

Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug List - Quick Reference

(Revised 01/15/2010)

Angiotensin Modulators		
benazepril, HCTZ		P
captopril, HCTZ		P
enalapril, HCTZ		P
fosinopril, HCTZ		P
lisinopril, HCTZ		P
perindopril		P
quinapril, HCTZ		P
ramipril		P
Avalide		P
Avapro		P
Benicar, HCTZ		P
Cozaar		P
Diovan, HCTZ		P
Hyzaar		P
Micardis, HCT Z		P
moexipril, HCTZ		NP
trandolapril		NP
Atacand, HCTZ		NP
Tekturna, HCTZ		NP
Teveten, HCTZ		NP
Angiotensin Modulators/CCB Comb.		
Azor		P
Exforge, HCTZ		P
Tarka		P
amlodipine/benazepril		NP
Twynsta		NP
Valturna		NP
Acne Agents		
benprox		P
benzoyl peroxide		P
clindamycin		P
erythromycin		P
tretinoin		P
Azelex		P
Clinac BPO		P
Differin	SCN	P
Ery		P

Acne Agents (cont.)		
Retin-A micro, Pump		P
erythromycin/benzoyl peroxide		NP
sulfacetamide		NP
Acanya		NP
Aczone		NP
Akne-mycin		NP
Atralin		NP
Benzaclin Gel	SCN	NP
Benzamycinpak	SCN	NP
Breze Pads		NP
Clarifoam EF		NP
Clindagel	SCN	NP
Clindareach		NP
Epiduo		NP
Evoclin		NP
Inova		NP
Klaron	SCN	NP
Lavoclen		NP
Neobenz Micro		NP
Nuox	SCN	NP
Tazorac		NP
Triaz	SCN	NP
Zacare		NP
Zaclir		NP
Ziana		NP
Zoderm		NP
Alzheimer's Agents		
galantamine, ER		P
Aricept, ODT		P
Exelon oral, patch		P
Namenda		P
Cognex		NP
Exelon Solution		NP
Razadyne Solution		NP

Analgesics/Anesthetics, Topical		
Voltaren		P
Lidoderm		P
Flector		NP
Analgesics, Narcotics-Long-Acting		
fenentanyl transdermal		P
methadone		P
morphine ER		P
Duragesic		P
Kadian		P
Oxycontin		P
oxycodone ER		NP
Avinza		NP
Embeda		NP
Opana ER		NP
Onsolis		NP
Ultram ER		NP
Analgesics, Narcotics-Short-Acting		
codeine		P
codeine/apap		P
codeine/asa		P
dihydrocodeine/apap/caffeine		P
hydromorphone		P
hydrocodone/apap		P
hydrocodone/ibuprofen		P
morphine		P
oxycodone		P
oxycodone/ibuprofen		P
oxycodone/apap		P
oxycodone/asa		P
propoxyphene, apap		P
tramadol		P
fenentanyl buccal.		NP
levorphanol		NP
meperidine		NP
pentazocine/apap		NP
pentazocine/naloxone		NP

Analgesics, Narcotics-Short-Acting (cont.)		
tramadol/apap		NP
Darvon-N	SCN	NP
Fentora		NP
Lynox		NP
Nucynta		NP
Opana		NP
Panlor DC, SS		NP
Synalgos-DC		NP
Zamicet		NP
Androgenic Agents		
Androderm		P
Androgel		P
Testim		NP
Antibiotics, GI		
metronidazole		P
neomycin		P
Alinia		P
Tindamax		P
Vancocin		P
Flagyl ER		NP
Xifaxan		NP
Antibiotics, Vaginal		
clindamycin		P
metronidazole		P
Cleocin		P
Clindesse		P
Vandazole		P
Anticoagulants, Injectables		
Arixtra		P
Fragmin		P
Lovenox	SCN	P
Innohep		NP
Anticonvulsants		
carbamazepine		P
clonazepam		P

Key:

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<https://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage>

SCN = Wisconsin SeniorCare does not cover over-the-counter drugs. For Levels 2b and 3, SeniorCare does not cover drugs that do not have a signed SeniorCare Rebate Agreement between the manufacturer and the Department of Health and Family Services. Refer to the SeniorCare Drug Search Tool on the SeniorCare Web site at dhfs.wisconsin.gov/seniorcare/index.htm or the ePocrates Web site, www.epocrates.com, for a list of covered drugs for SeniorCare members. Providers may access the BadgerCare Plus, Wisconsin Medicaid, and SeniorCare Preferred Drug List (PDL) using personal digital assistants (PDAs) on the ePocrates Web site.

