

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 01/02/08)

Angiotensin Modulators	Analgesics, Narcotics (cont.)	Antiemetics, Oral (cont.)	Antivirals, Influenza (cont.)
benazepril, HCTZ P	Darvon-N SCN NP	Cesamet (Oral) NP	rimantadine P
captopril, HCTZ P	Fentora NP	Kytril NP	Relenza P
enalapril, HCTZ P	Lynox SCN NP	Marinol (Oral) NP	Tamiflu P
fosinopril, HCTZ P	Opana NP	Antifungals, Oral	Antivirals, Other
lisinopril, HCTZ P	Panlor DC, SS NP	clotrimazole P	acyclovir P
moexipril, HCTZ (Univasc/Uniretic) NP	Synalgos-DC NP	fluconazole P	famciclovir P
quinapril, HCTZ NP	Androgenic Agents	griseofulvin P	Valtrex P
trandolapril (Mavik) NP	Androderm P	itraconazole DR P	Agents for BPH
Aceon NP	Androgel P	ketoconazole P	doxazosin P
Altace NP	Testim NP	nystatin P	finasteride P
Tektura NP	Angiotensin Receptor Blockers	terbinafine DR P	terazosin P
Angiotensin Modulators/CCB Comb.	Avapro, Avalide P	Gris-Peg P	Avodart P
amlodipine/benazepril P	Benicar, HCT P	Mycostatin P	Flomax P
Tarka P	Cozaar, Hyzaar P	Vfend P	Uroxatral SCN P
Azor NP	Diovan, HCT P	Ancobon NP	Cardura XL NP
Exforge NP	Micardis, HCT P	Grifulvin V Tablets NP	Beta Blockers
Lexxel NP	Atacand, HCT NP	Noxafil NP	acebutolol P
Acne Agents	Teveten, HCT NP	Sporanox (liquid) NP	atenolol P
benprox P	Anticoagulants, Injectables	Antifungals, Topical	bisoprolol P
benzoyl peroxide P	Arixtra P	clotrimazole/betamethasone P	betaxolol P
clindamycin P	Fragmin P	ciclopirox (gel, liquid) P	carvedilol P
erythromycin 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	ciclopirox cream, suspension NP	pindolol P
Clinac BPO P	clonazepam P	Ertaczo NP	propranolol, LA P
Retin-A micro, Pump P	ethosuximide P	Exelderm NP	sotalol P
Tazorac P	gabapentin P	Extina NP	timolol P
erythromycin, benzoyl peroxide NP	mephobarbital P	Loprox (shampoo) SCN NP	Carrol NP
Atralia NP	oxcarbazepine P	Mentax NP	Coreg CR NP
Benzaclin Gel SCN NP	phenobarbital P	Naftin NP	Innopran XL NP
Benzamycinpak SCN NP	phenytoin P	Oxistat NP	Levatol NP
Clindagel SCN NP	primidone P	Vusion NP	Bladder Relaxant Preparations
Differin SCN NP	valproic acid P	Xolegel NP	oxybutynin, ER P
Duac CS NP	zonisamide P	Antihistamines, Non-sedating	Enablex P
Evoclin NP	Carbatrol P	loratadine tab, syrup, -D, child P	Oxytrol P
Inova NP	Celontin P	fecofenadine (Allegra, susp, -D) NP	Sanctura P
Klaron SCN NP	Depakote, ER, sprinkle P	Clarinex, Clarinex Syrup SCN NP	VesiCare P
Neobenz Micro NP	Diastat P	Semprex-D NP	Detrol, LA NP
Nuox SCN NP	Equetro P	Zyrtec tab, syrup, -D NP	Sanctura XR NP
Triaz SCN NP	Felbatol P	Antimigraine, Triptans	Bone Resorption Suppression
Zaclir NP	Gabitril P	Amerge QL P	Fosamax, Plus D P
Ziana NP	Keppra P	Axert QL P	Miacalcin P
Alzheimer's Agents	Lamictal P	Imitrex QL P	Actonel, with Calcium NP
Aricept, ODT P	Lyrica P	Maxalt, MLT QL P	Boniva NP
Exelon P	Mebaral SCN P	Frova QL NP	Didronel NP
Namenda P	Peganone P	Relpax QL NP	Evista NP
Cognex NP	Topamax P	Zomig, Nasal, ZMT QL NP	Fortical NP
Exelon patch NP	Iamotrigine dispertabs NP	QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.	Bronchodilators, Anticholinergic
Razadyne, ER NP	Phenytek NP	Antiparkinson's Agents	ipratropium/albuterol P
Analgesics, Narcotics-Long-Acting	Tegretol XR NP	benztropine P	Atrovent, HFA P
fentanyl transdermal P	Antidepressants, Other	carbidopa/levodopa P	Combivent P
methadone P	budeprion XL 300 mg P	selegiline P	Spiriva P
morphine ER P	bupropion, SR P	trihexphenidyl P	Bronchodilators, Beta Agonists
oxycodone ER P	mirtazapine P	Kemadrin P	albuterol, sulfate ER P
Kadian P	trazodone P	Requip DR P	metaproterenol (oral) P
Avinza NP	venlafaxine P	Stalevo P	terbutaline P
Opana ER NP	Effexor XR P	Azilect NP	Maxair P
Oxycontin NP	nefazodone NP	Comtan NP	Proventil HFA SCN P
Ultram ER NP	Cymbalta NP	Mirapex DR NP	Serevent P
Analgesics, Narcotics-Short-Acting	Emsam SCN NP	Neupro NP	Ventolin HFA P
