

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 09/01/06)

ACE Inhibitors		Angiotensin Receptor Blockers		Antifungals, Oral		Agents for BPH	
benazepril, HCTZ	P	Avapro, Avalide	P	clotrimazole	P	doxazosin	P
captopril, HCTZ	P	Benicar, HCT	P	fluconazole	P	finasteride	P
enalapril, HCTZ	P	Cozaar, Hyzaar	P	griseofulvin	P	terazosin	P
fosinopril, HCTZ	P	Diovan, HCT	P	itraconazole	P	Avodart	P
lisinopril, HCTZ	P	Micardis, HCT	P	ketoconazole	P	Flomax	P
quinapril, HCTZ	P	Atacand, HCT	NP	nystatin	P	Uroxatral	SCN P
Aceon	NP	Teveten, HCT	NP	Gris-Peg	P	Cardura XL	NP
Altace	NP	Anticoagulants, Injectables		Lamisil	P	Beta Blockers	
Mavik	NP	Arixtra	P	Mycostatin	P	acebutolol	P
Univasc/Uniretic	NP	Fragmin	P	Vfend	P	atenolol	P
ACE Inhibitors/CCB Combinations		Lovenox	SCN P	Ancobon	NP	betaxolol	P
Lotrel	P	Innohep	NP	Grifulvin V Tablets	NP	bisoprolol	P
Tarka	P	Anticonvulsants		Sporanox (liquid)	NP	labetalol	P
Lexxel	NP	carbamazepine	P	Antifungals, Topical		metoprolol	P
Acne Agents		clonazepam	P	ciclopirox cream, suspension	P	nadolol	P
benzoyl peroxide	P	ethosuximide	P	clotrimazole/betamethasone	P	pindolol	P
clindamycin	P	gabapentin	P	econazole nitrate	P	propranolol	P
erythromycin, benzoyl peroxide	P	lamotrigine 25 mg	P	ketoconazole	P	sotalol	P
tretinoin	P	mephobarbital	P	nystatin	P	timolol	P
Akne-mycin	P	phenobarbital	P	nystatin/triamcinolone	P	Coreg	P
Azelex	P	phenytoin	P	Exelderm	P	Toprol XL	P
Nuox	SCN P	primidone	P	Loprox gel, shampoo	SCN P	Cartrol	NP
Retin-A micro	P	valproic acid	P	Ertaczo	NP	Inderal LA	NP
Tazorac	P	zonisamide	P	Mentax	NP	Innopran XL	NP
Benzamycinpak	SCN NP	Carbatrol	P	Naftin	NP	Levatol	NP
Brevoxyl creamy wash, gel	NP	Celontin	P	Oxistat	NP	Bladder Relaxant Preparations	
Clinac BPO	NP	Depakote, ER, sprinkle	P	Penlac	SCN NP	oxybutynin	P
Clindagel	SCN NP	Diastat	P	Antihistamines, Nonsedating		Diltropan XL	P
Differin	SCN NP	Equetro	P	loratadine tab, syrup, -D	P	Enablex	P
Evoclin	NP	Felbatol	P	fexofenadine (Allegra, -D)	NP	Oxytrol	P
Inova	NP	Gabitril	P	Clarinx, Clarinx Syrup	SCN NP	Sanctura	SCN P
Klaron	SCN NP	Keppra	P	Zyrtec tab, syrup, -D	NP	VesiCare	P
Sulfoxy	NP	Lamictal	P	Antimigraine, Triptans		Detrol, LA	NP
Triaz	SCN NP	Mebaral	SCN P	Axert	QL P	Bone Resorption Suppression	
Zaclir	NP	Peganone	P	Imitrex	QL P	Actonel	P
Zoderm	NP	Topamax	P	Maxalt, MLT	QL P	Fosamax, Plus D	P
Alzheimer's Agents		Trileptal	P	Amerge	QL NP	Miacalcin	P
Aricept	P	Lyrica	NP	Frova	QL NP	Actonel with Calcium	NP
Exelon	P	Phenytek	NP	Relpax	QL NP	Boniva	NP
Namenda	SCN P	Tegretol XR	NP	Zomig, Nasal, ZMT	QL NP	Didronel	NP
Razadyne, ER	P	Antidepressants, Other		Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.			
Cognex	NP	bupropion, SR	P	Antiparkinson's Agents		Bronchodilators, Anticholinergic	
Analgesics, Narcotics		mirtazapine	P	benztropine	P	ipratropium	P
acetaminophen/codeine	P	trazodone	P	carbidopa/levodopa	P	Atrovent, HFA	P
aspirin/codeine	P	venlafaxine	P	pergolide	P	Combivent	P
butalbital/apap/codeine	P	Effexor XR	P	selegiline	P	Spiriva	P
butalbital/apap/codeine/caff	P	nefazodone	NP	trihexyphenidyl	P	Duoneb	NP
codeine	P	Cymbalta	NP	Comtan	P	Bronchodilators, Beta Agonists	
fantanyl	P	Emsam	SCN NP	Kemadrin	P	albuterol	P
hydrocodone/apap/ibuprofen	P	Wellbutrin XL*	NP	Mirapex	P	metaproterenol	P
hydromorphone	P	* Prior authorization is not required for recipients 18 and younger.		Requip	P	terbutaline	P
levorphanol	P	Antidepressants, SSRI		Stalevo	P	Maxair	SCN P
methadone	P	citalopram	P	Parcopa	NP	Serevent	P
morphine sulfate	P	fluoxetine	P	Tasmar	NP	Accuneb	NP
oxycodone ER	P	paroxetine	P	Zelapar	NP	Alupent	NP
oxycodone/apap	P	Zoloft	P	Antipsychotics, Atypical		Foradil	NP
oxycodone/aspirin	P	sertraline	NP	clozapine	P	Ventolin HFA	NP
propoxyphene HCL, apap	P	Lexapro	SCN NP	Geodon	P	Vospire ER	NP
tramadol	P	Paxil CR	NP	Risperdal	P	Xopenex, HFA	SCN NP
tramadol/apap	P	Pexeva	NP	Seroquel	P	Calcium Channel Blocking Agents	
Kadian	P	Prozac Weekly	NP	Symbyax	NP	diltiazem, ER	P
Xodol	P	Antiemetics, Oral		Zyprexa	NP	felodipine ER	P
meperidine	NP	Emend	P	Abilify	NP	nicardipine	P
pentazocine/apap	NP	Zofran, ODT	P	Fazaclo	SCN NP	nifedipine, ER	P
pentazocine/naloxone	NP	Anzemet	SCN NP	Antivirals, Influenza		verapamil, SR	P
Actiq	NP	Kytril	NP	amantadine	P	Cardizem LA	P
Avinza	NP	Antivirals, Other		rimantadine	P	Norvasc	P
Combunox	SCN NP	acyclovir	P	Relenza	P	Sular	P
Darvon-N	SCN NP	ganciclovir	P	Tamiflu	P	Verelan PM	P
Duragesic 12 mcg	NP	Valcyte	P	Antivirals, Other		isradipine	NP
Lynox	SCN NP	Valtrex	P	Cardene SR	NP	Covera-HS	NP
Opana, ER	NP	Famvir	NP	Dynacirc, CR	NP	Nimotop	NP
Palladone	NP						
Panlor DC, SS	NP						
Synalgos-DC	NP						
Ultram ER	NP						

