

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 12/01/07)

| Antihypertensives | Analgesics, Narcotics (cont.) | Antiemetics, Oral (cont.) | Antivirals, Influenza (cont.) |
|---|--|--|---|
| benazepril, HCTZ P | Lynox SCN NP | Marinol (Oral) NP | rimantadine P |
| captopril, HCTZ P | Opana NP | Antifungals, Oral | Relenza P |
| enalapril, HCTZ P | Panlor DC, SS NP | clotrimazole P | Tamiflu P |
| fosinopril, HCTZ P | Synalgos-DC NP | fluconazole P | Antivirals, Other |
| lisinopril, HCTZ P | Androgenic Agents | griseofulvin P | acyclovir P |
| moexipril, HCTZ (Univasc/Uniretic) NP | Androderm P | itraconazole DR P | famciclovir P |
| quinapril, HCTZ NP | Androgel P | ketoconazole P | Valtrex P |
| trandolapril (Mavik) NP | Testim NP | nystatin P | Agents for BPH |
| Aceon NP | Angiotensin Receptor Blockers | terbinafine DR P | doxazosin P |
| Altace NP | Avapro, Avalide P | Gris-Peg P | finasteride P |
| Tekturna NP | Benicar, HCT P | Mycostatin P | terazosin P |
| Angiotensin Modulators/CGB Comb. | Cozaar, Hyzaar P | Vfend P | Avodart P |
| Lotrel P | Diovan, HCT P | Ancobon NP | Flomax P |
| Tarka P | Micardis, HCT P | Grifulvin V Tablets NP | Uroxatral SCN P |
| amlodipine/benazepril NP | Atacand, HCT NP | Noxafil NP | Cardura XL NP |
| Azor NP | Teveten, HCT NP | Sporanox (liquid) NP | Beta Blockers |
| Exforge NP | Anticoagulants, Injectables | Antifungals, Topical | acebutolol P |
| Lexxel NP | Arixtra P | clotrimazole/betamethasone P | atenolol P |
| Acne Agents | Fragmin P | ciclopirox (liquid) P | betaxolol P |
| benprox P | Lovenox SCN P | econazole nitrate P | bisoprolol P |
| benzoyl peroxide, creamy wash P | Innohep NP | ketoconazole P | carvedilol P |
| clindamycin P | Anticonvulsants | nystatin, nystatin/triamcinolone P | labetalol P |
| tretinoin P | carbamazepine P | ciclopirox cream, suspension NP | metoprolol, succinate P |
| Akne-mycin P | clonazepam P | Ertaczo NP | nadolol P |
| Azelex P | ethosuximide P | Exelderm NP | pindolol P |
| Clinac BPO P | gabapentin P | Extina NP | propranolol, LA P |
| Retin-A micro, Pump P | mephobarbital P | Loprox gel, shampoo SCN NP | sotalol P |
| Tazorac P | oxcarbazepine P | Mentax NP | timolol P |
| erythromycin, benzoyl peroxide NP | phenobarbital P | Naftin NP | Carrol NP |
| Benzaclin Gel SCN NP | phenytoin P | Oxistat NP | Coreg CR NP |
| Benzamycinpak SCN NP | primidone P | Vusion NP | Innopran XL NP |
| Clindagel SCN NP | valproic acid P | Xolegel NP | Levatol NP |
| Differin SCN NP | zonisamide P | Antihistamines, Nonsedating | Bladder Relaxant Preparations |
| Duac CS NP | Carbatrol P | loratadine tab, syrup, -D, child P | oxybutynin, ER P |
| Evoclin NP | Celontin NP | fexofenadine (Allegra, susp, -D) NP | Exblex P |
| Inova NP | Depakote, ER, sprinkle P | Clarinet, Clarinet Syrup SCN NP | Oxytrol P |
| Klaron SCN NP | Diastat P | Semprex-D NP | Sanctura P |
| Neobenz Micro NP | Equetro P | Zyrtec tab, syrup, -D NP | VesiCare P |
| Nuox SCN NP | Felbatol P | Antimigraine, Triptans | Detrol, LA NP |
