

## Wisconsin Medicaid Preferred Drug List

The following is an alphabetical list of preferred drugs and drugs that require prior authorization on the Wisconsin Medicaid PDL.

Alphabetical Listing – Preferred Drugs			
Accolate	Avonex	cephalexin	Ditropan XL
acebutolol	Axert	chloral hydrate	doxazosin
acetaminophen/codeine	Azelex	cholestyramine	econazole nitrate
Actonel	azithromycin 250, 500, 600 mg	ciclopirox cream, suspension	Effexor, XR
Actos	Azmacort	Ciprodex	Elestat
Acular	Azopt	ciprofloxacin	Elidel
acyclovir	bacitracin/polymyxin	ciprofloxacin solution	Emend
Adderall XR	benazepril, HCTZ	citalopram	Enablex
Advair Diskus	Benicar, HCT	clarithromycin	enalapril, HCTZ
Advicor	benzoyl peroxide	clindamycin	Enbrel†
Aerobid, Aerobid-M	benztropine	clonazepam	Equetro
Aggrenox	Betaseron	clotrimazole	erythromycin
Akne-mycin	betaxolol	clotrimazole/betamethasone	erythromycin-benzoyl peroxide
albuterol	Betimol	codeine	estazolam
Alphagan P	Betopic S	Colestid	ethosuximide
Alrex	Biaxin XL	Coly-Mycin S	etodolac, XL
Altprev	bisoprolol	Combivent	Exelderm
amantadine	brimonidine	Comtan	Exelon
Ambien	bupropion, SR	Concerta	Felbatol
amox tr-potassium clav 600	butalbital/apap/codeine	Copaxone	felodipine ER
amoxicillin/clavulanate	butalbital/apap/codeine/caffeine	Copegus	fenoprofen
amphetamine salt combo	Canasa	Coreg	fentanyl
Aranesp	captopril, HCTZ	Cosopt	Flomax
Aricept	carbamazepine	Cozaar, Hyzaar	Flovent
Arixtra	Carbatrol	Crestor	Floxin (singles and drops)
Asacol	carbidopa/levodopa	cromolyn	fluconazole
Asmanex	Cardizem LA	Depakote, ER, sprinkle	flunisolide
aspirin/codeine	carteolol	dextroamphetamine	fluoxetine
atenolol	Cedax	Diastat	flurazepam
Atrovent, HFA	cefaclor	diclofenac, potassium, XL	flurbiprofen
Avandamet	cefadroxil	diltiazem, ER	fluticasone
Avandia	cefpodoxime	Diovan, HCT	Focalin, XR
Avapro, Avalide	cefprozil	Dipentum	Fosamax, Plus D
Avelox	cefuroxime	dipivefrin	fosinopril, HCTZ
Avodart	Celontin	dipyridamole	Fragmin

† Preferred agents that require clinical prior authorization.

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

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## Wisconsin Medicaid Preferred Drug List

<b>Alphabetical Listing – Preferred Drugs continued</b>			
gabapentin	Lofibra	Niaspan	Procrit
Gabitril	Loprox gel, shampoo	nicardipine	propoxyphene HCL, apap
ganciclovir	loratadine tab, syrup, loratadine-D	nifedipine, ER	propranolol
gemfibrozil	Lotrel	Norditropin <sup>†</sup>	Protopic
gentamicin	lovastatin	Norvasc	Pulmicort Respules
griseofulvin	Lovenox	Nuox	quinapril, HCTZ
Gris-Peg	Lumigan	Nutropin AQ <sup>†</sup>	Qvar
Humalog	Lunesta	nystatin	Raptiva <sup>†</sup>
Humalog Mix	Maxair	nystatin/triamcinolone	Razadyne, ER
Humira <sup>†</sup>	Maxalt, MLT	ofloxacin	Rebetol
Humulin	meclofenamate	Omnicef	Rebif
hydrocodone/apap	mephobarbital	oxaprozin	Relenza
hydrocodone/ibuprofen	mesalamine	oxybutynin	Renagel
hydromorphone	Metadate CD	oxycodone ER	Requip
ibuprofen	metaproterenol	oxycodone/apap	Retin-A micro
Imitrex (oral, nasal & subq)	methadone	oxycodone/aspirin	ribavirin
indomethacin, SR	methylphenidate ER	Oxytrol	rimantadine
ipratropium	metipranolol	paroxetine	Ritalin LA
itraconazole	metoprolol	Patanol	Rozerem
Kadian	Miacalcin	Peganone	Saizen <sup>†</sup>
Kemadrin	Micardis, HCT	Pegasys	Sanctura
Keppra	Mirapex	Peg-Intron, Redipen	selegiline
ketoconazole	mirtazapine	Pentasa	Serevent
ketoprofen	morphine sulfate	pergolide	Singulair
ketorolac	Mycostatin	phenobarbital	sotalol
Kineret <sup>†</sup>	nabumetone	phenytoin	Spectracef
labetalol	nadolol	Phoslo	Spiriva
Lamictal	Namenda	pilocarpine	Stalevo
Lamisil	naproxen	pindolol	Starlix
Lantus	naproxen sodium, DS	piroxicam	Sular
Lescol, XL	Nasacort AQ	Plavix	sulfacetamide
Levaquin	Nasonex	polymyxin/trimethoprim	sulfasalazine
levobunolol	neomycin/polymyxin/HC	Prevacid (caps, SoluTab, susp)	sulindac
levorphanol	Nexium	primidone	Suprax
lisinopril, HCTZ	niacin		Tamiflu

