

Wisconsin Medicaid Preferred Drug List

Drugs listed below affect Wisconsin Medicaid and BadgerCare (fee for service) recipients, and SeniorCare participants.

ACE Inhibitors

Preferred

benazepril, HCTZ
captopril, HCTZ
enalapril, HCTZ
fosinopril, HCTZ
lisinopril, HCTZ
quinapril, HCTZ

Requires Prior Authorization

Aceon
Altace
Mavik
Univasc/Uniretic

Alzheimer's Agents

Preferred

Aricept
Exelon
Namenda
Razadyne, ER

Requires Prior Authorization

Cognex

ACE Inhibitors/Calcium Channel Blocker Combinations

Preferred

Lotrel
Tarka

Requires Prior Authorization

Lexxel

Acne Agents

Preferred

benzoyl peroxide
clindamycin
erythromycin
erythromycin-benzoyl peroxide
tretinoin
Akne-mycin
Azelex
Nuox
Retin-A micro
Tazorac

Requires Prior Authorization

Benzamycinpak
Brevoxyl creamy wash, gel
Clinac BPO
Clindagel
Differin
Evoclin
Klaron
Sulfoxy
Triaz
Zaclir
Zoderm

Analgesics, Narcotics

Preferred

acetaminophen/codeine
aspirin/codeine
butalbital/apap/codeine
butalbital/apap/codeine/caffeine
codeine
fentanyl
hydrocodone/apap
hydrocodone/ibuprofen
hydromorphone
levorphanol
methadone
morphine sulfate
oxycodone ER
oxycodone/apap
oxycodone/aspirin
propoxyphene HCL,apap
tramadol
tramadol/apap
Kadian
Xodol

Requires Prior Authorization

meperidine
pentazocine/apap
pentazocine/naloxone
Actiq
Avinza
Combunox
Darvon-N
Duragesic 12 mcg
Lynox
Palladone
Panlor DC, SS
Synalgos-DC
Ultram ER

**Key: All lowercase letters = generic product.
Leading capital letter = brand name product.**

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Wisconsin Medicaid Preferred Drug List

Angiotensin Receptor Blockers

Preferred

Avapro, Avalide
Benicar, HCT
Cozaar, Hyzaar
Diovan, HCT
Micardis, HCT

Requires Prior Authorization

Atacand, HCT
Teveten, HCT

Gabitril
Keppra
Lamictal
Mebaral
Peganone
Topamax
Trileptal

Anticoagulants, Injectables

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

Innohep

Anticonvulsants

Preferred

carbamazepine
clonazepam
ethosuximide
gabapentin
mephobarbital
phenobarbital
phenytoin
primidone
valproic acid
zonisamide
Carbatrol
Celontin
Depakote, ER, sprinkle
Diastat
Equetro
Felbatol

Requires Prior Authorization

Lyrica
Phenytek
Tegretol XR

Antidepressants, Other

Preferred

bupropion, SR
mirtazapine
trazodone
Effexor, XR

Requires Prior Authorization

nefazodone
Cymbalta
Emsam
Wellbutrin XL*

* Prior authorization is not required for recipients 18 and younger.

Antiemetics, Oral

Preferred

Emend
Zofran, ODT

Requires Prior Authorization

Anzemet
Kytril

Antifungals, Oral

Preferred

clotrimazole
fluconazole
griseofulvin
itraconazole
ketoconazole
nystatin
Gris-Peg
Lamisil
Mycostatin
Vfend

Requires Prior Authorization

Ancobon
Grifulvin V Tablets
Sporanox (liquid)

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Antifungals, Topical

Preferred

ciclopirox cream, suspension
 clotrimazole
 clotrimazole/betamethasone
 econazole nitrate
 ketoconazole
 nystatin
 nystatin/triamcinolone
 Exelderm
 Loprox gel, shampoo

Requires Prior Authorization

Ertaczo
 Mentax
 Naftin
 Oxistat
 Penlac

Antihistamines, Nonsedating

Preferred

loratadine tab, syrup, loratadine-D

Requires Prior Authorization

fexofenadine (Allegra, Allegra-D)
 Clarinex, Clarinex Syrup
 Zyrtec tablet, Zyrtec-D, Zyrtec Syrup

