

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 08/01/07)

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

**Key:**

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

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

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