

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 02/01/08)

Antiotensin Modulators	Analgesics, Narcotics (cont.)	Antifungals, Oral	Antivirals, Other
benazepril, HCTZ P	Opana NP	clotrimazole P	acyclovir P
captopril, HCTZ P	Panlor DC, SS NP	fluconazole P	famciclovir P
enalapril, HCTZ P	Synalgos-DC NP	griseofulvin P	Valtrex P
fosinopril, HCTZ P	<b>Androgenic Agents</b>	itraconazole DR P	<b>Agents for BPH</b>
lisinopril, HCTZ P	Androderm P	ketoconazole P	doxazosin P
moexipril, HCTZ (Univasc/Uniretic) NP	Androgel P	nystatin P	finasteride P
quinapril, HCTZ NP	Testim NP	terbinafine DR P	terazosin P
ramipril NP	<b>Angiotensin Receptor Blockers</b>	Gris-Peg P	Avodart P
trandolapril (Mavik) NP	Avapro, Avalide P	Mycostatin P	Flomax P
Aceon NP	Benicar, HCT P	Vfend P	Uroxatral SCN P
Tekturna NP	Cozaar, Hyzaar P	Ancobon NP	Cardura XL NP
<b>Antiotensin Modulators/CGB Comb.</b>	Diovan, HCT P	Grifulvin V Tablets NP	<b>Beta Blockers</b>
amlodipine/benazepril P	Micardis, HCT P	Noxafil NP	acebutolol P
Tarka P	Atacand, HCT NP	Sporanox (liquid) NP	atenolol P
Azor NP	Teveten, HCT NP	<b>Antifungals, Topical</b>	betaxolol P
Exforge NP	<b>Anticoagulants, Injectables</b>	clotrimazole/betamethasone P	bisoprolol P
Lexxel NP	Arixtra P	ciclopirox (gel, liquid) P	carvedilol P
<b>Acne Agents</b>	Fragmin P	econazole nitrate P	labetalol P
benprox P	Lovenox SCN P	ketoconazole P	metoprolol, succinate P
benzoyl peroxide P	Innohep NP	nystatin, nystatin/triamcinolone P	nadolol P
clindamycin P	<b>Anticonvulsants</b>	ciclopirox cream, suspension NP	pinidolol P
erythromycin P	carbamazepine P	Ertaczo NP	propranolol, LA P
tretinoin P	clonazepam P	Exelderm NP	sotalol P
Akne-mycin P	ethosuximide P	Extina NP	timolol P
Azelex P	gabapentin P	Loprox (shampoo) SCN NP	Bystolic NP
Clinac BPO P	mephobarbital P	Mentax NP	Cartrol NP
Retin-A micro, Pump P	oxcarbazepine P	Naftin NP	Coreg CR NP
Tazorac P	phenobarbital P	Oxistat NP	Innopran XL NP
erythromycin, benzoyl peroxide NP	phenytoin P	Vusion NP	Levatol NP
Atralia NP	primidone P	Xolegel NP	<b>Bladder Relaxant Preparations</b>
Benzaclin Gel SCN NP	valproic acid P	<b>Antihistamines, Nonseating</b>	oxybutynin, ER P
Benzamycinpak SCN NP	zonisamide P	loratadine tab, syrup, -D, child P	Enablex P
Clindagel SCN NP	Carbatrol P	fexofenadine (Allegra, susp, -D) NP	Oxytrol P
Differin SCN NP	Celontin P	Clarinex, Clarinex Syrup SCN NP	Sanctura P
Duac CS NP	Depakote, ER, sprinkle P	Semprex-D NP	Vesicare P
Evoclin NP	Diastat P	Zyrtec tab, syrup, -D NP	Detrol, LA NP
Inova NP	Equetro P	<b>Antimigraine, Triptans</b>	Sanctura XR NP
Klaron SCN NP	Felbatol P	Amerge QL P	<b>Bone Resorption Suppression</b>