Providers may refer to the Data Tables page of the Pharmacy section of the Medicaid Web site at <https://www.forwardhealth.wi.gov/WIPortal/Content/provider/medicaid/pharmacy/resources.htm.spage> for a list of diagnosis-restricted drugs and a list of drugs where quantity limits apply.

The PDL policies do not apply to BadgerCare Plus Benchmark Plan members. Not all covered drugs are listed on the PDL.

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Anticonvulsants (cont.)		
divalproex, ER, sprinkles		P
ethosuximide		P
gabapentin		P
lamotrigine, dispertabs		P
levetiracetam, solution		P
mephobarbital		P
oxcarbazepine, susp		P
phenobarbital		P
phenytoin		P
primidone		P
topiramate, sprinkle		P
valproic acid		P
zonisamide		P
Carbatrol		P
Celontin		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra XR		P
Lamictal Starter Kits		P
Lyrical		P
Mebaral	SCN	P
Peganone		P
carbamazepine XR		NP
Banzel		NP
Lamictal XR		NP
Phenytek		NP
Stavzor		NP
Tegretol XR		NP
Sabril		NP
Vimpat		NP
Antidepressants, Other		
bupropion, SR, XL		P
mirtazapine		P
tranylcypromine sulfate		P
trazodone		P
venlafaxine		P
Effexor XR		P
Marplan		P
Nardil		P
Parnate		P
nefazodone		NP
Aplenzin		NP

Antidepressants, Other (cont.)		
Cymbalta		NP
Emsam	SCN	NP
Pristiq		NP
Venlafaxine ER		NP
Antidepressants, SSRI		
citalopram		P
fluoxetine		P
fluvoxamine		P
paroxetine		P
sertraline		P
paroxetine CR		NP
Lexapro		NP
Luvox CR		NP
Pexeva		NP
Prozac Weekly		NP
Antiemetics		
ondansetron, solution, ODT		P
Emend		P
Sancuso		P
granisetron		NP
Anzemet		NP
Antiemetics, Cannabinoids		
Marinol†		P
dronabinol		NP
Cesamet		NP
† Preferred agent that requires clinical prior authorization.		
Antifungals, Oral		
fluconazole		P
griseofulvin		P
itraconazole	DR	P
ketoconazole		P
nystatin		P
terbinafine	DR	P
Ancobon		P
Gris-Peg		P
Mycostatin		P
clotrimazole troche		NP
Grifulvin V Tablets		NP
Lamisil granules	DR	NP
Noxafil		NP
Sporanox (liquid)		NP
Vfend		NP

Antifungals, Topical		
clotrimazole Rx, OTC		P
clotrimazole/betamethasone		P
econazole nitrate		P
ketoconazole		P
miconazole OTC		P
nystatin		P
nystatin/triamcinolone		P
terbinafine OTC		P
ciclopirox cream, gel, solution, suspension		NP
Bensal HP		NP
CNL 8		NP
Ertaczo		NP
Exelderm		NP
Extina		NP
Loprox (shampoo)	SCN	NP
Mentax		NP
Naftin		NP
Oxistat		NP
Vusion		NP
Xolegel, Duo, Corepak		NP
Antihistamines, Nonsedating		
cetirizine tablets	SCN	P
cetirizine D	SCN	P
cetirizine syrup	SCN	P
loratadine tablets	SCN	P
loratadine D	SCN	P
loratadine syrup	SCN	P
cetirizine rx		NP
fexofenadine		NP
fexofenadine D-12 hour		NP
Clarinx, Syrup	SCN	NP
Semprex-D		NP
Xyzal		NP
Antihyperuricemics		
allopurinol		P
colchicine		P
probenecid		P
probenecid/colchicine		P
Uloric		NP
Antimigraine Agents		
sumatriptan tablets	QL	P
sumatriptan nasal spray	QL	P
sumatriptan injectable	QL	P
Maxalt, MLT	QL	P
Relpax	QL	P

