

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 02/01/07)

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 SCN NP	phenytoin P	Vusion NP	Coreg CR NP
Differin SCN NP	primidone P	Xolegel NP	Inderal LA NP
Evoolin 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, susp, -D) NP	Bladder Relaxant Preparations
Neobenz Micro NP	Celontin P	Clarinex, Clarinex Syrup SCN NP	oxybutynin, ER P
Sulfoxyl NP	Depakote, ER, sprinkle P	Zyrtec tab, syrup, -D NP	Enablex P
Triaz SCN NP	Diastat P	Antimigraine, Triptans	Oxytrol P
Zaclir NP	Equetro P	Axert QL P	Sanctura SCN P
Ziana NP	Felbatol P	Imitrex QL P	VesiCare P
Zoderm NP	Gabitril P	Maxalt, MLT QL P	Detrol, LA NP
Alzheimer's Agents	Keppra P	Amerge QL NP	Bone Resorption Suppression
Aricept P	Lamictal P	Frova QL NP	Actonel P
Exelon P	Lyrica P	Relpax QL NP	Fosamax, Plus D P
Namenda SCN P	Mebaral SCN P	Zomig, Nasal, ZMT QL NP	Miacalcin P
Cognex NP	Peganone P	QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.	Actonel with Calcium NP
Razadyne, ER NP	Topamax P	Antiparkinson's Agents	Boniva NP
Analgesics, Narcotics	Trileptal P	benztropine P	Didronel NP
acetaminophen/codeine P	Phenytek NP	carbidopa/levodopa P	Evista NP
aspirin/codeine P	Tegretol XR NP	pergolide P	Fortical NP
butalbital/apap/codeine P	Antidepressants, Other	selegiline P	Bronchodilators, Anticholinergic
butalbital/apap/codeine/caff P	bupropion, SR P	trihexphenidyl P	ipratropium P
codeine P	mirtazapine P	Comtan P	Atrovent, HFA P
fentanyl P	trazodone P	Kemadrin P	Combivent P
hydrocodone/apap/ibuprofen P	venlafaxine P	Mirapex P	Spiriva P
hydromorphone P	Effexor XR P	Requip P	Duoneb NP
levorphanol P	nefazodone NP	Stalevo P	Bronchodilators, Beta Agonists
methadone P	Cymbalta NP	Azilect NP	albuterol P
morphine sulfate P	Emsam SCN NP	Parcopa NP	metaproterenol P
oxycodone ER P	Wellbutrin XL* NP	Tasmar NP	terbutaline P
oxycodone/apap P	* Prior authorization is not required for recipients 18 and younger.	Zelapar NP	Maxair SCN P
oxycodone/aspirin P	Antidepressants, SSRI	Antipsychotics, Atypical	Proventil HFA SCN P
propoxyphene HCL, apap P	citalopram P	clozapine P	Serevent P
tramadol P	fluoxetine P	Geodon P	Xopenex HFA P
tramadol/apap P	fluvoxamine P	Risperdal P	Accuneb NP
Kadian P	paroxetine P	Seroquel P	Albuterol HFA NP
Xodol P	Zoloft P	Abilify NP	Alupent NP
fentanyl citrate NP	sertraline NP	Fazaclo SCN NP	Foradil NP
mepredine NP	Lexapro SCN NP	Invenga NP	Ventolin HFA NP
pentazocine/apap NP	Paxil CR NP	Symbyax NP	Vospire ER NP
pentazocine/naloxone NP	Pexeva NP	Zyprexa NP	Xopenex NP
Actiq NP	Prozac Weekly NP	Antivirals, Influenza	Calcium Channel Blocking Agents
Avinza NP	Antiemetics, Oral	amantadine P	diltiazem, ER P
Combunox SCN NP	ondansetron, oral solution P	rimantadine P	felodipine ER P
Darvon-N SCN NP	Emend P	Relenza P	nifedipine, ER P
Duragesic 12 mcg NP	Anzemet SCN NP	Tamiflu P	nifedipine, ER P
Fentora NP	Kytril NP		verapamil, SR P
Lynox SCN NP			Cardizem LA P
Opana, ER NP			Norvasc P
Palladone NP			

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All lowercase letters = generic product

Leading capital letter = brand name product

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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 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	meclufenamate 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	Rozerenm 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	Lialda NP
Omnitrope NP	Caduet NP	Azopt P	
Serostim NP	Lipitor NP	Betimol P	
† Preferred agents that require clinical prior authorization.	Pravachol 80 mg NP	Betopic S P	
Hepatitis C Agents	Pravigard PAC NP	Cosopt P	
ribavirin DR P	Macrolides/Ketolides	Lumigan P	
Copegus DR P	azithromycin P	Travatan, Z P	
Pegasys DR P	clarithromycin P	Trusopt P	
Peg-Intron, Redipen DR SCN P	erythromycin P	Istalol NP	
Rebetol DR SCN P	clarithromycin ER NP	Xalatan NP	
Infergen DR SCN NP	Ketek SCN NP		

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