

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
Uniretic / Univasc

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

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

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.**

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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

Requires Prior Authorization

Relenza
 Tamiflu

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/Antiincontinence 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

Calcium Channel Blocking Agents

Preferred

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

Requires Prior Authorization

Cardene SR
Covera-HS
Nimotop
Verelan PM

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Wisconsin Medicaid Preferred Drug List

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

Preferred

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

Requires Prior Authorization

Augmentin XR

Lorabid
Panixine
Raniclor

Cytokine and CAM Antagonists

Preferred

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

[†] Preferred agents that require clinical prior authorization.

Requires Prior Authorization

Amevive

Erythropoiesis Stimulating Protieins

Preferred

Procrit

Requires Prior Authorization

Aranesp
Epogen

Fluoroquinolones

Preferred

ciprofloxacin
ofloxacin
Avelox
Levaquin

Requires Prior Authorization

Cipro suspension, XR
Factive
Maxaquin
Noroxin
Tequin

Glucocorticoids, Inhaled

Preferred

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

Requires Prior Authorization

Asmanex
Pulmicort Turbuhaler

Growth Hormone

Preferred

Nutropin[†]
Nutropin AQ[†]
Saizen[†]

[†] 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

Hypoglycemics, Insulins and Related Agents

Preferred

Humulin
Humalog
Humalog Mix
Lantus

Requires Prior Authorization

Byetta
Novolin
Novolog
Novolog Mix
Symlin

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Wisconsin Medicaid Preferred Drug List

Hypoglycemics, Metformins

Preferred

glyburide-metformin
metformin ER, IR
Avandamet

Requires Prior Authorization

Actoplus MET
Fortamet
Metaglip
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
Welchol

Lipotropics, Statins

Preferred

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

Requires Prior Authorization

Pravachol
Pravigard PAC

Macrolides/Ketolides

Preferred

clarithromycin
erythromycin
Zithromax
Biaxin XL

Requires Prior Authorization

Ketek

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

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Ophthalmics, Allergic Conjunctivitis

Preferred

cromolyn
Acular
Alrex
Elestat
Patanol

Requires Prior Authorization

Alamast
Alocril
Alomide
Emadine
Optivar
Zaditor

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 (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

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

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.

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Wisconsin Medicaid Preferred Drug List

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
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

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

[†] Preferred agents that require clinical prior authorization.

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Wisconsin Medicaid Preferred Drug List

Alphabetical Listing – Preferred Drugs continued

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

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

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

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 dhs.wisconsin.gov/seniorcare.

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Wisconsin Medicaid Preferred Drug List

Alphabetical Listing – Drugs That Require Prior Authorization

Zegerid*
Zomig, Nasal, ZMT
Zyrtec tablet, Zyrtec-D, Zyrtec
Syrup

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