

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 09/01/07)

Angiotensin Modulators		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	Androgenic Agents		nystatin	P	Agents for BPH	
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	Angiotensin Receptor Blockers		Vfend	P	Avodart	P
Tekturra	NP	Avapro, Avalide	P	Ancobon	NP	Flomax	P
Angiotensin Modulators/CGB Comb.		Benicar, HCT	P	Grifulvin V Tablets	NP	Uroaxtral	SCN P
Lotrel	P	Cozaar, Hyzaar	P	Noxafil	NP	Cardura XL	NP
Tarka	P	Diovian, HCT	P	Sporanox (liquid)	NP	Beta Blockers	
amlodipine/benazepril	NP	Micardis, HCT	P	Antifungals, Topical		acebutolol	P
Exforge	NP	Atacand, HCT	NP	ciclopirox cream, suspension	P	atenolol	P
Lexxel	NP	Teveten, HCT	NP	clotrimazole,/betamethasone	P	betaxolol	P
Acne Agents		Anticoagulants, Injectables		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	Anticonvulsants		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	Cartrol	NP
erythromycin, benzoyl peroxide	NP	mephobarbital	P	Vusion	NP	Coreg CR	NP
Benzaclin Gel	SCN NP	phenobarbital	P	Xolegel	NP	Innopran XL	NP
Benzamycinpak	SCN NP	phenytoin	P	Antihistamines, Non-sedating		Levato	NP
Clindagel	SCN NP	primidone	P	loratadine tab, syrup, -D, child	P	Bladder Relaxant Preparations	
Differin	SCN NP	valproic acid	P	feofenadine (Allegra, susp, -D)	NP	oxybutynin, ER	P
Evoclin	NP	zonisamide	P	Clarinx, Clarinx Syrup	SCN NP	Enablex	P
Inova	NP	Carbatrol	P	Semprex-D	NP	Oxytrol	P
Klaron	SCN NP	Celontin	P	Zyrtec tab, syrup, -D	NP	Sanctura	SCN P
Neobenz Micro	NP	Depakote, ER, sprinkle	P	Antimigraine, Triptans		VesiCare	P
Nuox	SCN NP	Diastat	P	Amerge	QL P	Detroit, LA	NP
Triax	SCN NP	Equetro	P	Xert	QL P	Bone Resorption Suppression	
Zaclir	NP	Felbatol	P	Imitrex	QL P	Actonel	P
Ziana	NP	Gabitril	P	Maxalt, MLT	QL P	Fosamax, Plus D	P
Alzheimer's Agents		Keppra	P	Frova	QL NP	Miacalcin	P
Aricept	P	Lamictal	P	Relpax	QL NP	Actonel with Calcium	NP
Exelon	P	Lyrica	P	Zomig, Nasal, ZMT	QL NP	Boniva	NP
Namenda	SCN P	Mebaral	SCN P	QL - Quantity Limits apply each month: 18		Didronel	NP
Cognex	NP	Peganone	P	tablets, 6 sprays, 8 injections.		Evista	NP
Exelon patch	NP	Topamax	P	Antiparkinson's Agents		Fortical	NP
Razadyne, ER	NP	Trileptal	P	benztropine	P	Bronchodilators, Anticholinergic	
Analgesics, Narcotics-Long-Acting		lamotrigine dispertabs	NP	carbidopa/levodopa	P	ipratropium/albuterol	P
fentanyl transdermal	P	Phenytek	NP	selegiline	P	Atrovent, HFA	P
methadone	P	Tegretol XR	NP	trihexphenidyl	P	Combivent	P
morphine ER	P	Antidepressants, Other		Comtan	P	Spiriva	P
oxycodone ER	P	budeprion XL 300 mg	P	Kemadrin	P	Bronchodilators, Beta Agonists	
Kadian	P	bupropion, SR	P	Mirapex	P	albuterol, sulfate ER	P
Avinza	NP	mirtazapine	P	Requip	P	metaproterenol	P
Opana ER	NP	trazodone	P	Stalevo	P	terbutaline	P
Oxycontin	NP	venlafaxine	P	Azilect	NP	Maxair	SCN P
Ultram ER	NP	Effexor XR	NP	Neupro	NP	Proventil HFA	SCN P
