

Wisconsin Medicaid Preferred Drug List

Drugs listed below affect Wisconsin Medicaid and BadgerCare (fee for service) recipients, and SeniorCare¹ participants.

ACE Inhibitors

Preferred

benazepril, HCTZ
captopril, HCTZ
enalapril, HCTZ
fosinopril, HCTZ
lisinopril, HCTZ
quinapril, HCTZ

Requires Prior Authorization

Aceon
Altace
Mavik
Univasc/Uniretic

ACE Inhibitors/Calcium Channel Blocker Combinations

Preferred

Lotrel
Tarka

Requires Prior Authorization

Lexxel

Acne Agents

Preferred

benzoyl peroxide
clindamycin
erythromycin
erythromycin-benzoyl peroxide
tretinoin
Akne-mycin
Azelex
Nuox
Retin-A micro
Tazorac

Requires Prior Authorization

Benzamycinpak
Brevoxyl creamy wash, gel
Clinac BPO
Clindagel
Differin
Evoclin
Klaron
Sulfoxyl
Triaz
Zaclir
Zoderm

Alzheimer's Agents

Preferred

Aricept
Exelon
Namenda
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
hydromorphone
levorphanol
methadone
morphine sulfate
oxycodone ER
oxycodone/apap
oxycodone/aspirin
propoxyphene HCL,apap
tramadol
tramadol/apap
Kadian
Xodol

Requires Prior Authorization

meperidine
pentazocine/apap
pentazocine/naloxone
Actiq
Avinza
Combunox
Darvon-N
Duragesic 12 mcg
Palladone
Panlor DC, SS
Synalgos-DC
Ultram ER

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

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Wisconsin Medicaid Preferred Drug List

Angiotensin Receptor Blockers

Preferred

Avapro, Avalide
Benicar, HCT
Cozaar, Hyzaar
Diovan, HCT
Micardis, HCT

Requires Prior Authorization

Atacand, HCT
Teveten, HCT

Anticoagulants, Injectables

Preferred

Arixtra
Fragmin
Lovenox

Requires Prior Authorization

Innohep

Anticonvulsants

Preferred

carbamazepine
clonazepam
ethosuximide
gabapentin
phenobarbital
phenytoin
primidone
valproic acid
zonisamide
Carbatrol
Celontin
Depakote, ER, sprinkle
Diastat
Equetro
Felbatol
Gabitril
Keppra
Lamictal
Mebaral
Peganone
Topamax
Trileptal

Requires Prior Authorization

Lyrica
Phenytek
Tegretol XR

Antidepressants, Other

Preferred

bupropion, SR
mirtazapine
trazodone
Effexor, XR

Requires Prior Authorization

nefazodone
Cymbalta
Wellbutrin XL*

* Prior authorization is not required for recipients 18 and younger.

Antiemetics, Oral

Preferred

Emend
Zofran, ODT

Requires Prior Authorization

Anzemet
Kytril

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

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Antihistamines, Nonsedating

Preferred

loratadine tab, syrup, loratadine-D

Requires Prior Authorization

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

Antimigraine, Triptans

Preferred

Axert
Imitrex (oral, nasal & subq)
Maxalt, MLT

Requires Prior Authorization

Amerge
Frova
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

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

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Wisconsin Medicaid Preferred Drug List

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agents)

Preferred

oxybutynin
Ditropan XL
Enablex
Oxytrol
Sanctura
VesiCare

Requires Prior Authorization

Detrol, LA

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
felodipine ER
nicardipine
nifedipine, ER
verapamil, SR
Cardizem LA
Norvasc
Sular
Verelan PM

Requires Prior Authorization

isradipine
Cardene SR
Covera-HS
Dynacirc, CR
Nimotop

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

Preferred

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

Requires Prior Authorization

Augmentin XR
Lorabid
Panixine
Raniclor

Cytokine and CAM Antagonists

Preferred

Enbrel[†]
Humira[†]
Kineret[†]
Raptiva[†]

Requires Prior Authorization

Amevive
Orencia

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Erythropoiesis Stimulating Proteins

Preferred

Aranesp
Procrit

Requires Prior Authorization

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
Asmanex
Azmacort
Flovent
Pulmicort Respules
Qvar

Requires Prior Authorization

Pulmicort Turbuhaler

Growth Hormone

Preferred

Norditropin[†]
Nutropin AQ[†]
Saizen[†]
Tev-Tropin[†]

Requires Prior Authorization

Genotropin
Humatrope
Nutropin
Serostim

[†] Preferred agents that require clinical prior authorization.

