

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 10/01/07)

Antiotensin Modulators	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	Valtrex P
enalapril, HCTZ P	Androgenic Agents	griseofulvin P	Famvir NP
fosinopril, HCTZ P	Androderm P	itraconazole DR P	Agents for BPH
lisinopril, HCTZ P	Androgel P	ketoconazole P	doxazosin P
moexipril, HCTZ (Univasc/Uniretic) NP	Testim NP	nystatin P	finasteride P
quinapril, HCTZ NP	Angiotensin Receptor Blockers	terbinafine DR P	terazosin P
trandolapril (Mavik) NP	Avapro, Avalide P	Gris-Peg P	Avodart P
Aceon NP	Benicar, HCT P	Mycostatin P	Flomax P
Altace NP	Cozaar, Hyzaar P	Vfend P	Uroxatral SCN P
Tekturna NP	Diovan, HCT P	Ancobon NP	Cardura XL NP
Angiotensin Modulators/CGB Comb.	Micardis, HCT P	Grifulvin V Tablets NP	Beta Blockers
Lotrel P	Atacand, HCT NP	Noxafil NP	acebutolol P
Tarka P	Teveten, HCT NP	Sporanox (liquid) NP	atenolol P
amlodipine/benazepril NP	Anticoagulants, Injectables	Antifungals, Topical	betaxolol P
Exforge NP	Arixtra P	clotrimazole/betamethasone P	bisoprolol P
Lexxel NP	Fragmin P	econazole nitrate P	carvedilol P
Acne Agents	Lovenox SCN P	ketoconazole P	labetalol P
benprox P	Innohep NP	nystatin, nystatin/triamcinolone P	metoprolol, succinate P
benzoyl peroxide, creamy wash P	Anticonvulsants	ciclopirox cream, suspension NP	nadolol P
clindamycin P	carbamazepine P	Ertaczo NP	pinidolol P
tretinoin P	clonazepam P	Exelderm NP	propranolol, LA NP
Akne-mycin P	ethosuximide P	Loprox gel, shampoo SCN NP	sotalol P
Azelex P	gabapentin P	Mentax NP	timolol P
Clinac BPO P	mephobarbital P	Naftin NP	Carrol NP
Retin-A micro, Pump P	phenobarbital P	Oxistat NP	Coreg CR NP
Tazorac P	phenytoin P	Penlac SCN NP	Innopran XL NP
erythromycin, benzoyl peroxide NP	primidone P	Vusion NP	Levatol NP
Benzaclin Gel SCN NP	valproic acid P	Xolegel NP	Bladder Relaxant Preparations
Benzamycinpak SCN NP	zonisamide P	Antihistamines, Non-sedating	oxybutynin, ER P
Clindagel SCN NP	Carbatrol P	loratadine tab, syrup, -D, child P	Enablex P
Differin SCN NP	Celontin P	fexofenadine (Allegra, susp, -D) NP	Oxytrol P
Evoclin NP	Depakote, ER, sprinkle P	Clarinet, Clarinet Syrup SCN NP	Sanctura SCN P
Inova NP	Diastat P	Semprex-D NP	VesiCare P
Klaron SCN NP	Equetro P	Zyrtec tab, syrup, -D NP	Detrol, LA NP
Neobenz Micro NP	Felbatol P	Antimigraine, Triptans	Bone Resorption Suppression
Nuox SCN NP	Gabitril P	Amerge QL P	Actonel P
Triaz SCN NP	Keppra P	Axert QL P	Fosamax, Plus D P
Zaclir NP	Lamictal P	Imitrex QL P	Miacalcin P
Ziana NP	Lyrica P	Maxalt, MLT QL P	Actonel with Calcium NP
Alzheimer's Agents	Mebaral SCN P	Frova QL NP	Boniva NP
Aricept, ODT P	Peganone P	Relpax QL NP	Didronel NP
Exelon P	Topamax P	Zomig, Nasal, ZMT QL NP	Evista NP
Namenda SCN P	Trileptal P	QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.	Fortical NP
Cognex NP	lamotrigine dispertabs NP	Antiparkinson's Agents	Bronchodilators, Anticholinergic
Exelon patch NP	Phenytek NP	benztropine P	ipratropium/albuterol P
Razadyne, ER NP	Tegretol XR NP	carbidopa/levodopa P	Atrovent, HFA P
Analgesics, Narcotics-Long-Acting	Antidepressants, Other	selegiline P	Combivent P
fentanyl transdermal P	budeprion XL 300 mg P	trihexyphenidyl P	Spiriva P
methadone P	bupropion, SR P	Comtan P	Bronchodilators, Beta Agonists
morphine ER P	mirtazapine P	Kemadrin P	albuterol, sulfate ER P