Neobenz Micro NP	Gabitril P	Axert QL P	Fosamax, Plus D P
Nuox SCN NP	Keppra P	Imitrex QL P	Miacalcin P
Triaz SCN NP	Lamictal P	Maxalt, MLT QL P	etidronate NP
Zaclir NP	Lyrica P	Frova QL NP	Actonel, with Calcium NP
Ziana NP	Mebaral SCN P	Relpax QL NP	Boniva NP
<b>Alzheimer's Agents</b>	Peganone P	Zomig, Nasal, ZMT QL NP	Evista NP
Aricept, ODT P	Topamax P	QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.	Fortical NP
Exelon P	lamotrigine dispertabs NP	<b>Antiparkinson's Agents</b>	<b>Bronchodilators, Anticholinergic</b>
Namenda P	Phenytek NP	carbidopa/levodopa P	ipratropium/albuterol P
Cognex NP	Tegretol XR NP	selegiline P	Atrovent, HFA P
Exelon patch NP	<b>Antidepressants, Other</b>	trihexyphenidyl P	Combivent P
Razadyne, ER NP	budeprion XL 300 mg P	Kemadrin P	Spiriva P
<b>Analgesics, Narcotics-Long-Acting</b>	bupropion, SR P	Requip DR P	<b>Bronchodilators, Beta Agonists</b>
fentanyl transdermal P	mirtazapine P	Stalevo P	albuterol, sulfate ER P
methadone P	trazodone P	Azilect NP	metaproterenol (oral) P
morphine ER P	venlafaxine P	Comtan NP	terbutaline P
oxycodone ER P	Effexor XR P	Mirapex DR NP	Maxair P
Kadian P	nefazodone NP	Neupro NP	Proventil HFA SCN P
Avinza NP	Cymbalta NP	Parcopa NP	Serevent P
Opana ER NP	Emsam SCN NP	Tasmar NP	Ventolin HFA P
Oxycontin NP	Wellbutrin XL* NP	Zelapar NP	Xopenex HFA P
Ultram ER NP	* Prior authorization is not required for recipients 18 and younger.	<b>Antipsychotics, Atypical</b>	metaproterenol (inhalation) NP
<b>Analgesics, Narcotics-Short-Acting</b>	<b>Antidepressants, SSRI</b>	clozapine P	Alupent NP
apap/codeine, asp/codeine P	citalopram P	Geodon P	Brovana NP
butalbital/apap/codeine P	fluoxetine P	Risperdal P	Foradil NP
codeine P	fluvoxamine P	Seroquel P	ProAir HFA NP
dihydrocodeine/apap/caff P	paroxetine P	Abilify NP	Xopenex NP
hydromorphone P	sertraline P	Fazaclo SCN NP	<b>Calcium Channel Blocking Agents</b>
hydrocodone/apap/ibup P	Lexapro NP	Invega NP	amlodipine P
ibuprofen/oxycodone P	Paxil CR NP	Seroquel XR NP	diltiazem, ER P
levorphanol P	Peveva NP	Symbyax NP	felodipine ER P
morphine P	Prozac Weekly NP	Zyprexa NP	nicardipine P
oxycodone/apap/asa P	<b>Antiemetics, Oral</b>	<b>Antivirals, Influenza</b>	nifedipine, ER P
propoxyphene HCL, apap P	granisetron HCL P	amantadine P	nimodipine P
tramadol P	ondansetron, oral, solution P	rimantadine P	verapamil, ER, SR P
fentanyl buccal. NP	Emend P	Relenza P	Cardizem LA P
meperidine NP	Anzemet NP	Tamiflu P	Sular P
pentazocine/apap, naloxone NP	Cesamet (Oral) NP		isradipine (Dynacirc, CR) NP
tramadol/apap NP	Marinol (Oral) NP		Cardene SR NP
Darvon-N SCN NP			Covera-HS NP
Fentora NP			
Lynox SCN NP			