Hepatitis C Agents

Preferred

ribavirin
Copegus
Pegasys
Peg-Intron, Redipen
Rebetol

Requires Prior Authorization

Infergen

Hypoglycemics, Insulins and Related Agents

Preferred

Humulin
Humalog
Humalog Mix
Lantus

Requires Prior Authorization

Apidra
Byetta
Levemir
Novolin
Novolog
Novolog Mix
Symlin

Hypoglycemics, Meglitinides

Preferred

Starlix

Requires Prior Authorization

Prandin

Hypoglycemics, Thiazolidinediones

Preferred

Actos
Avandamet
Avandia

Requires Prior Authorization

Actoplus MET
Avandaryl

Intranasal Rhinitis Agents

Preferred

flunisolide
fluticasone
ipratropium
Nasacort AQ
Nasonex

Requires Prior Authorization

Astelin
Beconase AQ
Nasarel
Rhinocort Aqua

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Leukotriene Modifiers

Preferred

Accolate
Singulair

Requires Prior Authorization

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Lipotropics, Other

Preferred

cholestyramine
gemfibrozil
niacin
Colestid
Lofibra
Niaspan
Tricor

Requires Prior Authorization

Antara
Omacor
Triglide
Welchol
Zetia

Lipotropics, Statins

Preferred

lovastatin
Advicor
Altoprev
Crestor
Lescol, XL
Vytorin
Zocor

Requires Prior Authorization

Caduet
Lipitor
Pravachol
Pravigard PAC

Macrolides/Ketolides

Preferred

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

Requires Prior Authorization

Ketek

Multiple Sclerosis Agents

Preferred

Avonex
Betaseron
Copaxone
Rebif

Requires Prior Authorization

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Nonsteroidal Anti-inflammatory Agents

Preferred

diclofenac, potassium, 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

Ophthalmics, Allergic Conjunctivitis

Preferred

cromolyn
Acular
Alrex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar
Zaditor

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Ophthalmics, Antibiotics

Preferred

bacitracin/polymyxin
 ciprofloxacin solution
 erythromycin
 gentamicin
 ofloxacin
 polymyxin/trimethoprim
 sulfacetamide
 tobramycin
 triple antibiotic
 Zymar

Requires Prior Authorization

Ciloxan Ointment
 Quixin
 Vigamox

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

Otics, Antibiotics (Anti-Inflammatory-Antibiotics)

Preferred

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

Requires Prior Authorization

Cipro HC
 Cortisporin-TC

Phosphate Binders and Related Agents

Preferred

Phoslo
 Renagel

Requires Prior Authorization

Magnebind
 Fosrenol

Platelet Aggregation Inhibitors

Preferred

dipyridamole
 ticlopidine
 Aggrenox
 Plavix

Requires Prior Authorization

Proton Pump Inhibitors

Preferred

Nexium
 Prevacid (caps, SoluTab, susp)

Requires Prior Authorization

omeprazole*
 Aciphex*
 Prilosec 40 mg*
 Protonix*
 Zegerid*

* Requires the prior use and failure of Nexium **and** Prevacid.

Sedative Hypnotics

Preferred

chloral hydrate
 estazolam
 flurazepam
 temazepam
 triazolam
 Ambien
 Lunesta
 Rozerem

Requires Prior Authorization

Ambien CR
 Doral
 Restoril
 Sonata

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Wisconsin Medicaid Preferred Drug List

Stimulants and Related Agents

Preferred

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

Requires Prior Authorization

pemoline (Cylert)
Desoxyn
Provigil
Strattera

Topical Immunomodulators (Dermatitis)

