

## Wisconsin Medicaid Preferred Drug List

Drugs listed below affect Wisconsin Medicaid and BadgerCare (fee for service) recipients, and SeniorCare<sup>1</sup> participants.

### ACE Inhibitors

**Preferred**

benazepril/HCTZ  
captopril/HCTZ  
enalapril/HCTZ  
fosinopril/HCTZ  
lisinopril/HCTZ  
quinapril/HCTZ

**Requires Prior Authorization**

Aceon  
Altace  
Mavik  
Uniretic / Univasc

### ACE Inhibitors/Calcium Channel Blocker Combinations

**Preferred**

Lexxel  
Lotrel  
Tarka

**Requires Prior Authorization**

### Alzheimer's Agents

**Preferred**

Aricept  
Exelon  
Namenda  
Reminyl/Razadyne, ER

**Requires Prior Authorization**

Cognex

### Analgesics, Narcotics

**Preferred**

acetaminophen/codeine  
aspirin/codeine  
butalbital/apap/codeine  
butalbital/apap/codeine/caffeine  
codeine  
fentanyl  
hydrocodone/apap  
hydrocodone/ibuprofen

**Requires Prior Authorization**

meperidine  
Actiq  
Avinza  
Darvon-N  
Duragesic 12 mcg  
Palladone  
Panlor DC, SS  
Synalgos-DC

hydromorphone  
levorphanol  
methadone  
morphine sulfate  
oxycodone, ER, SA  
oxycodone/apap  
oxycodone/aspirin  
pentazocine/apap  
pentazocine/naloxone  
propoxyphene  
propoxyphene HCL/apap  
tramadol  
tramadol/acetaminophen  
Kadian

Ultram ER

### Angiotensin Receptor Blockers

**Preferred**

Cozaar, Hyzaar  
Diovan, HCT  
Micardis, HCT

**Requires Prior Authorization**

Atacand, HCT  
Avapro, Avalide  
Benicar, HCT  
Teveten, HCT

### Anticoagulants, Injectables

**Preferred**

Lovenox

**Requires Prior Authorization**

Arixtra  
Fragmin  
Innohep

### Antiemetics, Oral

**Preferred**

Emend  
Zofran, ODT

**Requires Prior Authorization**

Anzemet  
Kytril

**Key: All lowercase letters = generic product.  
Leading capital letter = brand name product.**

**Revised: 03/01/06** <sup>1</sup>

## Wisconsin Medicaid Preferred Drug List

### Antifungals, Oral

**Preferred**

clotrimazole  
 fluconazole  
 griseofulvin  
 itraconazole  
 ketoconazole  
 nystatin  
 Gris-Peg  
 Lamisil  
 Mycostatin  
 Vfend

**Requires Prior Authorization**

Ancobon  
 Grifulvin V Tablets  
 Sporanox (liquid)

### Antifungals, Topical

**Preferred**

ciclopirox cream, suspension  
 clotrimazole  
 clotrimazole/betamethasone  
 econazole nitrate  
 ketoconazole  
 nystatin  
 nystatin/triamcinolone  
 Exelderm  
 Loprox gel, shampoo

**Requires Prior Authorization**

Ertaczo  
 Mentax  
 Naftin  
 Oxistat  
 Penlac

### Antihistamines, Nonsedating

**Preferred**

loratadine tablet, loratadine-D  
 loratadine syrup

**Requires Prior Authorization**

fexofenadine (Allegra, Allegra-D)  
  
 Clarinex, Clarinex Syrup  
 Zyrtec tablet, Zyrtec-D, Zyrtec Syrup

### Antimigraine, Triptans

**Preferred**

Amerge  
 Axert  
 Imitrex (oral, nasal & subq)

**Requires Prior Authorization**

Frova  
 Maxalt, MLT  
 Relpax  
 Zomig, Nasal, ZMT

### Antiparkinson's Agents

**Preferred**

benztropine  
 carbidopa/levodopa  
 pergolide  
 selegiline  
 trihexyphenidyl  
 Comtan  
 Kemadrin  
 Mirapex  
 Requip  
 Stalevo

**Requires Prior Authorization**

Parcopa  
 Tasmar

### Antivirals, Influenza

**Preferred**

amantadine  
 rimantadine  
 Relenza  
 Tamiflu

**Requires Prior Authorization**

### Antivirals, Other

**Preferred**

acyclovir  
 ganciclovir  
 Valcyte  
 Valtrex

**Requires Prior Authorization**

Famvir

### Agents for Benign Prostatic Hyperplasia (BPH)

**Preferred**

doxazosin  
 terazosin  
 Avodart  
 Flomax  
 Uroxatral

**Requires Prior Authorization**

Proscar

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## Wisconsin Medicaid Preferred Drug List

