

## 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.**

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## Wisconsin Medicaid Preferred Drug List

### **Angiotensin Receptor Blockers**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avapro, Avalide	Atacand, HCT
Benicar, HCT	Teveten, HCT
Cozaar, Hyzaar	
Diovan, HCT	
Micardis, HCT	

### **Anticoagulants, Injectables**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Arixtra	Innohep
Fragmin	
Lovenox	

### **Anticonvulsants**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
carbamazepine	Lyrica
clonazepam	Phenytek
ethosuximide	Tegretol XR
gabapentin	
mephobarbital	
phenobarbital	
phenytoin	
primidone	
valproic acid	
zonisamide	
Carbatrol	
Celontin	
Depakote, ER, sprinkle	
Diastat	
Equetro	
Felbatol	

Gabitril
Keppra
Lamictal
Mebaral
Peganone
Topamax
Trileptal

### **Antidepressants, Other**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bupropion, SR	nefazodone
mirtazapine	Cymbalta
trazodone	Emsam
Effexor, XR	Wellbutrin XL*

\* Prior authorization is not required for recipients 18 and younger.

### **Antiemetics, Oral**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Emend	Anzemet
Zofran, ODT	Kytril

### **Antifungals, Oral**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
clotrimazole	Ancobon
fluconazole	Grifulvin V Tablets
griseofulvin	Sporanox (liquid)
itraconazole	
ketoconazole	
nystatin	
Gris-Peg	
Lamisil	
Mycostatin	
Vfend	

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### **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	

### **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

### **Antimigraine, Triptans**

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

### **Antiparkinson's Agents**

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

### **Antipsychotics, Atypical**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
clozapine	Abilify
Geodon	Fazaclo
Risperdal	Symbyax
Seroquel	Zyprexa

### **Antivirals, Influenza**

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

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### **Antivirals, Other**

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

### **Agents for Benign Prostatic Hyperplasia (BPH)**

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

### **Beta Blockers**

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

### **Bladder Relaxant Preparations**

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

### **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

### **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

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### **Calcium Channel Blocking Agents**

**Preferred**

diltiazem, ER  
felodipine ER  
nicardipine  
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  
cefepodoxime  
cefuroxime  
cephalexin  
cefprozil  
Cedax  
Omnicef  
Spectracef  
Suprax

**Requires Prior Authorization**

Augmentin XR  
Lorabid  
Panixine  
Raniclor

### **Cytokine and CAM Antagonists**

**Preferred**

Enbrel<sup>†</sup>  
Humira<sup>†</sup>  
Kineret<sup>†</sup>  
Raptiva<sup>†</sup>

<sup>†</sup> 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

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### **Growth Hormone**

**Preferred**

Norditropin<sup>†</sup>  
 Nutropin AQ<sup>†</sup>  
 Saizen<sup>†</sup>  
 Tev-Tropin<sup>†</sup>

**Requires Prior Authorization**

Genotropin  
 Humatrope  
 Nutropin  
 Serostim

<sup>†</sup> 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

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### **Lipotropics, Statins**

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

### **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

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## 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.

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### **Sedative Hypnotics**

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

### **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	

### **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	

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