Antimigraine Agents (cont.)		
butalbital/apap		NP
butalbital/apap/caffeine		NP
butalbital/apap/caffeine/codeine		NP
butalbital/asa/caffeine		NP
butalbital/asa/caffeine/codeine		NP
Amerge	QL	NP
Axert	QL	NP
Frova	QL	NP
Sumavel Dosepro	QL	NP
Treximet	QL	NP
Zomig, Nasal, ZMT	QL	NP
QL – Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.		
Antiparasitics, Topical		
permethrin Rx, OTC		P
Eurax		P
Ovide		P
malathion		NP
Lindane		NP
Ulesfia		NP
Antiparkinson's Agents		
benztropine		P
bromocriptine		P
carbidopa/levodopa, ODT		P
ropinirole		P
selegiline		P
trihexyphenidyl		P
Requip XL	DR	P
Stalevo		P
Azilect		NP
Comtan		NP
Mirapex	DR	NP
Tasmar		NP
Zelapar		NP
Antipsychotics		
amitriptyline/perphenazine		P
chlorpromazine		P
clozapine		P
fluphenazine		P
haloperidol		P
perphenazine		P
risperidone		P
thioridazine		P
thiothixene		P

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Antipsychotics, (cont.)		
trifluoperazine		P
Geodon		P
Loxitane		P
Moban		P
Orap		P
Seroquel		P
Abilify		NP
Fanapt		NP
Fazaclo	SCN	NP
Invega, ER		NP
Saphris	SCN	NP
Seroquel XR		NP
Symbyax		NP
Zyprexa		NP
Antivirals, Influenza		
amantadine		P
rimantadine		P
Relenza		P
Tamiflu		P
Antivirals, Other		
acyclovir		P
Famvir		P
Valtrex		P
famciclovir		NP
valacyclovir		NP
Antivirals, Topical		
Denavir		P
Zovirax Ointment		P
Zovirax Cream		NP
Agents for BPH		
doxazosin		P
terazosin		P
Avodart		P
Flomax		P
Proscar		P
Uroxatral	SCN	P
finasteride		NP
Cardura XL		NP
Rapaflo		NP
Beta Blockers		
acebutolol		P
atenolol		P
bisoprolol		P
carvedilol		P
labetalol		P
metoprolol, HCTZ		P
metoprolol succinate		P

Beta Blockers (cont.)		
metoprolol tartrate		P
nadolol		P
pindolol		P
propranolol		P
propranolol ER		P
propranolol LA		P
sotalol		P
timolol		P
betaxolol		NP
Bystolic		NP
Cartrol		NP
Coreg CR		NP
Innopran XL		NP
Levator		NP
Bladder Relaxant Preparations		
oxybutynin, syrup		P
Detrol LA		P
Oxytrol		P
VesiCare		P
oxybutynin ER		NP
Detrol		NP
Enablex		NP
Gelnique		NP
Sanctura, XR		NP
Toviaz		NP
Bone Resorption Suppression		
alendronate		P
Miacalcin		P
calcitonin-salmon nasal		NP
etidronate		NP
Actonel		NP
Boniva		NP
Didronel		NP
Evista		NP
Fortical		NP
Fosamax solution		NP
Fosamax Plus D		NP
Bronchodilators, Anticholinergic		
ipratropium nebulizer		P
Atrovent HFA		P
Combivent		P
Spiriva	DR	P
ipratropium/albuterol neb		NP
Bronchodilators, Beta Agonists		
albuterol, ER, nebulizer		P
terbutaline		P
Foradil		P
Proair HFA		P

Bronchodilators, Beta Agonists (cont.)		
Serevent		P
Ventolin HFA		P
albuterol nebulizer low-dose		NP
metaproterenol		NP
Alupent		NP
Brovana		NP
Maxair		NP
Perforomist		NP
Proventil HFA	SCN	NP
Xopenex		NP
Xopenex HFA		NP
Calcium Channel Blocking Agents		
amlodipine		P
diltiazem, ER		P
felodipine		P
nicardipine		P
nifedipine, ER		P
nimodipine		P
verapamil, ER, SR		P
Dynacirc CR		P
isradipine		NP
nisoldipine		NP
Cardene SR		NP
Cardizem LA		NP
Covera-HS		NP
Sular		NP
Cephalosporin and Related Agents		
amoxicillin/ clavulanate tablet		P
amoxicillin/ clavulanate susp		P
Cefaclor		P
Cefadroxil		P
cefdinir		P
cefepodoxime		P
cephalexin		P
cefprozil		P
cefuroxime		P
Augmentin 125 susp		P
Augmentin 250 susp		P
Suprax		P
Augmentin XR		NP
Cedax		NP
Ceftin		NP
Spectracef		NP

