

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/01/07)

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

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

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