### Beta Blockers (Alpha/Beta Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

**Preferred**

acebutolol  
atenolol  
betaxolol  
bisoprolol  
labetalol  
metoprolol  
nadolol  
pindolol  
propranolol  
sotalol  
timolol  
Coreg  
Toprol XL

**Requires Prior Authorization**

Cartrol  
Inderal LA  
Innopran XL  
Levatol

### Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agents)

**Preferred**

oxybutynin  
Detrol, LA  
Enablex  
Oxytrol  
Sanctura

**Requires Prior Authorization**

Ditropan XL  
Vesicare

### Bone Resorption Suppression and Related Agents

**Preferred**

Actonel  
Fosamax, Plus D  
Miacalcin

**Requires Prior Authorization**

Actonel with Calcium  
Boniva  
Didronel  
Evista  
Fortical

### Bronchodilators, Anticholinergic

**Preferred**

ipratropium  
Atrovent, HFA  
Combivent  
Spiriva

**Requires Prior Authorization**

Duoneb

### Bronchodilators, Beta Agonists

**Preferred**

albuterol  
metaproterenol  
terbutaline  
Maxair  
Serevent

**Requires Prior Authorization**

Accuneb  
Alupent  
Foradil  
Vospire ER  
Xopenex, HFA

### Calcium Channel Blocking Agents

**Preferred**

diltiazem, ER, SR  
felodipine ER  
nicardipine  
nifedipine, ER  
verapamil, SR  
Cardizem LA  
Norvasc  
Sular

**Requires Prior Authorization**

Cardene SR  
Covera-HS  
Dynacirc, CR  
Nimotop  
Verelan PM

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## Wisconsin Medicaid Preferred Drug List

### Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)

**Preferred**

amox tr-potassium clavulanate  
600  
amoxicillin/clavulanate  
cefaclor  
cefadroxil  
cefepodoxime  
cefuroxime  
cephalexin  
cefprozil  
Cedax  
Omnicef  
Spectracef  
Suprax

**Requires Prior Authorization**

Augmentin XR  
  
Lorabid  
Panixine  
Raniclor

### Cytokine and CAM Antagonists

**Preferred**

Enbrel<sup>†</sup>  
Humira<sup>†</sup>  
Kineret<sup>†</sup>  
Raptiva<sup>†</sup>

<sup>†</sup> Preferred agents that require clinical prior authorization.

**Requires Prior Authorization**

Amevive

### Erythropoiesis Stimulating Proteins

**Preferred**

Procrit

**Requires Prior Authorization**

Aranesp  
Epogen

### Fluoroquinolones

**Preferred**

ciprofloxacin  
ofloxacin  
Avelox  
Levaquin

**Requires Prior Authorization**

Cipro suspension, XR  
Factive  
Maxaquin  
Noroxin  
Proquin XR  
Tequin

### Glucocorticoids, Inhaled

**Preferred**

Advair Diskus  
Aerobid, Aerobid-M  
Azmacort  
Flovent  
Pulmicort Respules  
Qvar

**Requires Prior Authorization**

Asmanex  
Pulmicort Turbuhaler

### Growth Hormone

**Preferred**

Nutropin<sup>†</sup>  
Nutropin AQ<sup>†</sup>  
Saizen<sup>†</sup>

<sup>†</sup> Preferred agents that require clinical prior authorization.

**Requires Prior Authorization**

Genotropin  
Humatrope  
Norditropin  
Serostim  
Tev-Tropin

### Hepatitis C Agents

**Preferred**

ribavirin  
Copegus  
Pegasys  
Peg-Intron  
Peg-Intron Redipen  
Rebetol

**Requires Prior Authorization**

Infergen

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## Wisconsin Medicaid Preferred Drug List

### Hypoglycemics, Insulins and Related Agents

**Preferred**

Humulin  
Humalog  
Humalog Mix  
Lantus

**Requires Prior Authorization**

Apidra  
Byetta  
Novolin  
Novolog  
Novolog Mix  
Symlin

### Hypoglycemics, Metformins

**Preferred**

glipizide-metformin  
glyburide-metformin  
metformin ER, IR  
Avandamet

**Requires Prior Authorization**

Actoplus MET  
Fortamet  
Riomet

### Hypoglycemics, Thiazolidinediones

**Preferred**

Actos  
Avandia

**Requires Prior Authorization**

### Intranasal Rhinitis Agents

**Preferred**

flunisolide  
ipratropium  
Flonase  
Nasacort AQ  
Nasonex

**Requires Prior Authorization**

Astelin  
Beconase AQ  
Nasarel  
Rhinocort Aqua

### Leukotriene Modifiers

**Preferred**

Accolate  
Singulair

**Requires Prior Authorization**

### Lipotropics, Other

**Preferred**

cholestyramine  
gemfibrozil  
niacin  
Advicor  
Colestid  
Lofibra  
Niaspan  
Zetia