Cough and Cold Products-Narcotic		
chlorpheniramine/ phenylephrine/ dihydrocodeine		P
phenylephrine/ promethazine/ codeine		P
pseudoephedrine/ chlorpheniramine/ dihydrocodeine		P
guaifenesin/ codeine		P
guaifenesin/ pseudoephedrine/ dihydrocodeine		P
promethazine/ codeine/		P
brompheniramine/ pseudoephedrine/ dihydrocodeine		P
brompheniramin / phenylephrine/ dihydrocodeine		P
brompheniramine/ pseudoephedrine/ codeine		P
phenylephrine/ codeine		NP
pyrilamine maleate/ phenylephrine/ codeine		NP
pseudoephedrine / codeine		NP
phenylephrine/ dihydrocodeine		NP
phenylephrine/ guaifenesin/ codeine		NP
pseudoephedrine/ guaifenesin/ codeine		NP
brompheniramine/ codeine		NP
hydrocodone/ homatropine		NP
diphenhydramine/ phenylephrine/ codeine		NP
guaifenesin/ dihydrocodeine		NP

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dexchlorpheniramine/ phenylephrine/ codeine		NP
pyrilamine maleate/ codeine		NP
chlorpheniramine/ codeine		NP
Tussionex		NP
Cytokine and CAM Antagonists		
Cimzia [†]		P
Enbrel [†]	SCN	P
Humira [†]		P
Kineret [†]		P
Simponi [†]		NP
[†] Agents that require clinical prior authorization.		
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor		
Janumet	QL	P
Januvia	QL	P
Onglyza	QL	NP
QL – Quantity Limits apply each month.		
Erythropoiesis Stimulating Proteins		
Aranesp	DR	P
Procrit	DR	P
Epogen	DR	NP
Fluoroquinolones		
ciprofloxacin		P
Avelox	SCN	P
ciprofloxacin ER		NP
Cipro suspension		NP
ofloxacin		NP
Factive	SCN	NP
Levaquin		NP
Maxaquin		NP
Noroxin		NP
Proquin XR	SCN	NP
Glucocorticoids, Inhaled		
Advair Diskus		P
Advair HFA		P
Aerobid	SCN	P
Aerobid M	SCN	P
Azmacort	SCN	P
Flovent Diskus		P
Flovent HFA		P
Pulmicort Flexhaler		P
Qvar		P
Symbicort		P
budesonide respules**		NP

Glucocorticoids, Inhaled (cont.)			
Alvesco Inhaler			NP
Asmanex 110 mcg*	SCN		NP
Asmanex 220 mcg	SCN		NP
Pulmicort Respules**			NP
*Prior authorization is not required for members age 12 and under.			
**Prior authorization is not required for members age 8 and under.			
Growth Hormone			
Genotropin [†]			P
Norditropin [†]			P
Nutropin, AQ [†]	SCN		P
Humatrope			NP
Omnitrope			NP
Saizen			NP
Serostim			NP
Tev-Tropin			NP
Zorbtive			NP
[†] Preferred agents that require clinical prior authorization.			
H. Pylori Treatment			
Helidac	DR		P
Prevpac	DR		NP
Pylera	DR		NP
Hepatitis B Agents			
Baraclude			P
Epivir HBV			P
Hepsera			P
Tyzeka			P
Hepatitis C Agents			
ribavirin	DR		P
Pegasys	DR		P
Peg-Intron, Redipen	DR	SCN	P
Infergen	DR	SCN	NP
Ribasphere	DR		NP
Hypoglycemics, Adjunct Therapy			
Byetta [†]			NP
Symlin, pen [†]			NP
[†] Preferred agents that require clinical prior authorization.			
Hypoglycemics, Insulins			
Humalog Mix			P
Humalog			P
Humulin			P
Lantus	SCN		P
Apidra	SCN		NP

Hypoglycemics, Insulins (cont.)		
Levemir		NP
Novolin	SCN	NP
Novolog		NP
Novolog Mix		NP
Hypoglycemics, Meglitinides		
nateglinide		P
Prandin		P
Prandimet		NP
Hypoglycemics, Thiazolidinediones		
Actoplus MET		P
Actos		P
Avandamet		P
Avandaryl		P
Avandia		P
Duetact		P
Intranasal Rhinitis Agents		
flunisolide		P
fluticasone		P
ipratropium		P
Astelín		P
Astepro		P
Beconase AQ		P
Nasonex	SCN	P
Nasacort AQ	SCN	NP
Nasarel		NP
Omnaris		NP
Patanase		NP
Rhinocort Aqua		NP
Veramyst		NP
Leukotriene Modifiers		
Accolate		P
Singulair		P
Zyflo CR		NP
Lipotropics, Bile Acid Sequestrants		
cholestyramine		P
colestipol		P
Welchol		NP
Lipotropics, Fibric Acids		
fenofibrate		P
gemfibrozil		P
Tricor		P
fenofibric acid		NP
Antara		NP
Fenoglide		NP
Fibricor		NP
Lipofen		NP