oxycodone ER P	trazodone P	Mirapex DR P	metaproterenol (oral) P
Kadian P	venlafaxine P	Requip DR P	terbutaline P
Avinza NP	Effexor XR P	Stalevo P	Maxair SCN P
Opana ER NP	nefazodone NP	Azilect NP	Preventil HFA SCN P
Oxycontin NP	Cymbalta NP	Neupro NP	Serevent P
Ultram ER NP	Emsam SCN NP	Parcopa NP	Ventolin HFA P
Analgesics, Narcotics-Short-Acting	Wellbutrin XL* NP	Tasmar NP	Xopenex HFA P
apap/codeine, asp/codeine P	* Prior authorization is not required for recipients 18 and younger.	Zelapar NP	metaproterenol (inhalation) NP
butalbital/apap/codeine P	Antidepressants, SSRI	Antipsychotics, Atypical	Accuneb NP
codeine P	citalopram P	clozapine P	Alupent NP
dihydrocodeine/apap/caff P	fluoxetine P	Geodon P	Brovana NP
hydromorphone P	fluvoxamine P	Risperdal P	Foradil NP
hydrocodone/apap/ibup P	paroxetine P	Seroquel P	ProAir HFA NP
levorphanol P	sertraline P	Abilify NP	Xopenex NP
morphine P	Lexapro SCN NP	Fazaclo SCN NP	Calcium Channel Blocking Agents
oxycodone/apap/asa P	Paxil CR NP	Invega NP	amlodipine P
propoxyphene HCL, apap P	Pexeva NP	Seroquel XR NP	diltiazem, ER P
tramadol P	Prozac Weekly NP	Symbyax NP	felodipine ER P
fentanyl buccal. NP	Antiemetics, Oral	Zyprexa NP	nicardipine P
meperidine NP	ondansetron, oral solution P	Antivirals, Influenza	nifedipine, ER P
pentazocine/apap, naloxone NP	Emend P	amantadine P	nimodipine P
tramadol/apap NP	Anzemet NP	rimantadine P	verapamil, ER, SR P
Combunox SCN NP	Cesamet (Oral) NP	Relenza P	Cardizem LA P
Darvon-N SCN NP	Kytril NP	Tamiflu P	
Fentora NP	Marinol (Oral) NP		
Lynox SCN NP			
Opana 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.)	Hepatitis C Agents	Macrolides/Ketolides	Ophthalmics, Glaucoma Agents (con't.)
Sular P	ribavirin DR P	azithromycin P	Istalol P
isradipine (Dynacirc, CR) NP	Pegasys DR P	clarithromycin P	Lumigan P
Cardene SR NP	Peg-Intron, Redipen DR SCN P	erythromycin P	Travatan, Z P
Covera-HS NP	Infergen DR SCN NP	Biaxin XL NP	Trusopt P
		Ketek SCN NP	Xalatan P
		Zmax NP	
Cephalosporin and Related Agents	Hypoglycemics, Adjunct Therapy	Multiple Sclerosis Agents	Ophthalmics, NSAIDs
amoxicillin/clavulanate P	Byetta [†] P	Avonex DR SCN P	diclofenac P
amox tr-potassium clav 600 P	Januvia [†] QL P	Betaseron DR P	flurbiprofen P
cefaclor P	Janumet [†] QL P	Copaxone DR SCN P	Acular, LS, PF P
cefadroxil P	Symlin [†] P	Rebif DR P	Nevanac P
cefidinir P	[†] Preferred agents that require clinical prior authorization.	NSAIDs	Xibrom P
cefpodoxime P	QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.	diclofenac, potassium, XL P	
cephalexin P	Hypoglycemics, Insulins	flurbiprofen P	Optics, Fluoroquinolones
cefprozil P	Humulin P	ibuprofen P	Ciprodex P
cefuroxime P	Humalog P	indomethacin, SR P	Floxin (singles and drops) P
Cedax P	Humalog Mix P	ketoprofen P	Cipro HC NP
Spectracef P	Lantus SCN P	ketorolac P	Phosphate Binders
Suprax P	Levemir P	meclufenamate P	Phoslo SCN P
Augmentin XR NP	Apidra SCN NP	meloxicam P	Renagel P
Lorabid NP	Exubera* NP	nabumetone P	Fosrenol P
Panixine NP	Novolin NP	naproxen P	Platelet Aggregation Inhibitors
Raniclolor NP	Novolog NP	naproxen sodium, DS P	dipyridamole P
	Novolog Mix NP	piroxicam P	ticlopidine P
	Exubera requires clinical prior authorization	Celebrex	Aggrenox P
Cytokine and CAM Antagonists	Hypoglycemics, Meglitinides	etodolac, XL NP	Plavix P
