
Hytrin	Macrochantin	Ogen	Prozac

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

* 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."