

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/02/07)

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, HCTZ 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
Tekturna NP	Benicar, HCT P	Lamisil* NP	Uroxatral SCN P
Univas/Uniretic NP	Cozaar, Hyzaar P	Noxafil NP	Cardura XL NP
<b>ACE Inhibitors/CCB Combinations</b>	Diovan, HCT P	Sporanox (liquid) NP	<b>Beta Blockers</b>
Lotrel P	Micardis, HCT P	*Lamisil requires clinical prior authorization	acebutolol P
Tarka P	Atacand, HCT NP	<b>Antifungals, Topical</b>	atenolol P
Lexxel NP	Teveten, HCT NP	ciclopirox cream, suspension P	betaxolol P
<b>Acne Agents</b>	<b>Anticoagulants, Injectables</b>	clotrimazole/betamethasone P	bisoprolol P
benzoyl peroxide 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
<b>Azelex P</b>	<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
<b>Tazorac P</b>	ethosuximide P	Naftin NP	Coreg P
erythromycin, benzoyl peroxide NP	gabapentin P	Oxistat NP	<b>Toprol XL P</b>
Benzamycinpak SCN NP	mephobarbital P	Penlac SCN NP	Cartrl NP
Brevoxyl creamy wash, gel 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, Nonsedating</b>	LevatoL NP
Evoclin NP	valproic acid P	loratadine tab, syrup, -D 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	Sanctura SCN P
Triax 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	pergolide P	ipratropium P
oxycodone ER P	Tegretol XR NP	selegiline P	Atrovent, HFA P
Kadian P	<b>Antidepressants, Other</b>	trihexphenidyl P	Combivent P
Avinza NP	bupropion, SR P	Comtan P	Spiriva P
Opana ER NP	mirtazapine P	Kemadrin P	Duoneb NP
Oxycontin NP	trazodone P	Mirapex P	<b>Bronchodilators, Beta Agonists</b>
Ultram ER NP	venlafaxine P	Requip P	albuterol, sulfate ER P
<b>Analgesics, Narcotics-Short-Acting</b>	Effexor XR P	Stalevo P	metaproterenol P
apap/codeine P	nefazodone NP	Azilect NP	terbutaline P
asa/codeine P	Cymbalta NP	Parcopa NP	Maxair SCN P
butalbital/apap/codeine P	Emsam SCN NP	Tasmar NP	Proventil HFA SCN P
codeine P	Wellbutrin XL* NP	Zelapar NP	Serevent P
dihydrocodeine/apap/caff P	* Prior authorization is not required for recipients 18 and younger.	<b>Antipsychotics, Atypical</b>	Xopenex HFA P
hydromorphone P	<b>Antidepressants, SSRI</b>	clozapine P	Accuneb NP
hydrocodone/apap/ibuprofen P	citalopram P	Geodon P	Albuterol HFA NP
levorphanol P	fluoxetine P	Risperdal P	Alupent NP
morphine IR P	fluvoxamine P	Seroquel P	Foradil NP
oxycodone/apap P	paroxetine P	Abilify NP	ProAir HFA NP
oxycodone/aspirin P	sertraline P	Fazaclo SCN NP	Ventolin HFA NP
propoxyphene HCL,apap P	Lexapro SCN NP	Invega NP	Xopenex NP
tramadol P	Paxil CR NP	Symbyax NP	<b>Calcium Channel Blocking Agents</b>
Xodol P	Pexeva NP	Zyprexa NP	diltiazem, ER P
fentanyl buccal NP	Prozac Weekly NP	<b>Antivirals, Influenza</b>	felodipine ER P
mepredine NP	<b>Antiemetics, Oral</b>	amantadine P	nicardipine P
pentazocine/apap NP	ondansetron, oral solution P	rimantadine P	nifedipine, ER P
pentazocine/naloxone NP	Emend P	Relenza P	verapamil, SR P
tramadol/apap NP	Anzemet SCN NP	Tamiflu P	Cardizem LA P
Actiq NP	Kytril NP		Norvasc P
Combunox SCN NP			
Darvon-N SCN 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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(Revised 04/02/07)