Enbrel [†] SCN P	Starlix P	fenoprofen (Nalfon) NP	Proton Pump Inhibitors
Humira [†] P	Prandin NP	mefenamic acid (Ponstel) NP	Nexium DR P
Kineret [†] P	Hypoglycemics, Thiazolidinediones	oxaprozin NP	Prevacid (caps, SoluTab, s1) DR P
Raptiva [†] SCN P	Actos P	sulindac NP	omeprazole* DR NP
Amevive SCN NP	Avandamet P	tolmetin, DS NP	Aciphex* DR NP
Remicade NP	Avandaryl P	Prevacid Naprapac NP	Prilosec 40 mg* DR NP
Orencia NP	Avandia P	*Celebrex requires clinical prior authorization	Protonix* DR NP
[†] Preferred agents that require clinical prior authorization.	Duetact NP	Ophthalmics, Allergic Conjunctivitis	Zegerid* DR NP
Erythropoiesis Stimulating Proteins	Intranasal Rhinitis Agents	alaway P	Sedative Hypnotics
Aranesp DR P	flunisolide P	cromolyn P	chloral hydrate P
Procrit DR P	ipratropium P	ketotifen P	estazolam P
Epogen DR NP	Astelín P	Alrex P	flurazepam P
	Flonase P	Elestat P	temazepam P
Fluoroquinolones	Nasacort AQ SCN P	Patanol P	triazolam P
ciprofloxacin P	Nasonex SCN P	Pataday P	zolpidem P
ofloxacin P	fluticasone NP	Zaditor OTC P	Rozerem P
Avelox SCN P	Beconase AQ NP	Alamast NP	Ambien CR SCN NP
Levaquin P	Nasarel NP	Alocril NP	Doral NP
ciprofloxacin ER NP	Rhinocort Aqua NP	Alomide NP	Lunesta NP
Cipro suspension NP	Veramyst NP	Emadine NP	Restoril NP
Factive SCN NP		Optivar NP	Sonata NP
Maxaquin NP			
Noroxin NP			
Proquin XR SCN NP			
Tequin NP			
Glucocorticoids, Inhaled	Leukotriene Modifiers	Ophthalmics, Fluoroquinolones	
Advair, HFA P	Accolate P	bacitracin/polymyxin P	amphetamine salt combo DR P
Aerobid, Aerobid-M SCN P	Singulair P	ciprofloxacin solution P	dextroamphetamine DR P
Asmanex SCN P	Zyflo NP	erythromycin P	methylphenidate, ER DR P
Azmacort SCN P	Lipotropics, Bile Acid Sequestrants	gentamicin P	Adderall XR DR P
Flovent, HFA P	cholestyramine P	ofloxacin P	Concerta DR P
Pulmicort Respules P	colestipol P	polymyxin/trimethoprim P	Focalin, XR DR P
Qvar P	Welchol NP	sulfacetamide P	Metadate CD DR P
Pulmicort Flexhaler NP	Lipotropics, Fibric Acids	tobramycin P	pemoline (Cylert) DR NP
Symbicort NP	fenofibrate P	triple antibiotic P	Daytrana DR NP
	gemfibrozil P	Vigamox P	Desoxyn DR SCN NP
Growth Hormone	Tricor P	Zymar P	Provigil DR NP
Genotropin [†] P	Antara NP	Ciloxan Ointment NP	Ritalin LA DR NP
Nutropin AQ [†] SCN P	Triglide NP	Quixin NP	Strattera* DR NP
Saizen [†] P	Lipotropics, Other		Vyvance DR NP
Tev-Tropin [†] P	Niaspan P	Ophthalmics, Glaucoma Agents	
Humatrope NP	Lovaza (Omacor) NP	betaxolol P	* Prior authorization is not required for recipients 18 and older.
Norditropin NP	Zetia NP	brimonidine P	Topical Immunomodulators
Nutropin SCN NP	Lipotropics, Statins	carteolol P	Elidel NP
Omnitrope NP	lovastatin P	dipivefrin P	Protopic SCN NP
Serostim NP	simvastatin P	levobunolol P	Ulcerative Colitis
Zorbivte NP	Advicor P	metipranolol P	mesalamine P
	Lescol, XL P	pilocarpine P	sulfasalazine P
	Lipitor P	timolol P	Asacol P
[†] Preferred agents that require clinical prior authorization.	Vytorin P	Alphagan P	Canasa P
Hepatitis B Agents	pravastatin NP	Azopt P	Colazal SCN P
Baraclude P	Altoprev NP	Betimol P	Dipentum NP
Epivir HBV P	Caduet NP	Betopic S P	Lialda NP
Hepsera P	Crestor NP	Cosopt P	Pentasa NP
Tyzeka 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 or via hand held devices using ePocrates (www.ePocrates.com).
 Page 2 of 2