| Triaz SCN NP | Gabitril P | Amerge QL P | Bone Resorption Suppression |
| Zaclir NP | Keppra P | Axert QL P | Actonel P |
| Ziana NP | Lamictal P | Imitrex QL P | Fosamax, Plus D P |
| Alzheimer's Agents | Lyrica P | Maxalt, MLT QL P | Miacalcin P |
| Aricept, ODT P | Mebaral SCN P | Frova QL NP | Actonel with Calcium NP |
| Exelon P | Peganone P | Relpax QL NP | Boniva NP |
| Namenda P | Topamax P | Zomig, Nasal, ZMT QL NP | Didronel NP |
| Cognex NP | lamotrigine dispertabs NP | QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections. | Evista NP |
| Exelon patch NP | Phenylek NP | Antiparkinson's Agents | Fortical NP |
| Razadyne, ER NP | Tegretol XR NP | benztropine P | Bronchodilators, Anticholinergic |
| Analgesics, Narcotics-Long-Acting | Antidepressants, Other | carbidopa/levodopa P | ipratropium/albuterol P |
| fentanyl transdermal P | budeprion XL 300 mg P | selegiline P | Atrovent, HFA P |
| methadone P | bupropion, SR P | trihexyphenidyl P | Combivent P |
| morphine ER P | mirtazapine P | Comtan P | Spiriva P |
| oxycodone ER P | trazodone P | Kemadrin P | Bronchodilators, Beta Agonists |
| Kadian P | venlafaxine P | Mirapex DR P | albuterol, sulfate ER P |
| Avinza NP | Effexor XR P | Requip DR P | metaproterenol (oral) P |
| Opana ER NP | nefazodone NP | Stalevo P | terbutaline P |
| Oxycontin NP | Cymbalta NP | Azilect NP | Maxair P |
| Ultram ER NP | Emsam NP | Neupro NP | Proventil HFA SCN P |
| Analgesics, Narcotics-Short-Acting | Wellbutrin XL* NP | Parcopa NP | Serevent P |
| apap/codeine, asp/codeine P | * Prior authorization is not required for recipients 18 and younger. | Tasmar NP | Ventolin HFA P |
| butalbital/apap/codeine P | Antidepressants, SSRI | Zelapar NP | Xopenex HFA P |
| codeine P | citalopram P | Antipsychotics, Atypical | metaproterenol (inhalation) NP |
| dihydrocodeine/apap/caff P | fluoxetine P | clozapine P | Alupent NP |
| hydromorphone P | fluvoxamine P | Geodon P | Brovana NP |
| hydrocodone/apap/ibup P | paroxetine P | Risperdal P | Foradil NP |
| levorphanol P | sertraline P | Seroquel P | ProAir HFA NP |
| morphine P | Lexapro NP | Abilify NP | Xopenex NP |
| oxycodone/apap/asa P | Paxil CR NP | Fazaclor SCN NP | Calcium Channel Blocking Agents |
| propoxyphene HCL, apap P | Pexeva NP | Invega NP | amlodipine P |
| tramadol P | Prozac Weekly NP | Seroquel XR NP | diltiazem, ER P |
| fentanyl buccal. NP | Antiemetics, Oral | Symbyax NP | felodipine ER P |
| meperidine NP | ondansetron, oral solution P | Zyprexa NP | nicardipine P |
| pentazocine/apap, naloxone NP | Emend P | Antivirals, Influenza | nifedipine, ER P |
| tramadol/apap NP | Anzemet NP | amantadine P | nimodipine P |
| Combunox SCN NP | Cesamet (Oral) NP | | verapamil, ER, SR P |
| Darvon-N SCN NP | Kytril NP | | Cardizem LA P |
| Fentora NP | | | Cardene SR 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 dhs.wisconsin.gov/seniorcare or via hand held devices using ePocrates (www.ePocrates.com).