apap/codeine, asp/codeine P	Wellbutrin XL* NP	Parcopa NP	Xopenex HFA P
butalbital/apap/codeine P	* Prior authorization is not required for recipients 18 and younger.	Tasmar NP	metaproterenol (inhalation) NP
codeine P	Antidepressants, SSRI	Zelapar NP	Alupent NP
dihydrocodeine/apap/caff P	citalopram P	Antipsychotics, Atypical	Brovana NP
hydromorphone P	fluoxetine P	clozapine P	Foradil NP
hydrocodone/apap/ibup P	fluvoxamine P	Geodon P	ProAir HFA NP
ibuprofen/oxycodone P	paroxetine P	Risperdal P	Xopenex NP
levorphanol P	sertraline P	Seroquel P	Calcium Channel Blocking Agents
morphine P	Lexapro NP	Abilify NP	amlodipine P
oxycodone/apap/asa P	Paxil CR NP	Fazaclor SCN NP	diltiazem, ER NP
propoxyphene HCL, apap P	Peveva NP	Invega NP	felodipine ER P
tramadol P	Prozac Weekly NP	Seroquel XR NP	nicardipine P
fentanyl buccal. NP	Antiemetics, Oral	Symbyax NP	nifedipine, ER P
meperidine NP	ondansetron, oral, solution P	Zyprexa NP	nimodipine P
pentazocine/apap, naloxone NP	Emend P	Antivirals, Influenza	verapamil, ER, SR P
tramadol/apap NP	Anzemet NP	amantadine P	Cardizem LA P
			Cardene SR 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 or via hand held devices using ePocrates (www.ePocrates.com)

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Calcium Channel Blocking (cont.)	Hepatitis C Agents	Macrolides/Ketolides	Ophthalmics, Glaucoma Agents (con't.)
Sular P	ribavirin DR P	azithromycin P	Lumigan P
isradipine (Dynacirc, CR) NP	Pegaseys DR P	clarithromycin P	Travatan, Z P
Cardene SR NP	Peg-Intron, Redipen DR SCN P	erythromycin P	Trusopt P
Covera-HS NP	Infergen DR SCN NP	Biaxin XL NP	Xalatan P
Cephalosporin and Related Agents	Hypoglycemics, Adjunct Therapy	Ketek SCN NP	Combigan NP
amoxicillin/clavulanate P	Byetta [†] P	Zmax NP	Ophthalmics, NSAIDs
amox tr-potassium clav 600 P	Janumet [†] QL P	Multiple Sclerosis Agents	diclofenac P
cefaclor P	Januvia [†] QL P	Avonex DR SCN P	flurbiprofen P
cefadroxil P	Symlin [†] , pen [†] P	Betaseron DR P	Acular, LS, PF P
cefdinir P	[†] Preferred agents that require clinical prior authorization.	Copaxone DR SCN P	Nevanac P
cefpodoxime P	QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.	Rebif DR P	Xibrom P
cephalexin P	Hypoglycemics, Insulins	NSAIDs	Otics, Fluoroquinolones
cefprozil P	Humulin P	diclofenac, potassium, XL P	ofloxacin (drops) P
cefuroxime P	Humalog P	flurbiprofen P	Ciprodex P
Cedax P	Humalog Mix P	ibuprofen P	Floxin (singles) P
Spectracef P	Lantus SCN P	indomethacin, SR P	Cipro HC NP
Suprax P	Levemir P	ketoprofen P	Phosphate Binders
Augmentin XR NP	Apidra SCN NP	ketorolac P	Phoslo SCN P
Lorabid NP	Novolin NP	meclizemate P	Renagel P
Panixine NP	Novolog NP	nabumetone P	Fosrenol P
Ranitor NP	Novolog Mix NP	naprofen P	Platelet Aggregation Inhibitors
Cytokine and CAM Antagonists	*Exubera requires clinical prior authorization	naprofen sodium, DS P	dipyridamole P
Enbrel [†] SCN P	Hypoglycemics, Meglitinides	piroxicam P	ticlopidine P
Humira [†] P	Starlix P	Celebrex [*] P	Aggrenox P
Kineret [†] P	Prandin NP	etodolac, XL NP	Plavix P
Raptiva [†] SCN P	Hypoglycemics, Thiazolidinediones	fenoprofen (Nalfon) NP	Proton Pump Inhibitors
[†] Preferred agents that require clinical prior authorization.	Actos P	mefenamic acid (Ponstel) NP	Nexium DR P
Erythropoiesis Stimulating Proteins	Avandamet P	oxaprozin NP	Prevacid (caps, SoluTab, s) DR P
Aranesp DR P	Avandaryl P	sulindac NP	omeprazole* DR NP
Procrit DR P	Avandia P	tolmetin, DS NP	Aciphex* DR NP
Epogen DR NP	Actoplus MET NP	Arthrotec NP	Prilosec 40 mg* DR NP
Fluoroquinolones	Duetact NP	Prevacid Naprapac NP	Protonix* DR NP
ciprofloxacin P	Intranasal Rhinitis Agents	*Celebrex requires clinical prior authorization	Zegerid* DR NP
ofloxacin P	flunisolide P	Ophthalmics, Allergic Conjunctivitis	[*] Requires the prior use and failure of Nexium and Prevacid.