Lipotropics, Fibric Acids (cont.)			
Triglide		NP	
TriLipix		NP	
Lipotropics, Lovaza			
Lovaza [†]		P	
[†] Preferred agents that require clinical prior authorization.			
Lipotropics, Other			
Niaspan		P	
Zetia		P	
Lipotropics, Statins			
lovastatin		P	
pravastatin		P	
simvastatin		P	
Caduet		P	
Lescol, XL		P	
Lipitor		P	
Simcor		P	
Vytorin		P	
Advicor		NP	
Altoprev		NP	
Crestor		NP	
Macrolides/Ketolides			
azithromycin		P	
clarithromycin		P	
erythromycin		P	
clarithromycin ER		NP	
Ketek	SCN	NP	
Zmax		NP	
Multiple Sclerosis Agents			
Avonex	DR	SCN	P
Betaseron	DR		P
Copaxone	DR	SCN	P
Rebif	DR		P
NSAIDs			
diclofenac potassium		P	
diclofenac sodium		P	
diclofenac ER		P	
flurbiprofen		P	
ibuprofen, OTC		P	
indomethacin, SR, supp		P	
ketoprofen		P	
ketorolac		P	
meclofenamate		P	
meloxicam		P	
nabumetone		P	
naproxen		P	
naproxen DS		P	

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NSAIDs (cont.)		
naproxen sodium		P
piroxicam		P
etodolac, XL		NP
fenoprofen		NP
oxaprozin		NP
sulindac		NP
tolmetin, DS		NP
Celebrex		NP
Ponstel		NP
Arthrotec		NP
Prevacid Naprapac		NP
Zipsor		NP
Ophthalmics, Allergic Conjunctivitis		
cromolyn		P
ketotifen OTC	SCN	P
Alrex		P
Patanol		P
Pataday		P
ketorolac		NP
Alamast		NP
Alocril		NP
Alomide		NP
Azelastine		NP
Bepreve		NP
Elestat		NP
Emadine		NP
Ophthalmics, Glaucoma Agents		
betaxolol		P
brimonidine		P
carteolol		P
dipivefrin		P
levobunolol		P
metipranolol		P
pilocarpine		P
timolol		P
Alphagan P		P
Azopt		P
Betimol		P
Betoptic S		P
Combigan		P
Cosopt		P
Istalol		P
Lumigan 2.5ml, 5ml		P
Travatan, Z		P
Trusopt		P
brimonidine-p		NP

Ophthalmics, Glaucoma Agents (cont.)		
dorzolamide, w/timolol		NP
Lumigan 7.5ml		NP
Xalatan		NP
Ophthalmics, Anti-inflammatories		
dexamethasone		P
diclofenac		P
fluorometholone		P
flurbiprofen		P
Flarex		P
FML Forte		P
FML SOP		P
Lotemax		P
Maxidex		P
Pred Mild		P
ketorolac LS		NP
Acular PF		NP
Acuvail		NP
Durezol		NP
Nevanac		NP
Retisert		NP
Triesence		NP
Vexol		NP
Xibrom		NP
Ophthalmics, Antibacterial		
bacitracin		P
bacitracin/polymyxin		P
ciprofloxacin solution		P
erythromycin		P
gentamicin		P
neomycin/polymyxin/ gramicidin		P
ofloxacin		P
polymyxin/ trimethoprim		P
sulfacetamide		P
tobramycin		P
triple antibiotic		P
Tobrex ointment		P
Vigamox		P
Zymar		P
Azasite		NP
Besivance		NP
Ciloxan Ointment		NP
Iquix		NP
Natacyn		NP
Quixin		NP