**Requires Prior Authorization**

Antara  
Omacor  
Tricor  
Triglide  
Welchol

### Lipotropics, Statins

**Preferred**

lovastatin  
Altoprev (formerly known as  
Altacor)  
Caduet  
Crestor  
Lescol, XL  
Lipitor  
Vytorin  
Zocor

**Requires Prior Authorization**

Pravachol  
Pravigard PAC

### Macrolides/Ketolides

**Preferred**

azithromycin 250 mg, 500 mg,  
600 mg  
clarithromycin  
erythromycin  
Biaxin XL  
Zithromax suspension

**Requires Prior Authorization**

Ketek

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# Wisconsin Medicaid Preferred Drug List

## Nonsteroidal Anti-inflammatory Agents

**Preferred**

diclofenac potassium  
 diclofenac sodium, XL  
 etodolac, XL  
 fenoprofen  
 flurbiprofen  
 ibuprofen  
 indomethacin, SR  
 ketoprofen  
 ketorolac  
 meclofenamate  
 nabumetone  
 naproxen  
 naproxen sodium, DS  
 oxaprozin  
 piroxicam  
 sulindac  
 tolmetin, DS

**Requires Prior Authorization**

Arthrotec  
 Celebrex  
 Mobic  
 Ponstel  
 Prevacid Naprapac

triple antibiotic  
 Zymar

## Ophthalmics, Glaucoma Agents

**Preferred**

betaxolol  
 brimonidine  
 carteolol  
 dipivefrin  
 levobunolol  
 metipranolol  
 pilocarpine  
 timolol  
 Alphagan P  
 Azopt  
 Betimol  
 Betopic S  
 Cosopt  
 Lumigan  
 Travatan  
 Trusopt

**Requires Prior Authorization**

Istalol  
 Xalatan

## Ophthalmics, Allergic Conjunctivitis

**Preferred**

cromolyn  
 Acular  
 Alrex  
 Elestat  
 Patanol

**Requires Prior Authorization**

Alamast  
 Alocril  
 Alomide  
 Emadine  
 Optivar  
 Zaditor

## Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory-Antibiotics)

**Preferred**

neomycin/polymyxin/  
 hydrocortisone  
 Coly-Mycin S  
 Ciprodex  
 Floxin (singles and drops)

**Requires Prior Authorization**

Cipro HC  
 Cortisporin-TC

## Ophthalmics, Antibiotics

**Preferred**

bacitracin / polymyxin  
 ciprofloxacin solution  
 erythromycin  
 gentamicin  
 ofloxacin  
 polymyxin / trimethoprim  
 sulfacetamide  
 tobramycin

**Requires Prior Authorization**

Ciloxan Ointment  
 Quixin  
 Vigamox

## Phosphate Binders and Related Agents

**Preferred**

Phoslo  
 Renagel

**Requires Prior Authorization**

Magnebind  
 Fosrenol

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# Wisconsin Medicaid Preferred Drug List

Ritalin LA

## Platelet Aggregation Inhibitors

### Preferred

dipyridamole  
ticlopidine  
Aggrenox  
Plavix

### Requires Prior Authorization

## Proton Pump Inhibitors

### Preferred

Prilosec OTC

### Requires Prior Authorization

omeprazole (Prilosec)\*  
Aciphex\*  
Nexium\*  
Prevacid\*  
Prilosec\*  
Protonix\*\*  
Zegerid\*

\* Requires the prior use and failure of Prilosec OTC and Protonix.

\*\* Requires the prior use and failure of Prilosec OTC.

## Topical Immunomodulators (Dermatitis)

### Preferred

Elidel  
Protopic

### Requires Prior Authorization

## Ulcerative Colitis

### Preferred

mesalamine  
sulfasalazine  
Asacol  
Canasa  
Dipentum  
Pentasa

### Requires Prior Authorization

Colazal

## Sedative Hypnotics

### Preferred

chloral hydrate  
estazolam  
flurazepam  
temazepam  
triazolam  
Ambien

### Requires Prior Authorization

Ambien CR  
Doral  
Lunesta  
Restoril  
Rozerem  
Sonata

## Stimulants and Related Agents

### Preferred

amphetamine salt combo  
dextroamphetamine  
methylphenidate ER, IR  
Adderall XR  
Concerta  
Focalin, XR  
Metadate CD

### Requires Prior Authorization

pemoline (Cylert)  
Desoxyn  
Provigil  
Strattera

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Revised: 03/01/06

## Wisconsin Medicaid Preferred Drug List

The following is an alphabetical list of preferred drugs and drugs that require prior authorization on the Wisconsin Medicaid PDL.

