

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 11/01/06)

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	Levatol 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>	Didronel NP
Cognex P	Topamax NP	Antiparkinson's Agents	Evista NP
Razadyne, ER NP	Trileptal P	benztropine P	Fortical NP
Analgesics, Narcotics	Phenytek NP	carbidopa/levodopa P	Bronchodilators, Anticholinergic
acetaminophen/codeine P	Tegretol XR NP	pergolide P	ipratropium P
aspirin/codeine P	Antidepressants, Other	selegiline P	Atrovent, HFA P
butalbital/apap/codeine P	bupropion, SR P	trihexyphenidyl P	Combivent P
butalbital/apap/codeine/caff P	mirtazapine P	Comtan P	Spiriva P
codeine P	trazodone P	Kemadrin P	Duoneb NP
fentanyl P	venlafaxine P	Mirapex P	Bronchodilators, Beta Agonists
hydrocodone/apap/ibuprofen P	Effxor XR P	Requip P	albuterol P
hydromorphone P	nefazodone NP	Stalevo P	metaproterenol P
levorphanol P	Cymbalta NP	Azilect NP	terbutaline P
methadone P	Emsam SCN NP	Parcopa NP	Maxair SCN P
morphine sulfate P	Wellbutrin XL* NP	Tasmar NP	Proventil HFA SCN P
oxycodone ER P	* Prior authorization is not required for recipients 18 and younger.	Zelapar NP	Serevent P
oxycodone/apap P	Antidepressants, SSRI	Antipsychotics, Atypical	Xopenex HFA SCN P
oxycodone/aspirin P	citalopram P	clozapine P	Accuneb NP
propoxyphene HCL, apap P	fluoxetine P	Geodon P	Albuterol HFA NP
tramadol P	fluvoxamine P	Risperdal P	Alupent NP
tramadol/apap P	paroxetine P	Seroquel P	Foradil NP
Kadian P	Zoloft P	Symbyax NP	Ventolin HFA NP
Xodol P	sertraline NP	Zyprexa NP	Vospire ER NP
fentanyl citrate NP	Lexapro SCN NP	Fazaclor SCN NP	Xopenex SCN NP
meperidine NP	Paxil CR NP	Antivirals, Influenza	Calcium Channel Blocking Agents
pentazocine/apap NP	Pexeva NP	amantadine P	diltiazem, ER P
pentazocine/naloxone NP	Prozac Weekly NP	rimantadine P	felodipine ER P
Actiq NP	Antiemetics, Oral	Relenza P	nicardipine P
Avinza NP	Emend P	Tamiflu P	nifedipine, ER P
Combunox SCN NP	Zofran, ODT P	Antivirals, Other	verapamil, SR P
Darvon-N SCN NP	Anzemet SCN NP	acyclovir P	Cardizem LA P
Duragesic 12 mcg NP	Kytril NP	ganciclovir P	Norvasc P
Fentora NP	Antifungals, Oral	Valcyte P	Sular P
Lynox SCN NP	clotrimazole P	Valtrex P	Verelan PM P
Opana, ER NP	fluconazole P	Famvir NP	isradipine NP
Palladone NP	griseofulvin P		Cardene SR NP
Panlor DC, SS NP	itraconazole P		Covera-HS NP
Synalgos-DC NP			Dynacirc, CR NP
Ultram ER NP			Nimotop NP

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 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

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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	Ciloxan Ointment	NP	Ritalin LA	DR NP
Nutropin AQ [†]	SCN P	Advicor	P	Quixin	NP	Strattera*	DR NP
Saizen [†]	P	Altoprev	P	Vigamox	NP	* Prior authorization is not required for recipients 18 and older.	
Tev-Tropin [†]	P	Crestor	P	Ophthalmics, Glaucoma Agents		Topical Immunomodulators	
Genotropin	NP	Lescol, XL	P	betaxolol	P	Elidel	P
Humatrope	NP	Vytorin	P	brimonidine	P	Protopic	SCN P
Nutropin	SCN NP	Zocor	P	carteolol	P	Ulcerative Colitis	
Serostim	NP	simvastatin	NP	dipivefrin	P	mesalamine	P
[†] Preferred agents that require clinical prior authorization.		Caduet	NP	levobunolol	P	sulfasalazine	P
Hepatitis C Agents		Lipitor	NP	metipranolol	P	Asacol	P
ribavirin	DR P	Pravachol 80 mg	NP	pilocarpine	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	Azopt	P	Colazal	SCN NP
Rebetol	DR SCN P	clarithromycin	P	Betimol	P		
Infergen	DR SCN NP	erythromycin	P	Betopic S	P		
Hypoglycemics, Adjunct Therapy		Biaxin XL	P	Cosopt	P		
Byetta [†]	P	Ketek	SCN NP	Lumigan	P		
Symlin [†]	P			Travatan, Z	P		
[†] Preferred agents that require clinical prior authorization.				Trusopt	P		
				Istalol	NP		
				Xalatan	NP		

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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.