

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
Sulfoxyl
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.**

Revised: 06/01/06 1

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
Peganone
Topamax
Trileptal

Anticoagulants, Injectables

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

Innohep

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.

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

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)

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

Revised: 06/01/06 2

Wisconsin Medicaid Preferred Drug List

Antifungals, Topical

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ciclopirox cream, suspension	Ertaczo
clotrimazole	Mentax
clotrimazole/betamethasone	Naftin
econazole nitrate	Oxistat
ketoconazole	Penlac
nystatin	
nystatin/triamcinolone	
Exelderm	
Loprox gel, shampoo	

Antiparkinson's Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
benztropine	Parcopa
carbidopa/levodopa	Tasmar
pergolide	
selegiline	
trihexyphenidyl	
Comtan	
Kemadrin	
Mirapex	
Requip	
Stalevo	

Antihistamines, Nonsedating

<u>Preferred</u>	<u>Requires Prior Authorization</u>
loratadine tab, syrup, loratadine-D	fexofenadine (Allegra, Allegra-D)
	Clarinet, Clarinet Syrup
	Zyrtec tablet, Zyrtec-D, Zyrtec Syrup

Antivirals, Influenza

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amantadine	
rimantadine	
Relenza	
Tamiflu	

Antimigraine, Triptans

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Axert	Amerge
Imitrex (oral, nasal & subq)	Frova
Maxalt, MLT	Relpax
	Zomig, Nasal, ZMT

Antivirals, Other

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

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

Revised: 06/01/06 3

Wisconsin Medicaid Preferred Drug List

Agents for Benign Prostatic Hyperplasia (BPH)

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

Bone Resorption Suppression and Related Agents

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

Beta Blockers

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

Bronchodilators, Anticholinergic

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

Bronchodilators, Beta Agonists

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

Bladder Relaxant Preparations

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

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

Wisconsin Medicaid Preferred Drug List

Calcium Channel Blocking Agents

Preferred

diltiazem, ER
 felodipine ER
 nifedipine
 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
 cefpodoxime
 cefuroxime
 cephalixin
 cefprozil
 Cedax
 Omnicef
 Spectracef
 Suprax

Requires Prior Authorization

Augmentin XR
 Lorabid
 Panixine
 Raniclolor

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

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

Revised: 06/01/06 5

Wisconsin Medicaid Preferred Drug List

Growth Hormone

Preferred

Norditropin[†]
 Nutropin AQ[†]
 Saizen[†]
 Tev-Tropin[†]

Requires Prior Authorization

Genotropin
 Humatrope
 Nutropin
 Serostim

[†] Preferred agents that require clinical prior authorization.

Hepatitis C Agents

Preferred

ribavirin
 Copegus
 Pegasys
 Peg-Intron, Redipen
 Rebetol

Requires Prior Authorization

Infergen

Hypoglycemics, Insulins and Related Agents

Preferred

Humulin
 Humalog
 Humalog Mix
 Lantus

Requires Prior Authorization

Apidra
 Byetta
 Levemir
 Novolin
 Novolog
 Novolog Mix
 Symlin

Hypoglycemics, Meglitinides

Preferred

Starlix

Requires Prior Authorization

Prandin

Hypoglycemics, Thiazolidinediones

Preferred

Actos
 Avandamet
 Avandia

Requires Prior Authorization

Actoplus MET
 Avandaryl

Intranasal Rhinitis Agents

Preferred

flunisolide
 fluticasone
 ipratropium
 Nasacort AQ
 Nasonex

Requires Prior Authorization

Astelin
 Beconase AQ
 Nasarel
 Rhinocort Aqua

Leukotriene Modifiers

Preferred

Accolate
 Singulair

Requires Prior Authorization

Lipotropics, Other

Preferred

cholestyramine
 gemfibrozil
 niacin
 Colestid
 Lofibra
 Niaspan
 Tricor

Requires Prior Authorization

Antara
 Omacor
 Triglide
 Welchol
 Zetia

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

Revised: 06/01/06 6

Wisconsin Medicaid Preferred Drug List

Lipotropics, Statins

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin	pravastatin
Advicor	Caduet
Altoprev	Lipitor
Crestor	Pravachol 80 mg
Lescol, XL	Pravigard PAC
Vytorin	
Zocor	

Macrolides/Ketolides

<u>Preferred</u>	<u>Requires Prior Authorization</u>
azithromycin 250, 500, 600 mg	Ketek
clarithromycin	
erythromycin	
Biaxin XL	
Zithromax suspension	

Multiple Sclerosis Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avonex	
Betaseron	
Copaxone	
Rebif	
Rebif	

Nonsteroidal Anti-inflammatory Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diclofenac, potassium, XL	Arthrotec
etodolac, XL	Celebrex
fenoprofen	Mobic
flurbiprofen	Nalfon 200, 300 mg
ibuprofen	Ponstel
indomethacin, SR	Prevacid Naprapac
ketoprofen	
ketorolac	
meclofenamate	
nabumetone	
naproxen	
naproxen sodium, DS	
oxaprozin	
piroxicam	
sulindac	
tolmetin, DS	

Ophthalmics, Allergic Conjunctivitis

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cromolyn	Alamast
Acular	Alocril
Alrex	Alomide
Elestat	Emadine
Patanol	Optivar
	Zaditor

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

Revised: 06/01/06 7

Wisconsin Medicaid Preferred Drug List

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.

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

Revised: 06/01/06 8

Wisconsin Medicaid Preferred Drug List

Sedative Hypnotics

<u>Preferred</u>	<u>Requires Prior Authorization</u>
chloral hydrate	Ambien CR
estazolam	Doral
flurazepam	Restoril
temazepam	Sonata
triazolam	
Ambien	
Lunesta	
Rozerem	

Selective Serotonin Reuptake Inhibitors (SSRI)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
citalopram	Lexapro
fluoxetine	Paxil CR
paroxetine	Pexeva
	Prozac Weekly
	Zoloft

Stimulants and Related Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
amphetamine salt combo	pemoline (Cylert)
dextroamphetamine	Daytrana
methylphenidate ER	Desoxyn
Adderall XR	Provigil
Concerta	Strattera
Focalin, XR	
Metadate CD	
Ritalin LA	

Topical Immunomodulators (Dermatitis)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Elidel	
Protopic	

Ulcerative Colitis

<u>Preferred</u>	<u>Requires Prior Authorization</u>
mesalamine	Colazal
sulfasalazine	
Asacol	
Canasa	
Dipentum	
Pentasa	

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

Revised: 06/01/06 9