### Alphabetical Listing – Preferred Drugs

Accolate	bacitracin / polymyxin	codeine	fenoprofen
acebutolol	benazepril	Colestid	fentanyl
acetaminophen/codeine	benztropine	Coly-Mycin S	Flomax
Actonel	betaxolol	Combivent	Flonase
Actos	Betimol	Comtan	Flovent
Acular	Betopic S	Concerta	Floxin (singles and drops)
acyclovir	Biaxin XL	Copegus	fluconazole
Adderall XR	bisoprolol	Coreg	flunisolide
Advair Diskus	brimonidine	Cosopt	flurazepam
Advicor	butalbital/apap/codeine	Cozaar, Hyzaar	flurbiprofen
Aerobid, Aerobid-M	butalbital/apap/codeine/caffeine	Crestor	Focalin, XR
Aggrenox	Caduet	cromolyn	Fosamax, Plus D
albuterol	Canasa	Detrol, LA	fosinopril
Alphagan P	captopril	dextroamphetamine	ganciclovir (Cytovene)
Alrex	carbidopa/levodopa	diclofenac potassium	gemfibrozil
Altprev (formerly known as Altacor)	Cardizem LA	diclofenac sodium, XL	gentamicin
amantadine	carteolol	diltiazem, ER, SR	glipizide-metformin
Ambien	Cedax	Diovan, HCT	glyburide-metformin
Amerge	cefaclor	Dipentum	griseofulvin
amox tr-potassium clavulanate 600	cefadroxil	dipivefrin	Gris-peg
amoxicillin/clavulanate	cefepodoxime	dipyridamole	Humalog
amphetamine salt combo	cefuroxime	doxazosin	Humalog Mix
Aricept	Cefzil	econazole nitrate	Humira <sup>†</sup>
Asacol	cephalexin	Elestat	Humulin
aspirin/codeine	cefprozil	Elidel	hydrocodone/apap
atenolol	chloral hydrate	Emend	hydrocodone/ibuprofen
Atrovent, HFA	cholestyramine	Enablex	hydromorphone
Avandamet	ciclopirox cream, suspension	enalapril	ibuprofen, RX
Avandia	Ciprodex	Enbrel <sup>†</sup>	Imitrex (oral, nasal & subq)
Avelox	ciprofloxacin	erythromycin	indomethacin, SR
Avodart	ciprofloxacin solution	estazolam	ipratropium
Axert	clarithromycin	etodolac, XL	itraconazole
azithromycin 250 mg, 500 mg, 600 mg	clotrimazole	Exelderm	Kadian
Azmacort	clotrimazole	Exelon	Kemadrin
Azopt	clotrimazole/betamethasone	felodipine ER	ketoconazole

<sup>†</sup> Preferred agents that require clinical prior authorization.

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## Wisconsin Medicaid Preferred Drug List

