

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 10/01/06)

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

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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	Levemir	P	NSAIDs		Cipro HC	NP
cefuroxime	P	Apidra	SCN NP	diclofenac, potassium, XL	P	Cortisporin-TC	NP
cephalexin	P	Exubera	NP	etodolac, XL	P	Phosphate Binders	
cefprozil	P	Novolin	NP	flurbiprofen	P	Phoslo	SCN P
Cedax	P	Novolog	NP	ibuprofen	P	Renagel	P
Omnicef	P	Novolog Mix	NP	indomethacin, SR	P	Magnebind	NP
Spectracef	P	Hypoglycemics, Meglitinides		ketoprofen	P	Fosrenol	NP
Suprax	P	Starlix	P	ketorolac	P	Platelet Aggregation Inhibitors	
Augmentin XR	NP	Prandin	NP	meclofenamate	P	dipyridamole	P
Lorabid	NP	Hypoglycemics, Thiazolidinediones		meloxicam	P	ticlopidine	P
Panixine	NP	Actos	P	nabumetone	P	Aggrenox	P
Raniclolor	NP	Avandamet	P	naprofen	P	Plavix	P
Cytokine and CAM Antagonists		Avandaryl	P	naproxen sodium, DS	P	Proton Pump Inhibitors	
Enbrel [†]	SCN P	Avandia	P	oxaprozin	P	Nexium	DR P
Humira [†]	P	Actoplus MET	NP	piroxicam	P	Prevacid (caps, SoluTab, s ₁)	DR P
Kineret [†]	P	Duetact	NP	sulindac	P	omeprazole*	DR NP
Raptiva [†]	SCN P	Intranasal Rhinitis Agents		fenoprofen	NP	Aciphex*	DR NP
Amevive	SCN NP	flunisolide	P	tolmetin, DS	NP	Prilosec 40 mg*	DR NP
Remicade	NP	ipratropium	P	Arthrotec	NP	Protonix*	DR NP
Orenzia	NP	Astelin	P	Celebrex	NP	Zegerid*	DR NP
[†] Preferred agents that require clinical prior authorization.		Flonase	P	Nalfon 200, 300 mg	NP	* Requires the prior use and failure of Nexium and Prevacid.	
Erythropoiesis Stimulating Proteins		Nasacort AQ	SCN P	Ponstel	NP	Sedative Hypnotics	
Aranesp	DR P	Nasonex	SCN P	Prevacid Naprapac	NP	chloral hydrate	P
Procrit	DR P	fluticasone	NP	Ophthalmics, Allergic Conjunctivitis		estazolam	P
Epogen	DR NP	Beconase AQ	NP	cromolyn	P	flurazepam	P
Fluoroquinolones		Nasarel	NP	ketotifen	P	temazepam	P
ciprofloxacin	P	Rhinocort Aqua	NP	Acular	P	triazolam	P
ofloxacin	P	Leukotriene Modifiers		Alex	P	Ambien	SCN P
Avelox	P	Accolate	P	Elestat	P	Lunesta	SCN P
Levaquin	P	Singulair	P	Patanol	P	Rozerem	P
Cipro suspension, XR	NP	Zyflo	NP	Alamast	NP	Ambien CR	SCN NP
Factive	SCN NP	Lipotropics, Other		Alocril	NP	Doral	NP
Maxaquin	NP	cholestyramine	P	Alomide	NP	Restoril	NP
Noroxin	NP	colestipol	P	Emadine	NP	Sonata	NP
Proquin XR	SCN NP	gemfibrozil	P	Optivar	NP	Stimulants and Related Agents	
Tequin	NP	niacin	P	Zaditor	NP	amphetamine salt combo	DR P
Glucocorticoids, Inhaled		Lofibra	P	Ophthalmics, Antibiotics		dextroamphetamine	DR P
Advair, HFA	P	Niaspan	P	bacitracin/polymyxin	P	methylphenidate ER	DR P
Aerobid, Aerobid-M	SCN P	Tricor	P	ciprofloxacin solution	P	Adderall XR	DR P
Asmanex	SCN P	Antara	NP	erythromycin	P	Concerta	DR P
Azmacort	SCN P	Omacor	NP	gentamicin	P	Focalin, XR	DR P
Flovent	P	Triglide	NP	ofloxacin	P	Metadate CD	DR P
Pulmicort Respules	P	Welchol	NP	polymyxin/trimethoprim	NP	pemoline (Cylert)	DR NP
Qvar	P	Zetia	NP	sulfacetamide	P	Daytrana	DR NP
Pulmicort Turbuhaler	NP	Lipotropics, Statins		tobramycin	P	Desoxyn	DR SCN NP
Growth Hormone		lovastatin	P	triple antibiotic	P	Provigil	DR NP
Norditropin [†]	P	pravastatin	P	Zymar	P	Ritalin LA	DR NP
Nutropin AQ [†]	SCN P	Advicor	P	Ciloxan Ointment	NP	Strattera*	DR NP
Saizen [†]	P	Altoprev	P	Quixin	NP	* Prior authorization is not required for recipients 18 and older.	
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	timolol	P	Dipentum	P
Pegasys	DR P	Macrolides/Ketolides		Alphagan P	P	Pentasa	P
Peg-Intron, Redipen	DR SCN P	azithromycin	P	Betopac S	P	Colazal	SCN NP
Rebetol	DR SCN P	clarithromycin	P	Betimol	P		
Infergen	DR SCN NP	erythromycin	P	Cosopt	P		
Hypoglycemics, Adjunct Therapy		Biaxin XL	P	Lumigan	P		
Byetta [†]	P	Ketek	SCN NP	Travatan	P		
Symlin [†]	P			Trusopt	P		
[†] Preferred agents that require clinical prior authorization.				Istalol	NP		
				Xalatan	NP		

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