

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 07/01/07)

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	Gris-Peg P	doxazosin P
trandolapril (Mavik) 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
Tekturra NP	Avapro, Avalide P	Grifulvin V Tablets NP	Flomax P
<b>ACE Inhibitors/CCB Combinations</b>	Benicar, HCT P	Lamisil* NP	Uroxatral SCN P
Lotrel P	Cozaar, Hyzaar P	Noxafil NP	Cardura XL NP
Tarka P	Diovan, HCT P	Sporanox (liquid) NP	<b>Beta Blockers</b>
amlodipine/benazepril NP	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
benprox P	<b>Anticoagulants, Injectables</b>	clotrimazole, betamethasone P	bisoprolol P
benzoyl peroxide, creamy wash P	Arixtra P	econazole nitrate P	labetalol P
clindamycin P	Fragmin P	ketoconazole P	metoprolol, succinate P
tretinoin P	Lovenox SCN P	nystatin, nystatin/triamcinolone P	nadolol P
Akne-mycin P	Innohep NP	Ertaczo NP	pindolol P
Azelex P	<b>Anticonvulsants</b>	Exelderm NP	propranolol, LA P
Clinac BPO P	carbamazepine P	Loprox gel, shampoo SCN NP	sotalol P
Retin-A micro, Pump P	clonazepam P	Mentax NP	timolol P
Tazorac P	ethosuximide P	Naftin NP	Coreg P
erythromycin, benzoyl peroxide NP	gabapentin P	Oxistat NP	Toprol XL P
Benzaclin Gel NP	mephobarbital P	Penlac SCN NP	Cartrol NP
Benzamycinpak SCN NP	phenobarbital P	Vusion NP	Coreg CR NP
Clindagel SCN NP	phenytoin P	Xolegel NP	Innopran XL NP
Differin SCN NP	primidone P	<b>Antihistamines, Nonседating</b>	Levatol NP
Evoclin NP	valproic acid P	loratadine tab, syrup, -D, child P	<b>Bladder Relaxant Preparations</b>
Inova NP	zonisamide P	fexofenadine (Allegra, susp, -D) NP	oxybutynin, ER P
Klaron SCN NP	Carbatrol P	Clarinex, Clarinex Syrup SCN NP	Enablex P
Neobenz Micro NP	Celontin P	Semprex-D NP	Oxytrol P
Nuox SCN NP	Depakote, ER, sprinkle P	Zyrtec tab, syrup, -D NP	Santura 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	Keppra 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	selegiline P	ipratropium P
oxycodone ER P	Tegretol XR NP	trihexyphenidyl P	Atrovent, HFA P
Kadian P	<b>Antidepressants, Other</b>	Comtan P	Combivent P
Avinza NP	budeprion XL 300 mg P	Kemadrin P	Spiriva P
Opana ER NP	bupropion, SR P	Mirapex P	Duoneb NP
Oxycontin NP	mirtazapine P	Requip P	<b>Bronchodilators, Beta Agonists</b>
Ultram ER NP	trazodone P	Stalevo P	albuterol, sulfate ER P
<b>Analgesics, Narcotics-Short-Acting</b>	venlafaxine P	Azilect NP	metaproterenol P
apap/codeine, asp/codeine P	Effexor XR P	Parcopa NP	terbutaline P
butalbital/apap/codeine P	nefazodone NP	Tasmar NP	Maxair SCN P
codeine P	Cymbalta NP	Zelapar NP	Proventil HFA SCN P
dihydrocodeine/apap/caff P	Emsam SCN NP	<b>Antipsychotics, Atypical</b>	Serevent P
hydromorphone P	Wellbutrin XL* NP	clozapine P	Xopenex HFA P
hydrocodone/apap/lbup P	* Prior authorization is not required for recipients 18 and younger.	Geodon P	Accuneb NP
levorphanol P	<b>Antidepressants, SSRI</b>	Risperdal P	Albuterol HFA NP
morphine P	citalopram P	Seroquel P	Alupent NP
oxycodone/apap/asa P	fluoxetine P	Abilify NP	Brovana NP
propoxyphene HCL, apap P	fluvoxamine P	Fazaclo SCN NP	Foradil NP
tramadol P	paroxetine P	Invenga NP	ProAir HFA NP
fentanyl buccal. (Actiq) NP	sertraline P	Symbyax NP	Ventolin HFA NP
mepredine NP	Lexapro SCN NP	Zyprexa NP	Xopenex NP
pentazocine/apap, naloxone NP	Paxil CR NP	<b>Antivirals, Influenza</b>	<b>Calcium Channel Blocking Agents</b>
tramadol/apap NP	Peveva NP	amantadine P	amlodipine P
Combunox SCN NP	Prozac Weekly NP	rimantadine P	diltiazem, ER P
Darvon-N SCN NP	<b>Antiemetics, Oral</b>	Relenza P	felodipine ER P
	ondansetron, oral solution P	Tamiflu P	nicardipine P
	Emend P		nifedipine, ER P
	Anzemet SCN NP		nimodipine P
	Kytril NP		verapamil, SR P
			Cardizem LA P

**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](http://dhs.wisconsin.gov/seniorcare) or via hand held devices using ePocrates ([www.ePocrates.com](http://www.ePocrates.com)).