**Key:**

All lowercase letters = generic product

**P = Preferred product**

QL = Quantity Limits

Leading capital letter = brand name product

NP = Non-preferred product (requires PA)

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

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Cephalosporin and Related Agents	Hypoglycemics, Adjunct Therapy	Multiple Sclerosis Agents	Ophthalmics, NSAIDs
amoxicillin/clavulanate P	Byetta† P	Avonex DR SCN P	diclofenac P
amox tr-potassium clav 600 P	Janumet† QL P	Betaseron DR P	flurbiprofen P
cefaclor P	Januvia† QL P	Copaxone DR SCN P	Acular, LS, PF P
cefadroxil P	Symlin†, pen† P	Rebif DR P	Nevanac P
cefdinir P	† Preferred agents that require clinical prior authorization.	<b>NSAIDs</b>	Xibrom P
cefepodoxime P	QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.	diclofenac, potassium, XL P	<b>Optics, Fluoroquinolones</b>
cephalexin P	<b>Hypoglycemics, Insulins</b>	flurbiprofen P	ofloxacin (drops) P
cefprozil P	Humulin P	ibuprofen P	Ciprodex P
cefuroxime P	Humalog P	indomethacin, SR P	Floxin (singles) P
Cedax P	Humalog Mix P	ketoprofen P	Cipro HC NP
Spectracef P	Lantus SCN P	ketorolac P	<b>Phosphate Binders</b>
Suprax P	Levemir P	meclizemate P	Phoslo SCN P
Augmentin XR NP	Apidra SCN NP	meloxicam P	Renagel P
Lorabid NP	Novolin NP	nabumetone P	Fosrenol P
Panixine NP	Novolog NP	naproxen P	Renvela NP
Ranictor NP	Novolog Mix NP	naproxen sodium, DS P	<b>Platelet Aggregation Inhibitors</b>
<b>Cytokine and CAM Antagonists</b>	*Exubera requires clinical prior authorization	piroxicam P	dipyridamole P
Enbrel† SCN P	<b>Hypoglycemics, Meglitinides</b>	Celebrex* P	ticlopidine P
Humira† P	Starlix P	etodolac, XL NP	Aggrenox P
Kineret† P	Prandin NP	fenoprofen (Nalfon) NP	Plavix P
Raptiva† SCN P	<b>Hypoglycemics, Thiazolidinediones</b>	mefenamic acid (Ponstel) NP	<b>Proton Pump Inhibitors</b>
† Preferred agents that require clinical prior authorization.	Actos P	oxaprozin NP	Nexium DR P
<b>Erythropoiesis Stimulating Proteins</b>	Avandamet P	sulindac NP	Prevacid (caps, SoluTab, si) DR P
Aranesp DR P	Avandaryl P	tolmetin, DS NP	omeprazole* DR NP
Procrit DR P	Avandia P	Arthrotec NP	pantoprazole* DR NP
Epogen DR NP	Actoplus MET NP	Prevacid Naprapac NP	Aciphex* DR NP
<b>Fluoroquinolones</b>	Duetact NP	*Celebrex requires clinical prior authorization	Prilosec 40 mg† DR NP
ciprofloxacin P	<b>Intranasal Rhinitis Agents</b>	<b>Ophthalmics, Allergic Conjunctivitis</b>	Prilosec OTC* DR NP
ofloxacin P	flunisolide P	Alaway P	Zegerid* DR NP
Avelox SCN P	ipratropium P	chromolyn P	* Requires the prior use and failure of Nexium and Prevacid.
Levaquin P	Astelina P	Zaditor OTC P	<b>Sedative Hypnotics</b>