### Alphabetical Listing – Preferred Drugs continued

ketoprofen	nabumetone	Phoslo	sulfasalazine
ketorolac	nadolol	pilocarpine	sulindac
Kineret <sup>†</sup>	Namenda	pindolol	Suprax
labetalol	naproxen sodium, DS	piroxicam	Tamiflu
Lamisil	naproxen, RX	Plavix	Tarka
Lantus	Nasacort AQ	polymyxin / trimethoprim	temazepam
Lescol, XL	Nasonex	Prilosec OTC	terazosin
Levaquin	neomycin/polymyxin/hydrocortisone	Procrit	terbutaline
levobunolol	niacin	propoxyphene	ticlopidine
levorphanol	Niaspan	propoxyphene HCL/apap	timolol
Lexxel	nicardipine	propranolol	tobramycin
Lipitor	nifedipine, ER	Protopic	tolmetin, DS
lisinopril	Norvasc	Pulmicort Respules	Toprol XL
Lofibra	Nutropin AQ <sup>†</sup>	quinapril	tramadol
Loprox Gel, Shampoo	Nutropin <sup>†</sup>	Qvar	tramadol/acetaminophen
loratadine tablet, loratadine-D	nystatin	Raptiva <sup>†</sup>	Travatan
loratadine syrup	nystatin	Rebetol	triazolam
Lotrel	nystatin/triamcinolone	Relenza	trihexyphenidyl
lovastatin	ofloxacin	Reminyl/Razadyne, ER	triple antibiotic
Lovenox	ofloxacin	Renagel	Trusopt
Lumigan	Omnicef	Requip	Uroxatral
Maxair	oxaprozin	ribavirin	Valcyte
meclofenamate	oxybutynin	rimantadine	Valtrex
mesalamine	oxycodone, ER, SA	Ritalin LA	verapamil, SR
Metadate CD	oxycodone/apap	Saizen <sup>†</sup>	Vfend
metaproterenol	oxycodone/aspirin	Sanctura	Vytorin
metformin ER, IR	Oxytrol	selegiline	Zetia
methadone	Patanol	Serevent	Zithromax suspension
methylphenidate IR, ER	Pegasys	Singulair	Zocor
metipranolol	Peg-Intron	sotalol	Zofran, ODT
metoprolol	Peg-Intron Redipen	Spectracef	Zymar
Miacalcin	Pentasa	Spiriva	
Micardis, HCT	pentazocine/apap	Stalevo	
Mirapex	pentazocine/naloxone	Sular	
morphine sulfate	pergolide	sulfacetamide	
Mycostatin			

<sup>†</sup> Preferred agents that require clinical prior authorization.

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## Wisconsin Medicaid Preferred Drug List

### Alphabetical Listing – Drugs That Require Prior Authorization

Accuneb	Cipro HC	Istalol	Pravigard PAC
Aceon	Cipro suspension, XR	Ketek	Prevacid Naprapac
Aciphex*	Clarinetx, Clarinetx Syrup	Kytril	Prevacid*
Actiq	Cognex	LevatoI	Prilosec*
Actonel with Calcium	Colazal	Lorabid	Proquin XR
Actoplus MET	Cortisporin-TC	Lunesta	Proscar
Alamast	Covera-HS	Magnebind	Protonix**
Allegra, Allegra-D	Darvon-N	Mavik	Provigil
Alocril	Desoxyn	Maxalt, MLT	Pulmicort Turbuhaler
Alomide	Didronel	Maxaquin	Quixin
Altace	Ditropan XL	Mentax	Raniclor
Alupent	Doral	meperidine	Relenza
Ambien CR	Duoneb	Metaglip	Relpax
Amevive	Duragesic 12 mcg	Mobic	Restoril
Ancobon	Dynacirc, CR	Naftin	Rhinocort Aqua
Antara	Emadine	Nasarel	Riomet
Anzemet	Epogen	Nexium*	Rozerem
Apidra	Ertaczo	Nimotop	Serostim
Aranesp	Evista	Norditropin	Sonata
Arixtra	Factive	Noroxin	Sporanox (liquid)
Arthrotec	Famvir	Novolin	Strattera
Asmanex	fexofenadine	Novolog	Symlin
Astelin	Foradil	Novolog Mix	Synalgos-DC
Atacand, HCT	Fortamet	Omacor	Tasmar
Augmentin XR	Fortical	omeprazole (Prilosec)*	Tequin
Avapro, Avalide	Fosrenol	Optivar	Teveten, HCT
Avinza	Fragmin	Oxistat	Tev-Tropin
Beconase AQ	Frova	Palladone	Tricor
Benicar, HCT	Genotropin	Panixine	Triglide
Boniva	Grifulvin V Tablets	Panlor DC, SS	Ultram ER
Byetta	Humatrope	Parcopa	Uniretic / Univasc
Cardene SR	Inderal LA	pemoline (Cylert)	Verelan PM
Cartrol	Infergen	Penlac	Vesicare
Celebrex	Innohep	Ponstel	Vigamox
Ciloxan ointment	Innopran XL	Pravachol	Vospire ER

\* Requires the use of step therapy. See applicable drug tables listed above for specific instructions for prescribing step therapy drugs.

<sup>1</sup> Wisconsin SeniorCare does not cover OTC drugs. Wisconsin SeniorCare also does not cover drugs that do not have a signed SeniorCare rebate agreement between the manufacturer and the DHFS for participants in Levels 2b and 3. 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).

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## Wisconsin Medicaid Preferred Drug List

### Alphabetical Listing – Drugs That Require Prior Authorization

Welchol  
Xalatan  
Xopenex, HFA  
Zaditor  
Zegerid\*  
Zomig, Nasal, ZMT  
Zyrtec tablet, Zyrtec-D, Zyrtec  
Syrup

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