

## 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  
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**

**Preferred**

Avapro, Avalide  
Benicar, HCT  
Cozaar, Hyzaar  
Diovan, HCT  
Micardis, HCT

**Requires Prior Authorization**

Atacand, HCT  
Teveten, HCT

Keppra  
Lamictal  
mephobarbital  
Peganone  
Topamax  
Trileptal

### **Anticoagulants, Injectables**

**Preferred**

Arixtra  
Fragmin  
Lovenox

**Requires Prior Authorization**

Innohep

### **Antidepressants, Other**

**Preferred**

bupropion, SR  
mirtazapine  
trazodone  
Effexor, XR

**Requires Prior Authorization**

nefazodone  
Cymbalta  
Emsam  
Wellbutrin XL\*

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

### **Anticonvulsants**

**Preferred**

carbamazepine  
clonazepam  
ethosuximide  
gabapentin  
phenobarbital  
phenytoin  
primidone  
valproic acid  
zonisamide  
Carbatrol  
Celontin  
Depakote, ER, sprinkle  
Diastat  
Equetro  
Felbatol  
Gabitril

**Requires Prior Authorization**

Lyrica  
Phenytek  
Tegretol XR

### **Antiemetics, Oral**

**Preferred**

Emend  
Zofran, ODT

**Requires Prior Authorization**

Anzemet  
Kytril

### **Antifungals, Oral**

**Preferred**

clotrimazole  
fluconazole  
griseofulvin  
itraconazole  
ketoconazole  
nystatin  
Gris-Peg  
Lamisil  
Mycostatin  
Vfend

**Requires Prior Authorization**

Ancobon  
Grifulvin V Tablets  
Sporanox (liquid)

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## Wisconsin Medicaid Preferred Drug List

### **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) Clarinex, Clarinex 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	

### **Antivirals, Influenza**

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

### **Antivirals, Other**

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

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## Wisconsin Medicaid Preferred Drug List

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

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

### **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

### **Beta Blockers**

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

### **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

### **Bladder Relaxant Preparations**

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

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## Wisconsin Medicaid Preferred Drug List

### **Calcium Channel Blocking Agents**

**Preferred**

diltiazem, ER  
 felodipine ER  
 nifedipine  
 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  
 cefpodoxime  
 cefuroxime  
 cephalixin  
 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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## Wisconsin Medicaid Preferred Drug List

### **Growth Hormone**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Norditropin <sup>†</sup>	Genotropin
Nutropin AQ <sup>†</sup>	Humatrope
Saizen <sup>†</sup>	Nutropin
Tev-Tropin <sup>†</sup>	Serostim

<sup>†</sup> Preferred agents that require clinical prior authorization.

### **Hepatitis C Agents**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
ribavirin	Infergen
Copegus	
Pegasys	
Peg-Intron, Redipen	
Rebetol	

### **Hypoglycemics, Insulins and Related Agents**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Humulin	Apidra
Humalog	Byetta
Humalog Mix	Levemir
Lantus	Novolin
	Novolog
	Novolog Mix
	Symlin

### **Hypoglycemics, Meglitinides**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Starlix	Prandin

### **Hypoglycemics, Thiazolidinediones**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Actos	Actoplus MET
Avandamet	Avandaryl
Avandia	

### **Intranasal Rhinitis Agents**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flunisolide	Astelin
fluticasone	Beconase AQ
ipratropium	Nasarel
Nasacort AQ	Rhinocort Aqua
Nasonex	

### **Leukotriene Modifiers**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Accolate	
Singulair	

### **Lipotropics, Other**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine	Antara
gemfibrozil	Omacor
niacin	Triglide
Colestid	Welchol
Lofibra	Zetia
Niaspan	
Tricor	

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### **Lipotropics, Statins**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin	Caduet
Advicor	Lipitor
Altoprev	Pravachol
Crestor	Pravigard PAC
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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### **Ophthalmics, Antibiotics**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
bacitracin/polymyxin	Ciloxan Ointment
ciprofloxacin solution	Quixin
erythromycin	Vigamox
gentamicin	
ofloxacin	
polymyxin/trimethoprim	
sulfacetamide	
tobramycin	
triple antibiotic	
Zymar	

### **Ophthalmics, Glaucoma Agents**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
betaxolol	Istalol
brimonidine	Xalatan
carteolol	
dipivefrin	
levobunolol	
metipranolol	
pilocarpine	
timolol	
Alphagan P	
Azopt	
Betimol	
Betopic S	
Cosopt	
Lumigan	
Travatan	
Trusopt	

### **Otics, Antibiotics (Anti-Inflammatory-Antibiotics)**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
neomycin/polymyxin/HC	Cipro HC
Ciprodex	Cortisporin-TC
Coly-Mycin S	
Floxin (singles and drops)	

### **Phosphate Binders and Related Agents**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Phoslo	Magnebind
Renagel	Fosrenol

### **Platelet Aggregation Inhibitors**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
dipyridamole	
ticlopidine	
Aggrenox	
Plavix	

### **Proton Pump Inhibitors**

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Nexium	omeprazole*
Prevacid (caps, SoluTab, susp)	Aciphex*
	Priolosec 40 mg*
	Protonix*
	Zegerid*

\* Requires the prior use and failure of Nexium **and** Prevacid.

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### **Sedative Hypnotics**

**Preferred**

chloral hydrate  
estazolam  
flurazepam  
temazepam  
triazolam  
Ambien  
Lunesta  
Rozerem

**Requires Prior Authorization**

Ambien CR  
Doral  
Restoril  
Sonata

### **Topical Immunomodulators (Dermatitis)**

**Preferred**

Elidel  
Protopic

**Requires Prior Authorization**

### **Selective Serotonin Reuptake Inhibitors (SSRI)**

**Preferred**

citalopram  
fluoxetine  
paroxetine

**Requires Prior Authorization**

Lexapro  
Paxil CR  
Pexeva  
Prozac Weekly  
Zoloft

### **Ulcerative Colitis**

**Preferred**

mesalamine  
sulfasalazine  
Asacol  
Canasa  
Dipentum  
Pentasa

**Requires Prior Authorization**

Colazal

### **Stimulants and Related Agents**

**Preferred**

amphetamine salt combo  
dextroamphetamine  
methylphenidate ER  
Adderall XR  
Concerta  
Focalin, XR  
Metadate CD  
Ritalin LA

**Requires Prior Authorization**

pemoline (Cylert)  
Desoxyn  
Provigil  
Strattera

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