Key:
 All lowercase letters = generic product P = Preferred product QL = Quantity Limits
 Leading capital letter = brand name product NP = Non-preferred product (requires PA) DR = Diagnosis Restriction

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(Revised 09/01/06)

Cephalosporin and Related Agents		Hypoglycemics, Insulins		Multiple Sclerosis Agents		Otics, Antibiotics	
amoxicillin/clavulanate	P	Humulin	P	Avonex	DR SCN P	neomycin/polymyxin/HC	P
amox tr-potassium clav 600	P	Humalog	P	Betaseron	DR P	Ciprodex	P
cefaclor	P	Humalog Mix	P	Copaxone	DR SCN P	Coly-Mycin S	P
cefadroxil	P	Lantus	SCN P	Rebif	DR P	Floxin (singles and drops)	P
cefepodoxime	P	Apidra	SCN NP	NSAIDs		Cipro HC	NP
cefuroxime	P	Byetta	NP	diclofenac, potassium, XL	P	Cortisporin-TC	NP
cephalexin	P	Exubera	NP	etodolac, XL	P	Phosphate Binders	
cefprozil	P	Levemir	NP	fenoprofen	P	Phoslo	SCN P
Cedax	P	Novolin	NP	flurbiprofen	P	Renagel	P
Omnicef	P	Novolog	NP	ibuprofen	P	Magnebind	NP
Spectracef	P	Novolog Mix	NP	indomethacin, SR	P	Fosrenol	NP
Suprax	P	Symlin	NP	ketoprofen	P	Platelet Aggregation Inhibitors	
Augmentin XR	NP	Hypoglycemics, Meglitinides		ketorolac	P	clopidogrel	P
Lorabid	NP	Starlix	P	meclorfenamate	P	dipyridamole	P
Panixine	NP	Prandin	NP	meloxicam	P	ticlopidine	P
Raniclol	NP	Hypoglycemics, Thiazolidinediones		nabumetone	P	Aggrenox	P
Cytokine and CAM Antagonists		Actos	P	naproxen	P	Proton Pump Inhibitors	
Enbrel†	SCN P	Avandamet	P	naproxen sodium, DS	P	Nexium	DR P
Humira†	P	Avandia	P	oxaprozin	P	Prevacid (caps, SoluTab, s)	DR P
Kineret†	P	Actoplus MET	NP	piroxicam	P	omeprazole*	DR NP
Raptiva†	SCN P	Avandaryl	NP	sulindac	P	Aciphex*	DR NP
Amevive	SCN NP	Intranasal Rhinitis Agents		tolmetin, DS	P	Prilosec 40 mg*	DR NP
Orencia	NP	flunisolide	P	Arthrotec	NP	Protonix*	DR NP
† Preferred agents that require clinical prior authorization.		fluticasone	P	Celebrex	NP	Zegerid*	DR NP
Erythropoiesis Stimulating Proteins		ipratropium	P	Nalfon 200, 300 mg	NP	* Requires the prior use and failure of Nexium and Prevacid.	
Aranesp	DR P	Nasacort AQ	SCN P	Ponstel	NP	Sedative Hypnotics	
Procrit	DR P	Nasonex	SCN P	Prevacid Naprapac	NP	chloral hydrate	P
Epogen	DR NP	Astelir	NP	Ophthalmics, Allergic Conjunctivitis		estazolam	P
Fluoroquinolones		Beconase AQ	NP	cromolyn	P	flurazepam	P
ciprofloxacin	P	Nasarel	NP	ketotifen	P	temazepam	P
ofloxacin	P	Rhinocort Aqua	NP	Acular	P	triazolam	P
Avelox	P	Leukotriene Modifiers		Alrex	P	Ambien	SCN P
Levaquin	P	Accolate	P	Elestat	P	Lunesta	SCN P
Cipro suspension, XR	NP	Singulair	P	Patanol	P	Rozeren	P