Preferred

Elidel
Protopic

Requires Prior Authorization

Ulcerative Colitis

Preferred

mesalamine
sulfasalazine
Asacol
Canasa
Dipentum
Pentasa

Requires Prior Authorization

Colazal

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	Avonex	cephalexin	doxazosin
acebutolol	Axert	chloral hydrate	econazole nitrate
acetaminophen/codeine	Azelex	cholestyramine	Effexor, XR
Actonel	azithromycin 250, 500, 600 mg	ciclopirox cream, suspension	Elestat
Actos	Azmacort	Ciprodex	Elidel
Acular	Azopt	ciprofloxacin	Emend
acyclovir	bacitracin/polymyxin	ciprofloxacin solution	Enablex
Adderall XR	benazepril, HCTZ	clarithromycin	enalapril, HCTZ
Advair Diskus	Benicar, HCT	clindamycin	Enbrel [†]
Advicor	benzoyl peroxide	clonazepam	Equetro
Aerobid, Aerobid-M	benztropine	clotrimazole	erythromycin
Aggrenox	Betaseron	clotrimazole/betamethasone	erythromycin-benzoyl peroxide
Akne-mycin	betaxolol	codeine	estazolam
albuterol	Betimol	Colestid	ethosuximide
Alphagan P	Betopic S	Coly-Mycin S	etodolac, XL
Alrex	Biaxin XL	Combivent	Exelderm
Altoprev	bisoprolol	Comtan	Exelon
amantadine	brimonidine	Concerta	Felbatol
Ambien	bupropion, SR	Copaxone	felodipine ER
amox tr-potassium clav 600	butalbital/apap/codeine	Copegus	fenoprofen
amoxicillin/clavulanate	butalbital/apap/codeine/caffeine	Coreg	fentanyl
amphetamine salt combo	Canasa	Cosopt	Flomax
Aranesp	captopril, HCTZ	Cozaar, Hyzaar	Flovent
Aricept	carbamazepine	Crestor	Floxin (singles and drops)
Arixtra	Carbatrol	cromolyn	fluconazole
Asacol	carbidopa/levodopa	Depakote, ER, sprinkle	flunisolide
Asmanex	Cardizem LA	dextroamphetamine	flurazepam
aspirin/codeine	carteolol	Diastat	flurbiprofen
atenolol	Cedax	diclofenac, potassium, XL	fluticasone
Atrovent, HFA	cefaclor	diltiazem, ER	Focalin, XR
Avandamet	cefadroxil	Diovan, HCT	Fosamax, Plus D
Avandia	cefepodoxime	Dipentum	fosinopril, HCTZ
Avapro, Avalide	cefprozil	dipivefrin	Fragmin
Avelox	cefuroxime	dipyridamole	gabapentin
Avodart	Celontin	Ditropan XL	Gabitril

[†] Preferred agents that require clinical prior authorization.

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Wisconsin Medicaid Preferred Drug List

Alphabetical Listing – Preferred Drugs continued

ganciclovir	loratadine tab, syrup, loratadine-D	nifedipine, ER	Pulmicort Respules
gemfibrozil	Lotrel	Norditropin [†]	quinapril, HCTZ
gentamicin	lovastatin	Norvasc	Qvar
griseofulvin	Lovenox	Nuox	Raptiva [†]
Gris-Peg	Lumigan	Nutropin AQ [†]	Razadyne, ER
Humalog	Lunesta	nystatin	Rebetol
Humalog Mix	Maxair	nystatin/triamcinolone	Rebif
Humira [†]	Maxalt, MLT	ofloxacin	Relenza
Humulin	Mebaral	Omnicef	Renagel
hydrocodone/apap	meclofenamate	oxaprozin	Requip
hydrocodone/ibuprofen	mesalamine	oxybutynin	Retin-A micro
hydromorphone	Metadate CD	oxycodone ER	ribavirin
ibuprofen	metaproterenol	oxycodone/apap	rimantadine
Imitrex (oral, nasal & subq)	methadone	oxycodone/aspirin	Ritalin LA
indomethacin, SR	methylphenidate ER	Oxytrol	Rozerem
ipratropium	metipranolol	Patanol	Saizen [†]
itraconazole	metoprolol	Peganone	Sanctura
Kadian	Miacalcin	Pegasys	selegiline
Kemadrin	Micardis, HCT	Peg-Intron, Redipen	Serevent
Keppra	Mirapex	Pentasa	Singulair
ketoconazole	mirtazapine	pergolide	sotalol
ketoprofen	morphine sulfate	phenobarbital	Spectracef
ketorolac	Mycostatin	phenytoin	Spiriva
Kineret [†]	nabumetone	Phoslo	Stalevo
labetalol	nadolol	pilocarpine	Starlix
Lamictal	Namenda	pindolol	Sular
Lamisil	naproxen	piroxicam	sulfacetamide
Lantus	naproxen sodium, DS	Plavix	sulfasalazine
Lescol, XL	Nasacort AQ	polymyxin/trimethoprim	sulindac
Levaquin	Nasonex	Prevacid (caps, SoluTab, susp)	Suprax
levobunolol	neomycin/polymyxin/HC	primidone	Tamiflu
levorphanol	Nexium	Procrit	Tarka
lisinopril, HCTZ	niacin	propoxyphene HCL, apap	Tazorac
Lofibra	Niaspan	propranolol	temazepam
Loprox gel, shampoo	nicardipine	Protopic	terazosin

