

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 11/01/07)

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

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 or via hand held devices using ePocrates (www.ePocrates.com).

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 11/01/07)

Calcium Channel Blocking (cont.)		Hepatitis C Agents		Macrolides/Ketolides		Ophthalmics, Glaucoma Agents (con't.)	
Sular	P	ribavirin	DR P	azithromycin	P	Istalol	P
isradipine (Dynacirc, CR)	NP	Pegasis	DR P	clarithromycin	P	Lumigan	P
Cardene SR	NP	Peg-Intron, Redipen	DR SCN P	erythromycin	P	Travatan, Z	P
Covera-HS	NP	Infergen	DR SCN NP	Biaxin XL	NP	Trusopt	P
Cephalosporin and Related Agents		Hypoglycemics, Adjunct Therapy		Ketek	SCN NP	Xalatan	P
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†	P	Betaseron	DR P	Acular, LS, PF	P
cefidinir	P	† Preferred agents that require clinical prior authorization.		Copaxone	DR SCN P	Nevanac	P
cefepime	P	QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.		Rebif	DR P	Xibrom	P
cephalexin	P	Hypoglycemics, Insulins		NSAIDs		Optics, Fluoroquinolones	
cefprozil	P	Humulin	P	diclofenac, potassium, XL	P	Ciprodex	P
cefuroxime	P	Humalog	P	flurbiprofen	P	Floxin (singles and drops)	P
Cedax	P	Humalog Mix	P	ibuprofen	P	Cipro HC	NP
Spectracef	P	Lantus	SCN P	indomethacin, SR	P	Phosphate Binders	
Suprax	P	Levemir	P	ketoprofen	P	Phoslo	SCN P
Augmentin XR	NP	Apidra	SCN NP	ketorolac	P	Renagel	P
Lorabid	NP	Exubera*	NP	meclufenamate	P	Fosrenol	P
Panixine	NP	Novolin	NP	meloxicam	P	Platelet Aggregation Inhibitors	
Raniclor	NP	Novolog	NP	nabumetone	P	dipyridamole	P
Cytokine and CAM Antagonists		Novolog Mix	NP	naproxen	P	ticlopidine	P
Enbrel†	SCN P	*Exubera requires clinical prior authorization		naproxen sodium, DS	P	Aggrenox	P
Humira†	P	Hypoglycemics, Meglitinides		piroxicam	P	Plavix	P
Kineret†	P	Starlix	P	Celebrex*	P	Proton Pump Inhibitors	
Raptiva†	SCN P	Prandin	NP	etodolac, XL	NP	Nexium	DR P
Amevive	SCN NP	Hypoglycemics, Thiazolidinediones		fenoprofen (Nalfon)	NP	Prevacid (caps, SoluTab, s1)	DR P
Remicade	NP	Actos	P	mefenamic acid (Ponstel)	NP	omeprazole*	DR NP
Orencia	NP	Avandamet	P	oxaprozin	NP	Aciphex*	DR NP
† Preferred agents that require clinical prior authorization.		Avandaryl	P	sulindac	NP	Prilosec 40 mg*	DR NP
Erythropoiesis Stimulating Proteins		Avandia	P	tolmetin, DS	NP	Protonix*	DR NP
Aranesp	DR P	Avandaryl	P	Arthrotec	NP	Zegerid*	DR NP
Procrit	DR P	Avandia	P	Prevacid Naprapac	NP	* Requires the prior use and failure of Nexium and Prevacid.	
Epogen	DR NP	Actoplus MET	NP	*Celebrex requires clinical prior authorization		Ophthalmics, Allergic Conjunctivitis	