Antimigraine, Triptans

Preferred

Axert
 Imitrex (oral, nasal & subq)
 Maxalt, MLT

Requires Prior Authorization

Amerge
 Frova
 Relpax
 Zomig, Nasal, ZMT

Antiparkinson's Agents

Preferred

benztropine
 carbidopa/levodopa
 pergolide
 selegiline
 trihexyphenidyl
 Comtan
 Kemadrin
 Mirapex
 Requip
 Stalevo

Requires Prior Authorization

Parcopa
 Tasmar

Antipsychotics, Atypical

Preferred

clozapine
 Geodon
 Risperdal
 Seroquel

Requires Prior Authorization

Abilify
 Fazaclo
 Symbyax
 Zyprexa

Antivirals, Influenza

Preferred

amantadine
 rimantadine
 Relenza
 Tamiflu

Requires Prior Authorization

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Antivirals, Other

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acyclovir ganciclovir Valcyte Valtrex	Famvir

Agents for Benign Prostatic Hyperplasia (BPH)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
doxazosin terazosin Avodart Flomax Uroxatral	Cardura XL Proscar

Beta Blockers

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acebutolol atenolol betaxolol bisoprolol labetalol metoprolol nadolol pindolol propranolol sotalol timolol Coreg Toprol XL	Cartrol Inderal LA Innopran XL Levatol

Bladder Relaxant Preparations

<u>Preferred</u>	<u>Requires Prior Authorization</u>
oxybutynin Ditropan XL Enablex Oxytrol Sanctura VesiCare	Detrol, LA

Bone Resorption Suppression and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actonel Fosamax, Plus D Miacalcin	Actonel with Calcium Boniva Didronel Evista Fortical

Bronchodilators, Anticholinergic

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ipratropium Atrovent, HFA Combivent Spiriva	Duoneb

Bronchodilators, Beta Agonists

<u>Preferred</u>	<u>Requires Prior Authorization</u>
albuterol metaproterenol terbutaline Maxair Serevent	Accuneb Alupent Foradil Vospire ER Xopenex, HFA

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Calcium Channel Blocking Agents

Preferred

diltiazem, ER
felodipine ER
nicardipine
nifedipine, ER
verapamil, SR
Cardizem LA
Norvasc
Sular
Verelan PM

Requires Prior Authorization

isradipine
Cardene SR
Covera-HS
Dynacirc, CR
Nimotop

Cephalosporin and Related Agents

Preferred

amoxicillin/clavulanate
amox tr-potassium clav 600
cefaclor
cefadroxil
cefepodoxime
cefuroxime
cephalexin
cefprozil
Cedax
Omnicef
Spectracef
Suprax

Requires Prior Authorization

Augmentin XR
Lorabid
Panixine
Raniclor

Cytokine and CAM Antagonists

Preferred

Enbrel[†]
Humira[†]
Kineret[†]
Raptiva[†]

[†] Preferred agents that require clinical prior authorization.

Requires Prior Authorization

Amevive
Orencia

Erythropoiesis Stimulating Proteins

Preferred

Aranesp
Procrit

Requires Prior Authorization

Epogen

Fluoroquinolones

Preferred

ciprofloxacin
ofloxacin
Avelox
Levaquin

Requires Prior Authorization

Cipro suspension, XR
Factive
Maxaquin
Noroxin
Proquin XR
Tequin

Glucocorticoids, Inhaled

Preferred

Advair Diskus
Aerobid, Aerobid-M
Asmanex
Azmacort
Flovent
Pulmicort Respules
Qvar

Requires Prior Authorization

Pulmicort Turbuhaler

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Growth Hormone

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Norditropin [†]	Genotropin
Nutropin AQ [†]	Humatrope
Saizen [†]	Nutropin
Tev-Tropin [†]	Serostim

[†] Preferred agents that require clinical prior authorization.

