

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: October 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	Glyname Prestab
Achromycin	Capoten	Dilaudid, HP	Grifulvin V Susp
Actifed	Capozide		Halcion
Actigall	Carafate**	Diprolene*	Haldol
Actiq	Cardene	Diprolene AF*	Haldol Decanoate
Adalat CC	Cardizem**	Diprosone*	Hydrea
Adderall	Cardura	Ditropan	Hydrodiuril
Adipex-P	Cataflam	Ditropan XL	Hytone*
Agrylin	Catapres	Diuril	Hytrin
Aldactazide	Ceclor	Dolobid	Imdur*
Aldactone	Ceftin**	Dolophine HCL	Imuran
Aldomet	Cefzil	Doryx*	Inderal, LA
Alphagan	Celexa Solution*	Dostinex 0.5 mg	Inderide
Amaryl	Cerebyx	Drisdol	Indocin
Ambien	Chloroptic	Duoneb	
Amikin	Ciloxan	Duragesic Patch	
Amoxil	Cipro, XR	Duricef**	Intal Nebulizer Solution*
Anafranil	Cleocin	Dyazide	Isoptin
Anaprox	Cleocin Phosphate		Isoptin SR
Ansaïd	Cleocin T	EC-Naprosyn	Isopto Atropine Drops
Antivert	Climara	E.E.S.	Isordil
Anturane	Clinoril	Effexor	
Apresoline	Clozaril***	Elimate	K-Dur*
Arava**	Cogentin	Elavil	Keflex
Aristocort	Compazine	Elocon*	Kenalog
Aristocort A	Copegus	Equanil	Kenalog with Orabase
Artane	Cordarone	Eryc*	Kerlone**
Atarax	Coreg	Erycette	Klonopin
Ativan	Corgard	Erygel**	Lac Hydrin
	Cortisporin	Eryped	Lamisil
Atrovent	Coumadin	Esgic-Plus*	Lanoxin
Augmentin	Cutivate	Eskalith	Lasix*
Aventyl*	Cyclogyl	Estrace**	Lidex*
Axid	Cytotec	Eulexin*	Lidex E**
Azulfidine	Dalmane		Limbitrol
Bactocill	Danocrine*	Feldene	Limbitrol DS
Bactrim	Dantrium	Fioricet	Lioresal
Bactroban	Darvocet N 50	Fiorinal	Lodine, XL
Bancap HC*	Darvocet N 100	Flagyl	Lofibra
Benadryl	Daypro	Flexeril	Lomotil
Bentyl*	DDAVP*	Florinef	Loniten
Benziq	Decadron	Floxin	Lopid
Betagan	Deltasone	Flumadine*	Lopressor
Betapace	Demadex	FML	Lopressor HCT
Biaxin, XL	Depakene	Fulvicin P/G*	Loprox
Blocadren	Depo-Provera Vial	Fungizone	Lorcet+
Brethine	Desowen	Furacin	Lortab
Brevoxyl Wash	Desyrel	Garamycin*	Lotensin
Bumex	Dexdrine	Glucophage	Lotensin HCT
Buspar	Diabinese	Glucophage XL	Lotrimin
	Diamox	Glucotrol	Lotrisone
	Diflucan		Loxitane
			Lozol

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Luvox*	Ophthaine	Rebetol	Timoptic-XE
Macrobid	Optipranolol	Reglan	Tobrex
Macrochantin	Orudis	Relafen	Tofranil
Maxitrol	Oxandrin	Remeron	Tolectin
Maxzide	Oxyir	Remeron Soltab	Tolinase
Medrol	Pamelor	Restoril	Topicort**
Megace	Parafon Forte DSC	Retin-A	Toprol XL
Mellaril	Parlodel	Retrovir	Trandate**
Mestinon	Paxil	Revia	Transderm Nitro
Metaglip	Pediazole	Rifadin*	Tranxene**
Metrocream**	Pentam*	Ritalin	Trental*
Metrogel**	Pepcid	Ritalin SR	Tridesilon
Metrolootion**	Percocet	Robaxin	Trilafon*
Mevacor	Percodan	Robinul	Tylenol with Codeine
	Percolone	Rocaltrol	Tylox
Micro K*	Periactin	Rocephin	Ultracet
Micronase	Peridex*	Roxicodone	Ultram
	Periostat	Roxicodone Intensol	Urecholine
Miltown	Persantine	Restoril	Vantin
Minipress	Phenergan	Rythmol	Vaseretic
Minocin	Phenergan with Codeine	Sectral**	Vasotec
Miralax Powder	Phenergan with DM	Septra	Vepesid
Mobic	Plaquenil*	Serax	Verelan, PM
Moduretic	Plendil	Silvadene**	Vibramycin
Monoket	Pletal	Sinemet	Vibra-Tabs
Monopril		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
Mysoline	Primacor	Stelazine	Wellbutrin, XL
Nalfon 600	Principen	Symmetrel	Wellbutrin SR
Naprosyn	Prinivil	Synalar*	Westcort
Navane	Prinzide	Tagamet	Xanax
Nebcin	Procan SR	Tambocor*	Xanax XR
Neoral	Procardia	Tapazole	Xylocaine
Neosporin	Procardia XL	Taxol	Xylocaine Viscous
Neurontin	Prolixin	Tegretol	Zanaflex
Nimotop	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	Zoderm
Norvasc	Questran	Tiazac*	Zofran, ODT
Ocuflox	Questran Lite	Ticlid	Zolofl
Ocupress		Timoptic	Zonegran
Ogen			Zovirax
Omnicef			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."