Factive	SCN NP	Lipotropics, Other		Alamast	NP	Ambien CR	SCN NP
Maxaquin	NP	cholestyramine	P	Alocril	NP	Doral	NP
Noroxin	NP	colestipol	P	Alomide	NP	Restoril	NP
Proquin XR	SCN NP	gemfibrozil	P	Emadine	NP	Sonata	NP
Tequin	NP	niacin	P	Optivar	NP	Stimulants and Related Agents	
Glucocorticoids, Inhaled		Lofibra	P	Ophthalmics, Antibiotics		amphetamine salt combo	DR P
Advair Diskus	P	Niaspan	P	bacitracin/polymyxin	P	dextroamphetamine	DR P
Aerobid, Aerobid-M	SCN P	Tricor	P	ciprofloxacin solution	P	methylphenidate ER	DR P
Asmanex	SCN P	Antara	NP	erythromycin	P	Adderall XR	DR P
Azmacort	SCN P	Omacor	NP	gentamicin	P	Concerta	DR P
Flovent	P	Triglide	NP	ofloxacin	P	Focalin, XR	DR P
Pulmicort Respules	P	Welchol	NP	polymyxin/trimethoprim	P	Metadate CD	DR P
Qvar	P	Zetia	NP	sulfacetamide	P	Ritalin LA	DR P
Pulmicort Turbuhaler	NP	Lipotropics, Statins		tobramycin	P	demoline (Cylert)	DR NP
Growth Hormone		lovastatin	P	triple antibiotic	P	Daytrana	DR NP
Norditropin†	P	pravastatin	P	Zymar	P	Desoxyn	DR SCN NP
Nutropin AQ†	SCN P	Advicor	P	Ciloxan Ointment	NP	Provigil	DR NP
Saizen†	P	Altoprev	P	Quixin	NP	Strattera	DR NP
Tev-Tropin†	P	Crestor	P	Vigamox	NP	Topical Immunomodulators	
Genotropin	NP	Lescol, XL	P	Ophthalmics, Glaucoma Agents		Elidel	P
Humatrope	NP	Vytorin	P	betaxolol	P	Protopic	SCN P
Nutropin	SCN NP	Zocor	P	brimonidine	P	Ulcerative Colitis	
Serostim	NP	simvastatin	NP	carteolol	P	mesalamine	P
† Preferred agents that require clinical prior authorization.		Caduet	NP	dipivefrin	P	sulfasalazine	P
Hepatitis C Agents		Lipitor	NP	levobunolol	P	Asacol	P
ribavirin	DR P	Pravachol 80 mg	NP	metipranolol	P	Canasa	P
Copegus	DR P	Pravigard PAC	NP	pilocarpine	P	Dipentum	P
Pegasys	DR P	Macrolides/Ketolides		timolol	P	Pentasa	P
Peg-Intron, Redipen	DR SCN P	azithromycin	P	Alphagan P	P	Colazal	SCN NP
Rebetol	DR SCN P	clarithromycin	P	Azopt	P		
Infergen	DR SCN NP	erythromycin	P	Betimol	P		
		Biaxin XL	P	Betopic S	P		
		Ketek	SCN NP	Cosopt	P		
				Lumigan	P		
				Travatan	P		
				Trusopt	P		
				Istalol	NP		
				Xalatan	NP		

Key:

All lowercase letters = generic product

P = Preferred product

QL = Quantity Limits

Leading capital letter = brand name product

NP = Non-preferred product (requires PA)

DR = Diagnosis Restriction

SCN = Wisconsin SeniorCare does not cover OTC drugs and also, for Levels 2b and 3, does not cover drugs that do not have a signed SeniorCare rebate agreement

between the manufacturer and the DHFS. Providers should reference the SeniorCare Drug Search Tool for a complete listing of covered drugs at