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(Revised 12/01/07)

| Calcium Channel Blocking (cont.) | | Hepatitis C Agents | | Macrolides/Ketolides | | Ophthalmics, Glaucoma Agents (con't.) | | | | | | | |
|---|-----|--|----|----------------------|---|---------------------------------------|---------|--|----------------|---|-----|-----|----|
| Sular | P | ribavirin | DR | P | azithromycin | P | Istalol | P | | | | | |
| isradipine (Dynacirc, CR) | NP | Pegasis | DR | P | clarithromycin | P | Lumigan | P | | | | | |
| Cardene SR | NP | Peg-Intron, Redipen | DR | SCN | P | erythromycin | P | Travatan, Z | P | | | | |
| Covera-HS | NP | Infergen | DR | SCN | NP | Biaxin XL | NP | Trusopt | P | | | | |
| Cephalosporin and Related Agents | | Hypoglycemics, Adjunct Therapy | | Ketek | | SCN | NP | Xalatan | P | | | | |
| amoxicillin/clavulanate | P | Byetta† | | P | Zmax | | NP | Ophthalmics, NSAIDs | | | | | |
| amox tr-potassium clav 600 | P | Janumet† | QL | P | Multiple Sclerosis Agents | | | diclofenac | P | | | | |
| cefaclor | P | Januvia† | QL | P | Avonex | DR | SCN | P | flurbiprofen | P | | | |
| cefadroxil | P | Symlin† | | P | Betaseron | DR | P | P | Acular, LS, PF | P | | | |
| cefidinin | P | † Preferred agents that require clinical prior authorization. | | | Copaxone | DR | SCN | P | Nevanac | P | | | |
| cefepodoxime | P | QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet. | | | Rebif | DR | P | P | Xibrom | P | | | |
| cephalexin | P | Hypoglycemics, Insulins | | | NSAIDs | | | Otics, Fluoroquinolones | | | | | |
| cefprozil | P | Humulin | | | diclofenac, potassium, XL | | | Ciprodex | | | P | | |
| cefuroxime | P | Humalog | | | flurbiprofen | | | Floxin (singles and drops) | | | P | | |
| Cedax | P | Humalog Mix | | | ibuprofen | | | Cipro HC | | | NP | | |
| Spectracef | P | Lantus | | | indomethacin, SR | | | Phosphate Binders | | | | | |
| Suprax | P | Levemir | | | ketoprofen | | | Phoslo | | | SCN | P | |
| Augmentin XR | NP | Apidra | | | ketorolac | | | Renagel | | | P | | |
| Lorabid | NP | Exubera* | | | meclufenamate | | | Fosrenol | | | P | | |
| Panixine | NP | Novolin | | | meloxicam | | | Platelet Aggregation Inhibitors | | | | | |
| Raniclor | NP | Novolog | | | nabumetone | | | dipyridamole | | | P | | |
| Cytokine and CAM Antagonists | | Novolog Mix | | | naproxen | | | ticlopidine | | | P | | |
| Enbrel† | SCN | *Exubera requires clinical prior authorization | | | naproxen sodium, DS | | | Aggrenox | | | P | | |
| Humira† | P | Hypoglycemics, Meglitinides | | | piroxicam | | | Plavix | | | P | | |
| Kineret† | P | Starlix | | | Celebrex* | | | Proton Pump Inhibitors | | | | | |
| Raptiva† | SCN | Prandin | | | etodolac, XL | | | Nexium | | | DR | P | |
| Amevive | SCN | Hypoglycemics, Thiazolidinediones | | | fenoprofen (Nalfon) | | | Prevacid (caps, SoluTab, si) | | | DR | P | |
| Remicade | NP | Actos | | | mefenamic acid (Ponstel) | | | omeprazole* | | | DR | NP | |
| Orencia | NP | Avandamet | | | oxaprozin | | | Aciphex* | | | DR | NP | |
| † Preferred agents that require clinical prior authorization. | | Avandaryl | | | sulindac | | | Prilosec 40 mg* | | | DR | NP | |
| Erythropoiesis Stimulating Proteins | | Avandia | | | tolmetin, DS | | | Protonix* | | | DR | NP | |
| Aranesp | DR | Avandaryl | | | Arthrotec | | | Zegerid* | | | DR | NP | |
| Procrit | DR | Avandia | | | Prevacid Naprapac | | | * Requires the prior use and failure of Nexium and Prevacid. | | | | | |