ciprofloxacin ER NP	fluticasone P	ketotifen NP	chloral hydrate P
Cipro suspension NP	Nasacort AQ SCN P	Alamast NP	estazolam P
Factive SCN NP	Beconase AQ NP	Alocril NP	flurazepam P
Maxaquin NP	Nasarel NP	Alomide NP	temazepam P
Noroxin NP	Nasonex NP	Alrex NP	triazolam P
Proquin XR SCN NP	Rhinocort Aqua NP	Elestat NP	zolpidem P
Tequin NP	Veramyst NP	Emadine NP	Rozeren P
<b>Glucocorticoids, Inhaled</b>	<b>Leukotriene Modifiers</b>	Patanol NP	Ambien CR SCN NP
Advair, HFA P	Accolate P	Pataday NP	Doral NP
Aerobid, Aerobid-M SCN P	Singulair P	Optivar NP	Lunesta NP
Asmanex SCN P	Zyflo NP	<b>Ophthalmics, Fluoroquinolones</b>	Restoril NP
Azmacort SCN P	<b>Lipotropics, Bile Acid Sequestrants</b>	bacitracin/polymyxin P	Sonata NP
Flovent, HFA P	cholestyramine P	ciprofloxacin solution P	<b>Stimulants and Related Agents</b>
Pulmicort Respules P	colestipol P	erythromycin P	amphetamine salt combo DR P
Qvar P	Welchol NP	gentamicin P	dextroamphetamine DR P
Pulmicort Flexhaler NP	<b>Lipotropics, Fibric Acids</b>	ofloxacin P	methylphenidate, ER DR P
Symbicort NP	fenofibrate P	polymyxin/trimethoprim P	Adderall XR DR P
<b>Growth Hormone</b>	gemfibrozil P	sulfacetamide P	Concerta DR P
Genotropin† P	Tricor P	tobramycin P	Focalin, XR DR P
Nutropin AQ† SCN P	Antara NP	triple antibiotic P	Metadate CD DR P
Saizen† P	Triglide NP	Vigamox P	pemoline (Cylert) DR NP
Tev-Tropin† P	<b>Lipotropics, Other</b>	Zymar P	Daytrana DR NP
Humatrope NP	Niaspan P	Ciloxan Ointment NP	Desoxyn DR SCN NP
Norditropin NP	Lovaza (Omacor) NP	Iquix NP	Provigil DR NP
Nutropin SCN NP	Zetia NP	Quixin NP	Ritalin LA DR NP
Omnitrope NP	<b>Lipotropics, Statins</b>	<b>Ophthalmics, Glaucoma Agents</b>	Strattera* DR NP
Serostim NP	lovastatin P	betaxolol P	Vyvanse DR NP
Zorbtive NP	simvastatin P	brimonidine P	* Prior authorization is not required for recipients 18 and older.
† Preferred agents that require clinical prior authorization.	Advicor P	carteolol P	<b>Topical Immunomodulators</b>
<b>Hepatitis B Agents</b>	Lescol, XL P	dipivefrin P	Elidel NP
Baraclude P	Lipitor P	levobunolol P	Protopic SCN NP
Epivir HBV P	Vytorin P	metipranolol P	<b>Ulcerative Colitis</b>
Hepsera P	pravastatin NP	piclopropine P	balsalazide P
Tyzeka P	Altoprev NP	timolol P	mesalamine P
<b>Hepatitis C Agents</b>	Caduet NP	Alphagan P P	sulfasalazine P
ribavirin DR P	Crestor NP	Azopt P	Asacol P
Pegasys DR P	<b>Macrolides/Ketolides</b>	Betoptic S P	Canasa P
Peg-Intron, Redipen DR SCN P	azithromycin P	Cosopt P	Dipentum NP
Infergen DR SCN NP	clarithromycin P	Istalol P	Lialda NP
	erythromycin P	Lumigan P	Pentasa NP
	clarithromycin ER NP	Trusopt P	
	Ketek SCN NP	Xalatan P	
	Zmax NP	Combigan NP	

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