

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 01/01/07)

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

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All lowercase letters = generic product

Leading capital letter = brand name product

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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 or via hand held devices using ePocrates (www.ePocrates.com)

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Calcium Channel Blocking (cont.)	Hypoglycemics, Adjunct Therapy	Multiple Sclerosis Agents	Otics, Antibiotics
Sular P	Byetta† P	Avonex DR SCN P	neomycin/polymyxin/HC P
Verelan PM P	Januvia† QL P	Betaseron DR P	Ciprodex P
isradipine NP	Symlin† P	Copaxone DR SCN P	Coly-Mycin S P
Cardene SR NP	† Preferred agents that require clinical prior authorization.	Rebif DR P	Floxin (singles and drops) P
Covera-HS NP	QL - Quantity Limits apply each month: 34 tablets.	NSAIDs	Cipro HC NP
Dynacirc, CR NP		diclofenac, potassium, XL P	Cortisporin-TC NP
Nimotop NP		etodolac, XL P	Phosphate Binders
Cephalosporin and Related Agents	Hypoglycemics, Insulins	flurbiprofen P	Phoslo SCN P
amoxicillin/clavulanate P	Humulin P	ibuprofen P	Renagel P
amox tr-potassium clav 600 P	Humalog P	indomethacin, SR P	Magnebind NP
cefactor P	Humalog Mix P	ketoprofen P	Fosrenol NP
cefadroxil P	Lantus SCN P	ketorolac P	Platelet Aggregation Inhibitors
cefepodoxime P	Levemir P	meclizemate P	dipyridamole P
cefuroxime P	Apidra SCN NP	meloxicam P	ticlopidine P
cephalexin P	Exubera NP	nabumetone P	Aggrenox P
cefprozil P	Novolin NP	naproxen P	Plavix P
Cedax P	Novolog NP	naproxen sodium, DS P	Proton Pump Inhibitors
Omnicef P	Novolog Mix NP	oxaprozin P	Nexium DR P
Spectracef P	Hypoglycemics, Meglitinides	piroxicam P	Prevacid (caps, SoluTab, si) DR P
Suprax P	Starlix P	sulindac P	omeprazole* DR NP
Augmentin XR NP	Prandin NP	fenoprofen NP	Aciphex* DR NP
Lorabid NP	Hypoglycemics, Thiazolidinediones	mefenamic acid NP	Prilosec 40 mg* DR NP
Panixine NP	Actos P	tolmetin, DS NP	Protonix* DR NP
Ranidlor NP	Avandamet P	Arthrotec NP	Zegerid* DR NP
Cytokine and CAM Antagonists	Avandaryl P	Celebrex NP	* Requires the prior use and failure of Nexium and Prevacid.
Enbrel† SCN P	Avandia P	Nalfon 200, 300 mg NP	Sedative Hypnotics
Humira† P	Actoplus MET NP	Ponstel NP	chloral hydrate P
Kineret† P	Duetact NP	Prevacid Naprapac NP	estazolam P
Raptiva† SCN P	Intranasal Rhinitis Agents	Ophthalmics, Allergic Conjunctivitis	flurazepam P
Amevive SCN NP	flunisolide P	cromolyn P	temazepam P
Remicade NP	ipratropium P	ketotifen P	triazolam P
Orencia NP	Astelin P	Acular P	Ambien SCN P
† Preferred agents that require clinical prior authorization.	Flonase P	Alrex P	Lunesta P
Erythropoiesis Stimulating Proteins	Nasacort AQ SCN P	Elestat P	Rozeren P
Aranesp DR P	Nasonex SCN P	Patanol P	Ambien CR SCN NP
Procrit DR P	fluticasone NP	Alamast NP	Doral NP
Epogen DR NP	Beconase AQ NP	Alocril NP	Restoril NP
Fluoroquinolones	Nasarel NP	Alomide NP	Sonata NP
ciprofloxacin P	Rhinocort Aqua NP	Emadine NP	Stimulants and Related Agents
ofloxacin P	Leukotriene Modifiers	Optivar NP	amphetamine salt combo DR P
Avelox P	Accolate P	Zaditor NP	dextroamphetamine DR P
Levaquin P	Singulair P	Ophthalmics, Antibiotics	methylphenidate ER DR P
Cipro suspension, XR NP	Zyflo NP	bacitracin/polymyxin P	Adderall XR DR P
Factive SCN NP	Lipotropics, Other	ciprofloxacin solution P	Concerta DR P
Maxaquin NP	cholestyramine P	erythromycin P	Focalin, XR DR P
Noroxin NP	colestipol P	gentamicin P	Metadate CD DR P
Proquin XR SCN NP	gemfibrozil P	ofloxacin P	pemoline (Cylert) DR NP
Tequin NP	niacin P	polymyxin/trimethoprim P	Daytrana DR NP
Glucocorticoids, Inhaled	Lofibra P	sulfacetamide P	Desoxyyn DR SCN NP
Advair, HFA P	Niaspan P	tobramycin P	Provigil DR NP
Aerobid, Aerobid-M SCN P	Tricor P	triple antibiotic P	Ritalin LA DR NP
Asmanex SCN P	Antara NP	Zymar P	Strattera* DR NP
Azmacort SCN P	Omacor NP	Ciloxan Ointment NP	* Prior authorization is not required for recipients 18 and older.
Flovent P	Triglide NP	Quixin NP	Topical Immunomodulators
Pulmicort Respules P	Welchol NP	Vigamox NP	Elidel P
Qvar P	Zetia NP	Ophthalmics, Glaucoma Agents	Protopic SCN P
Pulmicort Turbuhaler NP	Lipotropics, Statins	betaxolol P	Ulcerative Colitis
Growth Hormone	lovastatin P	brimonidine P	mesalamine P
Norditropin† P	pravastatin P	carteolol P	sulfasalazine P
Nutropin AQ† SCN P	simvastatin P	dipivefrin P	Asacol P
Saizen† P	Advicor P	levobunolol P	Canasa P
Tev-Tropin† P	Altoprev P	metipranolol P	Dipentum P
Genotropin NP	Crestor P	picloparpine P	Pentasa P
Humatrope NP	Lescol, XL P	timolol P	Colazal SCN NP
Nutropin SCN NP	Vytorin P	Alphagan P P	
Serostim NP	Caduet NP	Azopt P	
† Preferred agents that require clinical prior authorization.	Lipitor NP	Betimol P	
	Pravachol 80 mg NP	Betopic S P	
	Pravigard PAC NP	Cosopt P	
Hepatitis C Agents	Macrolides/Ketolides	Lumigan P	
ribavirin DR P	azithromycin P	Travatan, Z P	
Copegus DR P	clarithromycin P	Trusopt P	
Pegasys DR P	erythromycin P	Istalol NP	
Peg-Intron, Redipen DR SCN P	Biaxin XL P	Xalatan NP	
Rebetol DR SCN P	clarithromycin ER NP		
Infergen DR SCN NP	Ketek SCN NP		

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