

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 03/01/07)

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

**Key:**

All lowercase letters = generic product

Leading capital letter = brand name product

**P = Preferred product**

**NP = Non-preferred product (requires PA)**

**QL = Quantity Limits**

**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 [dhfs.wisconsin.gov/seniorcare](http://dhfs.wisconsin.gov/seniorcare) or via hand held devices using ePocrates ([www.ePocrates.com](http://www.ePocrates.com))

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(Revised 03/01/07)

Calcium Channel Blocking (cont.)	Hypoglycemics, Adjunct Therapy	Multiple Sclerosis Agents	Otics, Antibiotics
Sular P	Byetta† P	Avonex DR SCN P	neomycin/polymyxin/HC P
Verelan PM P	Januvia† QL P	Betaseron DR P	Ciprodex P
isradipine NP	Symlyn† P	Copaxone DR SCN P	Coly-Mycin S P
Cardene SR NP	† Preferred agents that require clinical prior authorization.	Rebif DR P	Floxin (singles and drops) P
Covera-HS NP	QL - Quantity Limits apply each month: 34 tablets.	<b>NSAIDs</b>	Cipro HC NP
Dynacirc, CR NP		diclofenac, potassium, XL P	Cortisporin-TC NP
Nimotop NP		etodolac, XL P	<b>Phosphate Binders</b>
<b>Cephalosporin and Related Agents</b>	<b>Hypoglycemics, Insulins</b>	flurbiprofen P	Phoslo SCN P
amoxicillin/clavulanate P	Humulin P	ibuprofen P	Renagel P
amox tr-potassium clav 600 P	Humalog P	indomethacin, SR P	Magnebind NP
cefactor P	Humalog Mix P	ketoprofen P	Fosrenol NP
cefadroxil P	Lantus SCN P	ketorolac P	<b>Platelet Aggregation Inhibitors</b>
cefepodoxime P	Levemir P	meclufenamate P	dipyridamole P
cefuroxime P	Apidra SCN NP	meloxicam P	ticlopidine P
cephalexin P	Exubera NP	nabumetone P	Aggrenox P
cefprozil P	Novolin NP	naproxen NP	Plavix P
Cedax P	Novolog NP	naproxen sodium, DS P	<b>Proton Pump Inhibitors</b>
Omnicef P	Novolog Mix NP	oxaprozin P	Nexium DR P
<b>Spectracef</b>	<b>Hypoglycemics, Meglitinides</b>	piroxicam P	Prevacid (caps, SoluTab, si) DR P
Suprax P	Starlix P	sulindac P	omeprazole* DR NP
Augmentin XR NP	Prandin NP	fenoprofen NP	Aciphex* DR NP
Lorabid NP	<b>Hypoglycemics, Thiazolidinediones</b>	mefenamic acid NP	Prilosec 40 mg* DR NP
Panixine NP	Actos P	tolmetin, DS NP	Protonix* DR NP
Ranidlor NP	Avandamet P	Arthrotec NP	Zegerid* DR NP
<b>Cytokine and CAM Antagonists</b>	Avandaryl P	Celebrex NP	* Requires the prior use and failure of Nexium and Prevacid.
Enbrel† SCN P	Avandia P	Nalfon 200, 300 mg NP	<b>Sedative Hypnotics</b>
Humira† P	Actoplus MET NP	Ponstel NP	chloral hydrate P
Kineret† P	Duetact NP	Prevacid Naprapac NP	estazolam P
Raptiva† SCN P	<b>Intranasal Rhinitis Agents</b>	<b>Ophthalmics, Allergic Conjunctivitis</b>	flurazepam P
Amevive SCN NP	flunisolide P	cromolyn P	temazepam P