Avelox SCN P	ipratropium P	Alaway P	Sedative Hypnotics
Levaquin P	Astelin P	chromolyn P	chloral hydrate P
ciprofloxacin ER NP	fluticasone P	Zaditor OTC P	estazolam P
Cipro suspension NP	Nasacort AQ SCN P	ketotifen NP	flurazepam P
Factive SCN NP	Beconase AQ NP	Alamast NP	temazepam P
Maxaquin NP	Nasarel NP	Alocril NP	triazolam P
Noroxin NP	Nasonex SCN NP	Alomide NP	zolpidem P
Proquin XR SCN NP	Rhinocort Aqua NP	Elestat NP	Rozeren P
Tequin NP	Veramyst NP	Emadine NP	Ambien CR SCN NP
Glucocorticoids, Inhaled	Leukotriene Modifiers	Patanol NP	Doral NP
Advair, HFA P	Accolate P	Pataday NP	Lunesta NP
Aerobid, Aerobid-M SCN P	Singulair P	Optivar NP	Restoril NP
Asmanex SCN P	Zyflo NP	Ophthalmics, Fluoroquinolones	Sonata NP
Azmacort SCN P	Lipotropics, Bile Acid Sequestrants	bacitracin/polymyxin P	Stimulants and Related Agents
Flovent, HFA P	cholestyramine P	ciprofloxacin solution P	amphetamine salt combo DR P
Pulmicort Respules P	colestipol P	erythromycin P	dextroamphetamine DR P
Qvar P	Welchol NP	gentamicin P	methylphenidate, ER DR P
Pulmicort Flexhaler NP	Lipotropics, Fibric Acids	ofloxacin P	Adderall XR DR P
Symbicort NP	fenofibrate P	polymyxin/trimethoprim P	Concerta DR P
Growth Hormone	gemfibrozil P	sulfacetamide P	Focalin, XR DR P
Genotropin [†] P	Tricor P	tobramycin P	Metadate CD DR P
Nutropin AQ [†] SCN P	Antara NP	triple antibiotic P	pemoline (Cylert) DR NP
Saizen [†] P	Triglide NP	Vigamox P	Daytrana DR NP
Tev-Tropin [†] P	Lipotropics, Other	Zymar P	Desoxyn DR SCN NP
Humatrope NP	Niaspan P	Ciloxan Ointment NP	Provigil DR NP
Norditropin NP	Lovaza (Omacor) NP	Iquix NP	Ritalin LA DR NP
Nutropin SCN NP	Zetia NP	Quixin NP	Strattera* DR NP
Omnitrope NP	Lipotropics, Statins	Ophthalmics, Glaucoma Agents	Vyvanse DR NP
Serostim NP	lovastatin P	betaxolol P	[*] Prior authorization is not required for recipients 18 and older.
Zorbtive NP	simvastatin P	brimonidine P	Topical Immunomodulators
[†] Preferred agents that require clinical prior authorization.	Advicor P	carteolol P	Elidel NP
Hepatitis B Agents	Lescol, XL P	dipivefrin P	Protopic SCN NP
Baraclude P	Lipitor P	levobunolol P	Ulcerative Colitis
Epivir HBV P	Vytorin P	metipranolol P	mesalamine P
Hepsera P	pravastatin NP	pilocarpine P	sulfasalazine P
Tyzeka P	Altoprev NP	timolol P	Asacol P
	Caduet NP	Alphagan P P	Canasa P
	Crestor NP	Azopt P	Colazal SCN P
		Betimol P	Dipentum NP
		Betopos S P	Lialda NP
		Cosopt P	Pentasa NP
		Istalol P	

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