[†] Preferred agents that require clinical prior authorization.

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Wisconsin Medicaid Preferred Drug List

Alphabetical Listing – Preferred Drugs continued

terbutaline Tev-Tropin [†] ticlopidine timolol tobramycin tolmetin, DS Topamax Toprol XL tramadol tramadol/apap Travatan trazodone tretinoin triazolam Tricor trihexyphenidyl Trileptal triple antibiotic Trusopt Uroxatral Valcyte valproic acid Valtrex verapamil, SR Verelan PM VesiCare Vfend Vytorin Xodol Zithromax suspension Zocor Zofran, ODT zonisamide Zymar			
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[†] Preferred agents that require clinical prior authorization.

Wisconsin Medicaid Preferred Drug List

Alphabetical Listing – Drugs That Require Prior Authorization

Accuneb Aceon Aciphex Actiq Actonel with Calcium Actoplus MET Alamast Alocril Alomide Altace Alupent Ambien CR Amerge Amevive Ancobon Antara Anzemet Apidra Arthrotec Astelin Atacand, HCT Augmentin XR Avandaryl Avinza Beconase AQ Benzamycinpak Boniva Brevoxyl creamy wash, gel Byetta Caduet Cardene SR Cartrol Celebrex Ciloxan Ointment Cipro HC	Cipro suspension, XR Clarinex, Clarinex Syrup Clinac BPO Clindagel Cognex Colazal Combunox Cortisporin-TC Covera-HS Cymbalta Darvon-N Desoxyn Detrol, LA Didronel Differin Doral Duoneb Duragesic 12 mcg Dynacirc, CR Emadine Epogen Ertaczo Evista Evoclin Factive Famvir fexofenadine (Allegra, Allegra-D) Foradil Fortical Fosrenol Frova Genotropin Grifulvin V Tablets Humatrope Inderal LA	Infergen Innohep Innopran XL isradipine Istalol Ketek Klaron Kytril Levatol Levemir Lexxel Lipitor Lorabid Lyrica Magnebind Mavik Maxaquin Mentax meperidine Mobic Naftin Nasarel nefazodone Nimotop Noroxin Novolin Novolog Novolog Mix Nutropin Omacor omeprazole Optivar Orencia Oxistat Palladone	Panixine Panlor DC, SS Parcopa pemoline (Cylert) Penlac pentazocine/apap pentazocine/naloxone Phenytek Ponstel Prandin Pravachol Pravigard PAC Prevacid Naprapac Priolosec 40 mg Proquin XR Proscar Protonix Provigil Pulmicort Turbuhaler Quixin Raniclolor Relpax Restoril Rhinocort Aqua Serostim Sonata Sporanox (liquid) Strattera Sulfoxyl Symlin Synalgos-DC Tasmalor Tegretol XR Tequin Teveten, HCT
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¹ 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.

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Alphabetical Listing – Drugs That Require Prior Authorization

Triaz
Triglide
Ultram ER
Univasc/Uniretic
Vigamox
Vospire ER
Welchol
Wellbutrin XL
Xalatan
Xopenex, HFA
Zaclir
Zaditor
Zegerid
Zetia
Zoderm
Zomig, Nasal, ZMT
Zyrtec tablet, Zyrtec-D, Zyrtec
Syrup

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