

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	Catapres	Darvocet N 50
Accupril	Aventyl*	Ceclor	Darvocet N 100
Accuretic	Axid	Ceftin**	Daypro
Accutane	Azulfidine	Cefzil	DDAVP*
Achromycin		Celexa Solution*	Decadron
Actifed	B	Cerebyx	Deltasone
Actigall	Bactocill	Chloroptic	Demadox
Actiq	Bactrim	Ciloxan	Depakene
Adalat CC	Bactroban	Cipro, XR	Depo-Provera Vial
Adderall	Bancap HC*	Cleocin	Desowen
Adipex-P	Benadryl	Cleocin Phosphate	Desyrel
Agrylin	Bentyl*	Cleocin T	Dexedrine, Spansule
Aldactazide	Benzac	Climara	Diabinese
Aldactone	Benziq	Clinoril	Diamox
Aldomet	Betagan	Clozaril***	Didronel
Alphagan	Betapace	Cogentin	Diffucan
Altace	Biaxin, XL	Colazal	Dilacor XR**
Amaryl	Blocadren	Colestid	Dilantin
Ambien	Brethine	Combunox	Dilantin Kapseal
Amikin	Brevoxyl Wash	Compazine	Dilaudid, HP
Amoxil	Bumex	Copegus	Diprolene*
Anafranil	Buspar	Cordarone	Diprolene AF*
Anaprox	Butisol Sodium Elixir	Coreg	Diprosone*
Ansaid		Corgard	Ditropan
Antivert	C	Cortisporin	Ditropan XL
Anturane	Calan	Coumadin	Diuril
Apresoline	Calciferol	Cutivate	Dolobid
Arava**	Capoten	Cyclogyl	Dolophine HCL
Aristocort	Capozide	Cytotec	Doryx*
Aristocort A	Carafate**		Dostinex
Artane	Cardene	D	Dovonex
Atarax	Cardizem**	Dalmane	Drisdol
Ativan	Cardura	Danocrine*	Duoneb
Atrovent	Cataflam	Dantrium	Duragesic Patch

Duricef**	Hydrea	Luvox*	
Dyazide	Hydrodiuril		
	Hytone*	M	O
E	Hytrin	Macrobid	Ocuflox
EC-Naprosyn		Macrochantin	Ocupress
E.E.S.	I	Maxitrol	Ogen
Effexor	Imdur*	Maxzide	Olux
Elimite	Imuran	Medrol	Omnicef
Elavil	Inderal, LA	Megace	Ophthaine
Elocon*	Inderide	Mellaril	Optipranolol
Equanil	Indocin	Mestinon	Orudis
Eryc*	Intal_Neb Soln*	Metaglip	Oxandrin
Erycette	Isoptin	Metrocream**	Oxyir
Erygel**	Isoptin SR	Metrogel**	
Eryped	Isopto Atropine Drops	Metrolotion**	P
Esgic-Plus*	Isordil	Mevacor	Pamelor
Eskalith		Micro K*	Parafon Forte DSC
Estrace**	K	Micronase	Parlodol
Eulexin*	K-Dur*	Miltown	Paxil, CR
	Keflex	Minipress	Pediazole
F	Kenalog	Minocin	Penlac
Famvir	Kenalog with Orabase	Miralax Powder	Pentam*
Feldene	Kerlone**	Mobic	Pepcid
Fioricet	Klonopin, Wafer	Moduretic	Percocet
Fiorinal	Kytril	Monoket	Percodan
Flagyl		Monopril	Percolone
Flexeril	L	Motrin	Periactin
Flonase	Lac Hydrin	MS Contin	Peridex*
Florinef	Lamisil	Mucomyst	Periostat
Floxin, Otic	Lanoxin	Mycelex Troche	Persantine
Flumadine*	Lasix*	Mycolog II	Phenergan
FML	Lidex*	Mycostatin	Phenergan with
Fortaz	Lidex E**	Mysoline	Codeine
Fosamax	Limbitrol		Phenergan with DM
Fulvicin P/G*	Limbitrol DS	N	Plaquenil*
Fungizone	Lioresal	Nalfon 600	Plendil
Furacin	Lodine, XL	Naprosyn	Pletal
	Lofibra	Navane	Polysporin
G	Lomotil	Nebcin	Polytrim
Garamycin*	Loniten	Neoral	Pravachol
Glucophage	Lopid	Neosporin	Precose
Glucophage XL	Lopressor	Neurontin	Pred Forte
Glucotrol	Lopressor HCT	Nimotop	Prelone*
Glucotrol XL	Loprox	NitroDur*	Prilosec SA
Glucovance	Lorcet+	Nitro-Stat	Primacor
Glynase Prestab	Lortab	Nizoral	Principen
Grifulvin V Susp	Lotensin	Nolvadex	Prinivil
	Lotensin HCT	Norfex CR*	Prinzide
H	Lotrel	Norgesic*	Proamatine
Halcion	Lotrimin	Norpace	Procan SR
Haldol	Lotrisone	Norpace CR	Procardia
Haldol_Decanoate	Loxitane	Norpramin*	Procardia XL
Hycodan	Lozol	Norvasc	Prolixin
			Prolixin Decanoate

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

* 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."