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**Wisconsin Medicaid Preferred Drug List**

<b>Alphabetical Listing – Preferred Drugs continued</b>			
Tarka	Zofran, ODT		
Tazorac	zonisamide		
temazepam	Zymar		
terazosin			
terbutaline			
Tev-Tropin <sup>†</sup>			
ticlopidine			
timolol			
tobramycin			
tolmetin, DS			
Topamax			
Toprol XL			
tramadol			
tramadol/apap			
Travatan			
trazodone			
tretinoin			
triazolam			
Tricor			
trihexyphenidyl			
Trileptal			
triple antibiotic			
Trusopt			
Uroxatral			
Valcyte			
valproic acid			
Valtrex			
verapamil, SR			
Verelan PM			
VesiCare			
Vfend			
Vytorin			
Xodol			
Zithromax suspension			
Zocor			

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<b>Alphabetical Listing – Drugs That Require Prior Authorization</b>			
Accuneb	Cipro HC	Grifulvin V Tablets	Omacor
Aceon	Cipro suspension, XR	Humatrope	omeprazole
Aciphex	Clarinet, Clarinet Syrup	Inderal LA	Optivar
Actiq	Clinac BPO	Infergen	Orencia
Actonel with Calcium	Clindagel	Innohep	Oxistat
Actoplus MET	Cognex	Innopran XL	Palladone
Alamast	Colazal	isradipine	Panixine
Alocril	Combunox	Istalol	Panlor DC, SS
Alomide	Cortisporin-TC	Ketek	Parcopa
Altace	Covera-HS	Klaron	Paxil CR
Alupent	Cymbalta	Kytril	pemoline (Cylert)
Ambien CR	Darvon-N	Levatol	Penlac
Amerge	Daytrana	Levemir	pentazocine/apap
Amevive	Desoxyn	Lexapro	pentazocine/naloxone
Ancobon	Detrol, LA	Lexxel	Pexeva
Antara	Didronel	Lipitor	Phenylek
Anzemet	Differin	Lorabid	Ponstel
Apidra	Doral	Lynox	Prandin
Arthrotec	Duoneb	Lyrica	Pravachol 80 mg
Astelin	Duragesic 12 mcg	Magnebind	pravastatin
Atacand, HCT	Dynacirc, CR	Mavik	Pravigard PAC
Augmentin XR	Emadine	Maxaquin	Prevacid Naprapac
Avandaryl	Emsam	Mentax	Priolosec 40 mg
Avinza	Epogen	meperidine	Proquin XR
Beconase AQ	Ertaczo	Mobic	Proscar
Benzamycinpak	Evista	Naftin	Protonix
Boniva	Evoclin	Nalfon 200, 300 mg	Provigil
Brevoxyl creamy wash, gel	Factive	Nasarel	Prozac Weekly
Byetta	Famvir	nefazodone	Pulmicort Turbuhaler
Caduet	fexofenadine (Allegra, Allegra-D)	Nimotop	Quixin
Cardene SR	Foradil	Noroxin	Raniclor
Cardura XL	Fortical	Novolin	Relpax
Cartrol	Fosrenol	Novolog	Restoril
Celebrex	Frova	Novolog Mix	Rhinocort Aqua
Ciloxan Ointment	Genotropin	Nutropin	Serostim

Wisconsin SeniorCare does not cover OTC drugs. Wisconsin SeniorCare also does not cover drugs that do not have a signed SeniorCare rebate agreement between the manufacturer and the DHFS for participants in Levels 2b and 3. Providers should reference the SeniorCare Drug Search Tool for a complete listing of covered drugs at [dhfs.wisconsin.gov/seniorcare](http://dhfs.wisconsin.gov/seniorcare).

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<b>Alphabetical Listing – Drugs That Require Prior Authorization continued</b>
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Sonata Sporanox (liquid) Strattera Sulfoxyl Symlin Synalgos-DC Tasmar Tegretol XR Tequin Teveten, HCT Triaz Triglide Ultram ER Univasc/Uniretic Vigamox Vospire ER Welchol Wellbutrin XL Xalatan Xopenex, HFA Zaclir Zaditor Zegerid Zetia Zoderm Zolof Zomig, Nasal, ZMT Zyrtec tablet, Zyrtec-D, Zyrtec Syrup			
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