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	naprofen 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	
Ranidor	NP	Actos	P	Arthrotec	NP	estazolam	
<b>Cytokine and CAM Antagonists</b>		Avandamet	P	Celebrex	NP	flurazepam	
Enbrel†	SCN P	Avandaryl	P	Nalfon 200, 300 mg	NP	temazepam	
Humira†	P	Avandia	P	Ponstel	NP	triazolam	
Kineret†	P	Actopos MET	NP	Prevacid Naprapac	NP	Ambien, CR	
Raptiva†	SCN P	Duetact	NP	<b>Ophthalmics, Allergic Conjunctivitis</b>		Lunesta	
Amevive	SCN NP	<b>Intranasal Rhinitis Agents</b>		cromolyn	P	Rozerem	
Remicade	NP	flunisolide	P	ketotifen	P	Doral	
Orencia	NP	ipratropium	P	Alrex	P	Restoril	
† Preferred agents that require clinical prior authorization.		Astelín	P	Elestat	P	Sonata	
<b>Erythropoiesis Stimulating Proteins</b>		Flonase	P	Pataday	P	<b>Stimulants and Related Agents</b>	
Aranesp	DR P	Nasacort AQ	SCN P	Patanol	P	amphetamine salt combo	
Procrit	DR P	Nasonex	SCN P	Alamast	NP	dextroamphetamine	
Epogen	DR NP	fluticasone	NP	Alaway	NP	methylphenidate ER	
<b>Fluoroquinolones</b>		Beconase AQ	NP	Alocril	NP	Adderall XR	
ciprofloxacin	P	Nasarel	NP	Alomide	NP	Concerta	
ofloxacin	P	Rhinocort Aqua	NP	Emadine	NP	Focalin, XR	
Avelox	P	<b>Leukotriene Modifiers</b>		Optivar	NP	Metadate CD	
Levaquin	P	Accolate	P	Zaditor	NP	pemoline (Cylert)	
Cipro suspension, XR	NP	Singulair	P	<b>Ophthalmics, Antibiotics</b>		Daytrana	
Factive	SCN NP	Zyflo	NP	bacitracin/polymyxin	P	Desoxyn	
Maxaquin	NP	<b>Lipotropics, Bile Acid Sequestrants</b>		ciprofloxacin solution	P	Provigil	
Noroxin	NP	cholestyramine	P	erythromycin	P	Ritalin LA	
Proquin XR	SCN NP	colestipol	P	gentamicin	P	Strattera*	
Tequin	NP	Welchol	NP	ofloxacin	P	* Prior authorization is not required for recipients 18 and older.	
<b>Glucocorticoids, Inhaled</b>		<b>Lipotropics, Fibric Acids</b>		polymyxin/trimethoprim	P	<b>Topical Immunomodulators</b>	
Advair, HFA	P	fenofibrate	P	sulfacetamide	P	Elidel	
Aerobid, Aerobid-M	SCN P	gemfibrozil	P	tobramycin	P	Protopic	
Asmanex	SCN P	Tricor	P	triple antibiotic	P	<b>Ulcerative Colitis</b>	
Azmacort	SCN P	Antara	NP	Zymar	P	mesalamine	
Flovent	P	Triglide	NP	Ciloxan Ointment	NP	sulfasalazine	
Pulmicort Respules	P	<b>Lipotropics, Other</b>		Quixin	NP	Asacol	
Qvar	P	Niaspan	P	Vigamox	NP	Canasa	
Pulmicort Turbuhaler / Flexhaler	NP	Omacor	NP	<b>Ophthalmics, Glaucoma Agents</b>		Colazal	
<b>Growth Hormone</b>		Zetia	NP	betaxolol	P	Dipentum	
Genotropin†	P	<b>Lipotropics, Statins</b>		brimonidine	P	Lialda	
Nutropin AQ†	SCN P	lovastatin	P	carteolol	P	Pentasa	
Saizen†	P	simvastatin	P	dipivefrin	P		
Tev-Tropin†	P	Advicor	P	levobunolol	P		
Humatrope	NP	Lescol, XL	P	metipranolol	P		
Norditropin	NP	Lipitor	P	pilocarpine	P		
Nutropin	SCN NP	Vytorin	P	timolol	P		
Omnitrope	NP	pravastatin	NP	Alphagan P	P		
Serostim	NP	Altoprev	NP	Azopt	P		
Zorbivte	NP	Caduet	NP	Betimol	P		
† Preferred agents that require clinical prior authorization.		Crestor	NP	Betopic S	P		
<b>Hepatitis C Agents</b>		<b>Macrolides/Ketolides</b>		Cosopt	P		
ribavirin	DR P	azithromycin	P	Lumigan	P		
Pegasys	DR P	clarithromycin	P	Travatan, Z	P		
Peg-Intron, Redipen	DR SCN P	erythromycin	P	Trusopt	P		
Copegus	DR NP	clarithromycin ER	NP	Istalol	NP		
Infergen	DR SCN NP	Ketek	SCN NP	Xalatan	NP		
Rebetol	DR SCN NP						

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