Hepatitis C Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ribavirin	Infergen
Copegus	
Pegasys	
Peg-Intron, Redipen	
Rebetol	

Hypoglycemics, Insulins and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Humulin	Apidra
Humalog	Byetta
Humalog Mix	Levemir
Lantus	Novolin
	Novolog
	Novolog Mix
	Symlin

Hypoglycemics, Meglitinides

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Starlix	Prandin

Hypoglycemics, Thiazolidinediones

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actos	Actoplus MET
Avandamet	Avandaryl
Avandia	

Intranasal Rhinitis Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flunisolide	Astelin
fluticasone	Beconase AQ
ipratropium	Nasarel
Nasacort AQ	Rhinocort Aqua
Nasonex	

Leukotriene Modifiers

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Accolate	
Singulair	

Lipotropics, Other

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine	Antara
gemfibrozil	Omacor
niacin	Triglide
Colestid	Welchol
Lofibra	Zetia
Niaspan	
Tricor	

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Lipotropics, Statins

Preferred

lovastatin
pravastatin
Advicor
Altoprev
Crestor
Lescol, XL
Vytorin
Zocor

Requires Prior Authorization

simvastatin
Caduet
Lipitor
Pravachol 80 mg
Pravigard PAC

Macrolides/Ketolides

Preferred

azithromycin 250, 500, 600 mg
clarithromycin
erythromycin
Biaxin XL
Zithromax suspension

Requires Prior Authorization

Ketek

Multiple Sclerosis Agents

Preferred

Avonex
Betaseron
Copaxone
Rebif

Requires Prior Authorization

Nonsteroidal Anti-inflammatory Agents

Preferred

diclofenac, potassium, XL
etodolac, XL
fenoprofen
flurbiprofen
ibuprofen
indomethacin, SR
ketoprofen
ketorolac
meclofenamate
nabumetone
naproxen
naproxen sodium, DS
oxaprozin
piroxicam
sulindac
tolmetin, DS

Requires Prior Authorization

Arthrotec
Celebrex
Mobic
Nalfon 200, 300 mg
Ponstel
Prevacid Naprapac

Ophthalmics, Allergic Conjunctivitis

Preferred

cromolyn
Acular
Alrex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar
Zaditor

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Ophthalmics, Antibiotics

Preferred

bacitracin/polymyxin
 ciprofloxacin solution
 erythromycin
 gentamicin
 ofloxacin
 polymyxin/trimethoprim
 sulfacetamide
 tobramycin
 triple antibiotic
 Zymar

Requires Prior Authorization

Ciloxan Ointment
 Quixin
 Vigamox

Ophthalmics, Glaucoma Agents

Preferred

betaxolol
 brimonidine
 carteolol
 dipivefrin
 levobunolol
 metipranolol
 pilocarpine
 timolol
 Alphagan P
 Azopt
 Betimol
 Betopic S
 Cosopt
 Lumigan
 Travatan
 Trusopt

Requires Prior Authorization

Istalol
 Xalatan

Otics, Antibiotics (Anti-Inflammatory-Antibiotics)

Preferred

neomycin/polymyxin/HC
 Ciprodex
 Coly-Mycin S
 Floxin (singles and drops)

Requires Prior Authorization

Cipro HC
 Cortisporin-TC

Phosphate Binders and Related Agents

Preferred

Phoslo
 Renagel

Requires Prior Authorization

Magnebind
 Fosrenol

Platelet Aggregation Inhibitors

Preferred

dipyridamole
 ticlopidine
 Aggrenox
 Plavix

Requires Prior Authorization

Proton Pump Inhibitors

Preferred

Nexium
 Prevacid (caps, SoluTab, susp)

Requires Prior Authorization

omeprazole*
 Aciphex*
 Prilosec 40 mg*
 Protonix*
 Zegerid*

* Requires the prior use and failure of Nexium **and** Prevacid.

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Sedative Hypnotics

Preferred

chloral hydrate
estazolam
flurazepam
temazepam
triazolam
Ambien
Lunesta
Rozerem

Requires Prior Authorization

Ambien CR
Doral
Restoril
Sonata

Topical Immunomodulators (Dermatitis)

Preferred

Elidel
Protopic

Requires Prior Authorization

Selective Serotonin Reuptake Inhibitors (SSRI)

Preferred

citalopram
fluoxetine
paroxetine

Requires Prior Authorization

Lexapro
Paxil CR
Pexeva
Prozac Weekly
Zoloft

Ulcerative Colitis

Preferred

mesalamine
sulfasalazine
Asacol
Canasa
Dipentum
Pentasa

Requires Prior Authorization

Colazal

Stimulants and Related Agents

Preferred

amphetamine salt combo
dextroamphetamine
methylphenidate ER
Adderall XR
Concerta
Focalin, XR
Metadate CD
Ritalin LA

Requires Prior Authorization

pemoline (Cylert)
Daytrana
Desoxyn
Provigil
Strattera

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