Remicade NP	ipratropium P	ketotifen P	triazolam P
Orencia NP	Astelin P	Acular P	Ambien SCN P
† Preferred agents that require clinical prior authorization.	Flonase P	Alrex P	Lunesta P
<b>Erythropoiesis Stimulating Proteins</b>	Nasacort AQ SCN P	Elestat P	Rozeren P
Aranesp DR P	Nasonex SCN P	Pataday P	Ambien CR SCN NP
Procrit DR P	fluticasone NP	Patanol P	Doral NP
Epogen DR NP	Beconase AQ NP	Alamast NP	Restoril NP
<b>Fluoroquinolones</b>	Nasarel NP	Alomicil NP	Sonata NP
ciprofloxacin P	Rhinocort Aqua NP	Alomide NP	<b>Stimulants and Related Agents</b>
ofloxacin P	<b>Leukotriene Modifiers</b>	Emadine NP	amphetamine salt combo DR P
Avelox P	Accolate P	Optivar NP	dextroamphetamine DR P
Levaquin P	Singulair P	Zaditor NP	methyphenidate ER DR P
Cipro suspension, XR NP	Zyflo NP	<b>Ophthalmics, Antibiotics</b>	Adderall XR DR P
Factive SCN NP	<b>Lipotropics, Other</b>	bacitracin/polymyxin P	Concerta DR P
Maxaquin NP	cholestyramine P	ciprofloxacin solution P	Focalin, XR DR P
Noroxin NP	colestipol P	erythromycin P	Metadate CD DR P
Proquin XR SCN NP	fenofibrate P	gentamicin P	pemoline (Cylert) DR NP
Tequin NP	gemfibrozil P	ofloxacin P	Daytrana DR NP
<b>Glucocorticoids, Inhaled</b>	niacin P	polymyxin/trimethoprim P	Desoxyyn DR SCN NP
Advair, HFA P	Lofibra P	sulfacetamide P	Provigil DR NP
Aerobid, Aerobid-M SCN P	Niaspan P	tobramycin P	Ritalin LA DR NP
Asmanex SCN P	Tricor P	triple antibiotic P	Strattera* DR NP
Azmacort SCN P	Antara NP	Zymar P	* Prior authorization is not required for recipients 18 and older.
Flovent P	Omacor NP	Ciloxan Ointment NP	<b>Topical Immunomodulators</b>
Pulmicort Respules P	Triglide NP	Quixin NP	Elidel P
Qvar P	Welchol NP	Vigamox NP	Protopic SCN P
Pulmicort Turbuhaler NP	Zetia NP	<b>Ophthalmics, Glaucoma Agents</b>	<b>Ulcerative Colitis</b>
<b>Growth Hormone</b>	<b>Lipotropics, Statins</b>	betaxolol P	mesalamine P
Genotropin† P	lovastatin P	brimonidine P	sulfasalazine P
Norditropin† P	pravastatin P	carteolol P	Asacol P
Nutropin AQ† SCN P	simvastatin P	dipivefrin P	Canasa P
Saizen† P	Advicor P	levobunolol P	Dipentum P
Tev-Tropin† P	Altprev P	metipranolol P	Pentasa P
Humatrope NP	Crestor P	pilocarpine P	Colazal SCN NP
Nutropin SCN NP	Lescol, XL P	timolol P	Lialda NP
Omnitrope NP	Vytorin P	Alphagan P P	
Serostim NP	Caduet NP	Azopt P	
† Preferred agents that require clinical prior authorization.	Lipitor NP	Betimol P	
<b>Hepatitis C Agents</b>	Pravachol 80 mg NP	Betopic S P	
ribavirin DR P	Pravigard PAC NP	Cosopt P	
Copegus DR P	<b>Macrolides/Ketolides</b>	Lumigan P	
Pegasys DR P	azithromycin P	Travatan, Z P	
Peg-Intron, Redipen DR SCN P	clarithromycin P	Trusopt P	
Rebetol DR SCN P	erythromycin P	Istalol NP	
Infergen DR SCN NP	clarithromycin ER NP	Xalatan NP	
	Ketek SCN NP		

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