Otics, Fluoroquinolones			
ofloxacin			P
Ciprodex			P
Flroxin			P
Cetraxal			NP
Cipro HC			NP
Pancreatic Enzymes			
pancrelipase			P
Creon EC, DR			P
Pancrease MT			P
Ultrase			P
Viokase			P
Pancrearb MD			NP
Phosphate Binders			
Fosrenol			P
Phoslo		SCN	P
Renagel			P
calcium acetate			NP
Eliphos			NP
Renvela			NP
Platelet Aggregation Inhibitors			
dipyridamole			P
Aggrenox			P
Plavix			P
ticlopidine			NP
Effient			NP
Proton Pump Inhibitors			
lansoprazole	DR		P
omeprazole	DR		P
omeprazole OTC	DR	SCN	P
Aciphex	DR		P
pantoprazole	DR		NP
Prevacid SoluTab	DR		NP
Kapidex	DR		NP
Nexium, susp.	DR		NP
Pulmonary Arterial Hypertension			
Letairis	DR		P
Revatio	DR		P
Adcirca	DR		NP
Tracleer	DR		NP
Sedative Hypnotics			
chloral hydrate			P
estazolam			P
flurazepam			P
temazepam			P
zaleplon			P

Sedative Hypnotics (cont.)		
zolpidem		P
Rozerem		P
triazolam		NP
Ambien CR	SCN	NP
Doral		NP
Edluar		NP
Lunesta		NP
Skeletal Muscle Relaxants		
baclofen		P
chlorzoxazone		P
cyclobenzaprine		P
dantrolene sodium		P
methocarbamol		P
tizanidine		P
carisoprodol		NP
carisoprodol compound		NP
orphenadrine		NP
orphenadrine compound		NP
Amrix		NP
Fexmid		NP
Skelaxin		NP
Soma	QL	NP
Steroids, Topical Low		
desonide		P
hydrocortisone		P
alclometasone dipropionate		NP
Desonate		NP
Verdeso		NP
Steroids, Topical Medium		
hydrocortisone butyrate		P
hydrocortisone valerate		P
fluticasone propionate		P
mometasone furoate		P
Luxiq		P
prednicarbate		NP
Cordran		NP
Cloderm		NP
Cordran Tape		NP
Momexin		NP
Pandel		NP

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Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug List - Quick Reference

(Revised 01/15/2010)

Steroids, Topical High			
betamethasone dipropionate			P
betamethasone valerate			P
diflorasone diacetate			P
fluocinolone acetonide			P
fluocinonide			P
fluocinonide -e			P
fluocinonide emollient			P
triamcinolone acetonide			P
Capex Shampoo			P
Derma-Smoothe-FS			P
amcinonide			NP
desoximetasone			NP
Halog			NP
Halonate			NP
Vanos			NP
Steroids, Topical Very High			
clobetasol emollient			P
clobetasol propionate			P
halobetasol propionate			P
Clobex			NP
Olux-E			NP
Olux-E Pack			NP
Stimulants and Related Agents			
amphetamine salt combo	DR		P
dexmethylphenidate	DR		P
dextroamphetamine	DR		P
methylphenidate, ER	DR		P
Adderall XR	DR		P
Concerta	DR		P
Daytrana	DR		P
Focalin	DR		P
Focalin XR	DR		P
Metadate CD	DR		P
Methylin	DR		P
Vyvanse	DR		P
amphetamine salt combo ER	DR		NP
dextroamphetamine / amphetamine ER	DR		NP
Desoxyn	DR	SCN	NP

Stimulants and Related Agents (cont.)			
Intunive			NP
Nuvigil	PA	QL	NP
Procentra	DR		NP
Provigil	PA	QL	NP
Ritalin LA	DR		NP
Strattera	DR		NP
Tetracyclines			
doxycycline			P
minocycline			P
tetracycline			P
demeclocycline			NP
Adoxa CK			NP
Adoxa TT			NP
Nutridox			NP
Oracea			NP
Solodyn			NP
Topical, Anti-Infectives			
mupirocin ointment	DR	QL	P
Altabax	DR	QL	NP
Bactroban cream	DR	QL	NP
Centany	DR	QL	NP
Topical Immunomodulators			
Elidel	DR		NP
Protopic	DR	SCN	NP
Clinical PA required for Elidel & Protopic.			
Ulcerative Colitis			
balsalazide			P
mesalamine			P
sulfasalazine			P
Asacol			P
Canasa			P
Apriso ER			NP
Dipentum			NP
Lialda			NP
Pentasa			NP
Rowasa			NP

DAW 6		
Drug Name	Start Date	End Date
Adderall XR	10/01/2009	
Cosopt	10/01/2009	
Duragesic	04/01/2009	
Famvir	10/01/2009	
Marinol	12/01/2009	
Miacalcin	10/01/2009	
Ovide	10/01/2009	
Phoslo	04/01/2009	
Proscar	04/01/2009	
Trusopt	10/01/2009	

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