Analgesics, Narcotics-Short-Acting		nefazodone	NP	Parcopa	NP	Serevent	P
apap/codeine, asp/codeine	P	Cymbalta	NP	Tasmar	NP	Xopenex HFA	P
butalbital/apap/codeine	P	Emsam	SCN NP	Zelapar	NP	Accuneb	NP
codeine	P	Wellbutrin XL*	NP	Antipsychotics, Atypical		Albuterol HFA	NP
dihydrocodeine/apap/caff	P	* Prior authorization is not required for recipients		clozapine	P	Alupent	NP
hydromorphone	P	18 and younger.		Geodon	P	Brovana	NP
hydrocodone/apap/ibup	P	Antidepressants, SSRI		Risperdal	P	Foradil	NP
levorphanol	P	citalopram	P	Seroquel	P	ProAir HFA	NP
morphine	P	fluoxetine	P	Abilify	NP	Ventolin HFA	NP
oxycodone/apap/asa	P	fluvoxamine	P	Fazaclo	SCN NP	Xopenex	NP
propoxyphene HCL, apap	P	paroxetine	P	Invega	NP	Calcium Channel Blocking Agents	
tramadol	P	sertraline	P	Seroquel XR	NP	amlodipine	P
fentanyl buccal	NP	Lexapro	SCN NP	Symbyax	NP	diltiazem, ER	P
meperidine	NP	Paxil CR	NP	Zyprexa	NP	felodipine ER	P
pentazocine/apap, naloxone	NP	Pexeva	NP	Antivirals, Influenza		necardipine	P
tramadol/apap	NP	Prozac Weekly	NP	amantadine	P	nifedipine, ER	P
Combunox	SCN NP	Antiemetics, Oral		rimantadine	P	nimodipine	P
Darvon-N	SCN NP	ondansetron, oral solution	P	Relenza	P	verapamil, ER, SR	P
		Emend	P	Tamiflu	P	Cardizem LA	P
		Anzemet	SCN NP				
		Kytril	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 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, Fluoroquinolones
Sular P	Byetta [†] P	Avonex DR SCN P	Ciprodex P
isradipine (Dynacirc, CR) NP	Januvia [†] QL P	Betaseron DR P	Floxin (singles and drops) P
Cardene SR NP	Janumet [†] QL P	Copaxone DR SCN P	Cipro HC NP
Covera-HS NP	Symlin [†] P	Rebif DR P	Phospho Binders
Cephalosporin and Related Agents	[†] Preferred agents that require clinical prior authorization.	NSAIDs	Phospho SCN P
amoxicillin/clavulanate P	QL - Quantity Limits apply each month: 34	diclofenac, potassium, XL P	Renagel P
amox tr-potassium clav 600 P	tablets Januvia, 68 tablets Janumet.	etodolac, XL P	Fosrenol P
cefaclor P	Hypoglycemics, Insulins	flurbiprofen P	Platelet Aggregation Inhibitors
cefadroxil P	Humulin P	ibuprofen P	dipyridamole P
cefidinir P	Humalog P	indomethacin, SR P	ticlopidine P
cefepime P	Humalog Mix P	ketoprofen P	Aggrenox P
cephalexin P	Lantus SCN P	ketorolac P	Plavix P
cefprozil P	Levemir P	meclizemate P	Proton Pump Inhibitors
cefuroxime P	Apidra SCN NP	meloxicam P	Nexium DR P
Cedax P	Exubera* NP	nabumetone P	Prevacid (caps, SoluTab, s) DR P
Spectracef P	Novolin NP	naproxen P	omeprazole* DR NP
Suprax P	Novolog NP	naproxen sodium, DS P	Aciphex* DR NP
Augmentin XR NP	Novolog Mix NP	oxaprozin P	Prilosec 40 mg* DR NP
Lorabid NP	*Exubera requires clinical prior authorization	piroxicam P	Protonix* DR NP
Panixine NP	Hypoglycemics, Meglitinides	sulindac P	Zegerid* DR NP
Ranicleur NP	Starlix P	fenoprofen (Nalfon) NP	* Requires the prior use and failure of Nexium and Prevacid.