| Epoen | DR | Actoplus MET | | | *Celebrex requires clinical prior authorization | | | Ophthalmics, Allergic Conjunctivitis | | | | | |
| Fluoroquinolones | | Duetact | | | Ophthalmics, Allergic Conjunctivitis | | | Sedative Hypnotics | | | | | |
| ciprofloxacin | P | Intranasal Rhinitis Agents | | | alaway | | | chloral hydrate | | | P | | |
| ofloxacin | P | flunisolide | | | chromolyn | | | estazolam | | | P | | |
| Avelox | SCN | ipratropium | | | ketotifen | | | flurazepam | | | P | | |
| Levaquin | P | Astelin | | | Alrex | | | temazepam | | | P | | |
| ciprofloxacin ER | NP | Flonase | | | Elestat | | | triazolam | | | P | | |
| Cipro suspension | NP | Nasacort AQ | | | Patanol | | | zolpidem | | | P | | |
| Factive | SCN | Nasonex | | | Pataday | | | Rozerem | | | P | | |
| Maxaquin | NP | fluticasone | | | Zaditor OTC | | | Ambien CR | | | SCN | NP | |
| Noroxin | NP | Beconase AQ | | | Alamast | | | Doral | | | NP | | |
| Proquin XR | SCN | Nasarel | | | Alocril | | | Lunesta | | | NP | | |
| Tequin | NP | Rhinocort Aqua | | | Alomide | | | Restoril | | | NP | | |
| Glucocorticoids, Inhaled | | Veramyst | | | Emadine | | | Sonata | | | NP | | |
| Advair, HFA | P | Leukotriene Modifiers | | | Optivar | | | NP | | | | | |
| Aerobid, Aerobid-M | SCN | Accolate | | | Ophthalmics, Fluoroquinolones | | | amphetamine salt combo | | | DR | P | |
| Asmanex | SCN | Singulair | | | bacitracin/polymyxin | | | dextroamphetamine | | | DR | P | |
| Azmacort | SCN | Zyflo | | | ciprofloxacin solution | | | methylphenidate, ER | | | DR | P | |
| Flovent, HFA | P | Lipotropics, Bile Acid Sequestrants | | | erythromycin | | | Adderall XR | | | DR | P | |
| Pulmicort Respules | P | cholestyramine | | | gentamicin | | | Concerta | | | DR | P | |
| Qvar | P | colestipol | | | ofloxacin | | | Focalin, XR | | | DR | P | |
| Pulmicort Flexhaler | NP | Welchol | | | polymyxin/trimethoprim | | | Metadate CD | | | DR | P | |
| Symbicort | NP | Lipotropics, Fibric Acids | | | sulfacetamide | | | pemoline (Cylert) | | | DR | NP | |
| Growth Hormone | | fenofibrate | | | tobramycin | | | Daytrana | | | DR | NP | |
| Genotropin† | P | gemfibrozil | | | triple antibiotic | | | Desoxyn | | | DR | SCN | NP |
| Nutropin AQ† | SCN | Tricor | | | Vigamox | | | Provigil | | | DR | NP | |
| Saizen† | P | Antara | | | Zymar | | | Ritalin LA | | | DR | NP | |
| Tev-Tropin† | P | Triglide | | | Ciloxan Ointment | | | Strattera* | | | DR | NP | |
| Humatrope | NP | Lipotropics, Other | | | Iquix | | | Vyvanse | | | DR | NP | |
| Norditropin | NP | Niaspan | | | Quixin | | | NP | | | | | |
| Nutropin | SCN | Lovaza (Omacor) | | | Ophthalmics, Glaucoma Agents | | | betaxolol | | | P | | |
| Omnitrope | NP | Zetia | | | brimonidine | | | carteolol | | | P | | |
| Serostim | NP | Lipotropics, Statins | | | lovastatin | | | dipivefrin | | | P | | |
| Zorbtive | NP | simvastatin | | | Advicor | | | levobunolol | | | P | | |
| † Preferred agents that require clinical prior authorization. | | Lescol, XL | | | Lescol, XL | | | metipranolol | | | P | | |
| Hepatitis B Agents | | Lipitor | | | Lipitor | | | pilocarpine | | | P | | |
| Baraclude | P | Vytorin | | | pravastatin | | | timolol | | | P | | |
| Epivir HBV | P | pravastatin | | | Altoprev | | | Alphagan P | | | P | | |
| Hepsera | P | Caduet | | | Crestor | | | Azopt | | | P | | |
| Tyzeka | P | Crestor | | | | | | Betimol | | | P | | |
| | | | | | | | | Betoptic S | | | P | | |
| | | | | | | | | Cosopt | | | P | | |

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