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(Revised 07/01/07)

Calcium Channel Blocking (cont.)	Hypoglycemics, Adjunct Therapy	Multiple Sclerosis Agents	Optics, 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 (Dynacirc, CR) NP	Janumet† QL P	Copaxone DR SCN P	Cipro HC NP
Cardene SR NP	Symlin† P	Rebif DR P	<b>Phospho Binders</b>
Covera-HS NP	† 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>
cefaclor 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	NP * Requires the prior use and failure of Nexium and Prevacid.
Raniclor 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† SCN P	Actos P	Arthrotec NP	estazolam P
Humira† P	Avandamet P	Celebrex NP	flurazepam P
Kineret† P	Avandaryl P	Prevacid Naprapac NP	temazepam P
Raptiva† SCN P	Avandia P	<b>Ophthalmics, Allergic Conjunctivitis</b>	triazolam P
Amevive SCN NP	Actoplus MET NP	cromolyn P	zolidem P
Remicade NP	Duetact NP	ketotifen P	Ambien CR SCN P
Orenzia NP	† Preferred agents that require clinical prior authorization.	Acular P	Lunesta P
<b>Erythropoiesis Stimulating Proteins</b>	<b>Intranasal Rhinitis Agents</b>	Alrex P	Rozerem P
Aranesp DR P	flunisolide P	Elestat P	Doral NP
Procrit DR P	ipratropium P	Pataday P	Restoril NP
Epogen DR NP	Astelin P	Patanol P	Sonata NP
<b>Fluoroquinolones</b>	Flonase P	Alamast NP	<b>Stimulants and Related Agents</b>
ciprofloxacin P	Nasacort AQ SCN P	Alaway NP	amphetamine salt combo DR P
ofloxacin P	Nasonex SCN P	Alocril NP	dextroamphetamine DR P
Avelox SCN P	fluticasone NP	Alomide NP	methylphenidate ER DR P
Levaquin P	Beconase AQ NP	Emadine NP	Adderall XR DR P
ciprofloxacin ER (Cipro XR) NP	Nasarel NP	Optivar NP	Concerta DR P
Cipro suspension NP	Rhinocort Aqua NP	Zaditor NP	Focalin, XR DR P
Factive SCN NP	Veramyst NP	<b>Ophthalmics, Antibiotics</b>	Metadate CD DR P
Maxaquin NP	<b>Leukotriene Modifiers</b>	bacitracin/polymyxin P	pemoline (Cylert) DR NP
Noroxin NP	Accolate P	ciprofloxacin solution P	Daytrana DR NP
Proquin XR SCN NP	Singulair P	erythromycin P	Desoxyn DR SCN NP
Tequin NP	Zyflo NP	gentamicin P	Provigil DR NP
<b>Glucocorticoids, Inhaled</b>	<b>Lipotropics, Bile Acid Sequestrants</b>	ofloxacin P	Ritalin LA DR NP
Advair, HFA P	cholestyramine P	polymyxin/trimethoprim P	Strattera* DR NP
Aerobid, Aerobid-M SCN P	colestipol P	sulfacetamide P	* Prior authorization is not required for recipients 18 and older.
Asmanex SCN P	Welchol NP	tobramycin P	<b>Topical Immunomodulators</b>
Azmacort SCN P	<b>Lipotropics, Fibric Acids</b>	triple antibiotic P	Elidel P
Flovent P	fenofibrate P	Zymar P	Protopic SCN P
Pulmicort Respules P	gemfibrozil P	Ciloxan Ointment NP	<b>Ulcerative Colitis</b>
Qvar P	Tricor P	Quixin NP	mesalamine P
Pulmicort Turbuhaler / Flexhaler NP	Antara NP	Vigamox NP	sulfasalazine P
Symbicort NP	Triglide NP	<b>Ophthalmics, Glaucoma Agents</b>	Asacol P
<b>Growth Hormone</b>	<b>Lipotropics, Other</b>	betaxolol P	Canasa P
Genotropin† P	Niaspan P	brimonidine P	Colazal SCN P
Nutropin AQ† SCN P	Omacor NP	carteolol P	Dipentum NP
Saizen† P	Zetia NP	dipivefrin P	Lialda NP
Tev-Tropin† P	<b>Lipotropics, Statins</b>	levobunolol P	Pentasa NP
Humatrope NP	lovastatin P	metipranolol P	
Norditropin NP	simvastatin P	pilocarpine P	
Nutropin SCN NP	Advicor P	timolol P	
Omnitrope NP	Lescol, XL P	Alphagan P P	
Serostim NP	Lipitor P	Azopt P	
Zorbtive NP	Vytorin P	Betimol P	
† Preferred agents that require clinical prior authorization.	pravastatin NP	Betopic S P	
<b>Hepatitis C Agents</b>	Altoprev NP	Cosopt P	
<b>Macrolides/Ketolides</b>	Caduet NP	Lumigan P	
ribavirin DR P	Crestor NP	Travatan, Z P	
Pegasys DR P	<b>Macrolides/Ketolides</b>	Trusopt P	
Peg-Intron, Redipen DR SCN P	azithromycin P	Istalol NP	
Infergen DR SCN NP	clarithromycin P	Xalatan NP	
	erythromycin P		
	Biaxin XL P		
	Ketek SCN NP		

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