Cytokine and CAM Antagonists	Prandin NP	mefenamic acid (Ponstel) NP	Sedative Hypnotics
Enbrel [†] SCN P	Hypoglycemics, Thiazolidinediones	tolmetin, DS NP	chloral hydrate P
Humira [†] P	Actos P	Arthrotec NP	estazolam P
Kineret [†] P	Avandamet P	Celebrex NP	flurazepam P
Raptiva [†] SCN P	Avandaryl P	Prevacid Naprapac NP	temazepam P
Amevive SCN NP	Avandia P	Ophthalmics, Allergic Conjunctivitis	triazolam P
Remicade NP	Actoplus MET NP	cromolyn P	zolidem P
Orenicia NP	Duetact NP	ketotifen P	Ambien CR SCN P
[†] Preferred agents that require clinical prior authorization.	Intranasal Rhinitis Agents	Acular P	Lunesta P
Erythropoiesis Stimulating Proteins	flunisolide P	Alrex P	Rozereem P
Aranesp DR P	ipratropium P	Elestat P	Doral NP
Procrit DR P	Astelin P	Pataday P	Restoril NP
Epogen DR NP	Flonase P	Patanol P	Sonata NP
Fluoroquinolones	Nasacort AQ SCN P	Alamast NP	Stimulants and Related Agents
ciprofloxacin P	Nasonex SCN P	Alaway NP	amphetamine salt combo DR P
ofloxacin P	fluticasone NP	Alocril NP	dextroamphetamine DR P
Avelox SCN P	Beconase AQ NP	Alomide NP	methylphenidate ER DR P
Levaquin P	Nasarel NP	Emadine NP	Adderall XR DR P
ciprofloxacin ER NP	Rhinocort Aqua NP	Optivar NP	Concerta DR P
Cipro suspension NP	Veramyst NP	Zaditor NP	Focalin, XR DR P
Factive SCN NP	Leukotriene Modifiers	Ophthalmics, Fluoroquinolones	Metadate CD DR P
Maxaquin NP	Accolate P	bacitracin/polymyxin P	pemoline (Cylert) DR NP
Noroxin NP	Singulair P	ciprofloxacin solution P	Daytrana DR NP
Proquin XR SCN NP	Zyflo NP	erythromycin P	Desoxyn DR SCN NP
Tequin NP	Lipotropics, Bile Acid Sequestrants	gentamicin P	Provigil DR NP
Glucocorticoids, Inhaled	cholestyramine P	ofloxacin P	Ritalin LA DR NP
Advair, HFA P	colestimol P	polymyxin/trimethoprim P	Strattera* DR NP
Aerobid, Aerobid-M SCN P	Welchol NP	sulfacetamide P	* Prior authorization is not required for recipients 18 and older.
Asmanex SCN P	Lipotropics, Fibric Acids	tobramycin P	Topical Immunomodulators
Azmacort SCN P	fenofibrate P	triple antibiotic P	Elidel P
Flovent P	gemfibrozil P	Zymar P	Protopic SCN P
Pulmicort Respules P	Tricor P	Ciloxan Ointment NP	Ulcerative Colitis
Qvar P	Antara NP	Quixin NP	mesalamine P
Pulmicort Turbuhaler / Flexhaler NP	Triglide NP	Vigamox NP	sulfasalazine P
Symbicort NP	Lipotropics, Other	Ophthalmics, Glaucoma Agents	Asacol P
Growth Hormone	Niaspan P	betaxolol P	Canasa P
Genotropin [†] P	Lovaza (Omacor) NP	brimonidine P	Colazal SCN P
Nutropin AQ [†] SCN P	Zetia NP	carteolol P	Dipentum NP
Saizen [†] P	Lipotropics, Statins	dipivefrin P	Lialda NP
Tev-Tropin [†] P	lovastatin P	levobunolol P	Pentasa NP
Humatrope NP	simvastatin P	metipranolol P	
Norditropin NP	Advicor P	pilocarpine P	
Nutropin SCN NP	Lescol, XL P	timolol P	
Omnitrope NP	Lipitor P	Alphagan P P	
Serostim NP	Vytorin P	Azopt P	
Zorbtive NP	pravastatin NP	Betimol P	
[†] Preferred agents that require clinical prior authorization.	Altprev NP	Betopic S P	
Hepatitis C Agents	Caduet NP	Cosopt P	
ribavirin DR P	Crestor NP	Lumigan P	
Pegasys DR P	Macrolides/Ketolides	Travatan, Z P	
Peg-Intron, Redipen DR SCN P	azithromycin P	Trusopt P	
Infergen DR SCN NP	clarithromycin P	Istalol NP	
Infergen DR SCN NP	erythromycin P	Xalatan NP	
	Biaxin XL P		
	Ketek SCN NP		

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