Fluoroquinolones		Duetact	NP	Ophthalmics, Allergic Conjunctivitis		Sedative Hypnotics	
ciprofloxacin	P	Intranasal Rhinitis Agents		alaway	P	chloral hydrate	P
ofloxacin	P	flunisolide	P	cromolyn	P	estazolam	P
Avelox	SCN P	ipratropium	P	ketotifen	P	flurazepam	P
Levaquin	P	Astelín	P	Alrex	P	temazepam	P
ciprofloxacin ER	NP	Flonase	P	Elestat	P	triazolam	P
Cipro suspension	NP	Nasacort AQ	SCN P	Patanol	P	zolpidem	P
Factive	SCN NP	Nasonex	SCN P	Pataday	P	Rozerem	P
Maxaquin	NP	fluticasone	NP	Zaditor OTC	P	Ambien CR	SCN NP
Noroxin	NP	Beconase AQ	NP	Alamast	NP	Doral	NP
Proquin XR	SCN NP	Nasarel	NP	Alocril	NP	Lunesta	NP
Tequin	NP	Rhinocort Aqua	NP	Alomide	NP	Restoril	NP
Glucocorticoids, Inhaled		Veramyst	NP	Emadine	NP	Sonata	NP
Advair, HFA	P	Leukotriene Modifiers		Optivar	NP	Stimulants and Related Agents	
Aerobid, Aerobid-M	SCN P	Accolate	P	Ophthalmics, Fluoroquinolones		amphetamine salt combo	DR P
Asmanex	SCN P	Singulair	P	bacitracin/polymyxin	P	dextroamphetamine	DR P
Azmacort	SCN P	Zyflo	NP	ciprofloxacin solution	P	methylphenidate, ER	DR P
Flovent, HFA	P	Lipotropics, Bile Acid Sequestrants		erythromycin	P	Adderall XR	DR P
Pulmicort Respules	P	cholestyramine	P	gentamicin	P	Concerta	DR P
Qvar	P	colestipol	P	ofloxacin	P	Focalin, XR	DR P
Pulmicort Flexhaler	NP	Welchol	NP	polymyxin/trimethoprim	P	Metadate CD	DR P
Symbicort	NP	Lipotropics, Fibric Acids		sulfacetamide	P	metoprolol (Cylert)	DR NP
Growth Hormone		fenofibrate	P	tobramycin	P	Daytrana	DR NP
Genotropin†	P	gemfibrozil	P	triple antibiotic	P	Desoxyn	DR SCN NP
Nutropin AQ†	SCN P	Tricor	P	Vigamox	P	Provigil	DR NP
Saizen†	P	Antara	NP	Zymar	P	Ritalin LA	DR NP
Tev-Tropin†	P	Triglide	NP	Ciloxan Ointment	NP	Strattera*	DR NP
Humatrope	NP	Lipotropics, Other		Iquix	NP	Vyvanse	DR NP
Norditropin	NP	Niaspan	P	Quixin	NP	* Prior authorization is not required for recipients 18 and older.	
Nutropin	SCN NP	Lovaza (Omacor)	NP	Ophthalmics, Glaucoma Agents		Topical Immunomodulators	
Omnitrope	NP	Zetia	NP	betaxolol	P	Elidel	NP
Serostim	NP	Lipotropics, Statins		brimonidine	P	Protopick	SCN NP
Zorbtive	NP	lovastatin	P	carteolol	P	Ulcerative Colitis	
† Preferred agents that require clinical prior authorization.		simvastatin	P	dipivefrin	P	mesalamine	P
Hepatitis B Agents		Advicor	P	levobunolol	P	sulfasalazine	P
Baraclude	P	Lescol, XL	P	metipranolol	P	Asacol	P
Epivir HBV	P	Lipitor	P	pilocarpine	P	Canasa	P
Hepsera	P	Vytorin	P	timolol	P	Colazal	SCN P
Tyzeka	P	pravastatin	NP	Alphagan P	P	Dipentum	NP
		Altoprev	NP	Azopt	P	Lialda	NP
		Caduet	NP	Betimol	P	Pentasa	NP
		Crestor	NP	Betopic S	P		
				Cosopt	P		

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 dhs.wisconsin.gov/seniorcare or via hand held devices using ePocrates (www.ePocrates.com).