

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 03/03/08)

Antiotensin Modulators	Analgesics, Narcotics (cont.)	Antifungals, Oral	Antivirals, Other
benazepril, HCTZ P	Lynox SCN NP	clotrimazole P	acyclovir P
captopril, HCTZ P	Opana NP	fluconazole P	famciclovir P
enalapril, HCTZ P	Panlor DC, SS NP	griseofulvin P	Valtrex P
fosinopril, HCTZ P	Synalogs-DC NP	itraconazole DR P	<b>Agents for BPH</b>
lisinopril, HCTZ P	<b>Androgenic Agents</b>	ketocanazole P	doxazosin P
moexipril, HCTZ (Univasc/Uniretic) NP	Androderm P	nystatin P	finasteride P
quinapril, HCTZ NP	Androgel P	terbinafine DR P	terazosin P
ramipril NP	Testim NP	Gris-Peg P	Avodart P
trandolapril (Mavik) NP	<b>Angiotensin Receptor Blockers</b>	Mycostatin P	Flomax P
Aceon NP	Avapro, Avalide P	Vfend P	Uroxatral SCN P
Tekturna, HCT NP	Benicar, HCT P	Ancobon NP	Cardura XL NP
<b>Antiotensin Modulators/CGB Comb.</b>	Cozaar, Hyzaar P	Grifulvin V Tablets NP	<b>Beta Blockers</b>
amlodipine/benazepril P	Diovan, HCT P	Noxafil NP	acebutolol P
Tarka P	Micardis, HCT P	Sporanox (liquid) NP	atenolol P
Azor NP	Atacand, HCT NP	<b>Antifungals, Topical</b>	betaxolol P
Exforge NP	Teveten, HCT NP	clotrimazole/betamethasone P	bisoprolol P
Lexxel NP	<b>Anticoagulants, Injectables</b>	ciclopirox (gel, liquid) P	carvedilol P
<b>Acne Agents</b>	Arixtra P	econazole nitrate P	labetalol P
benprox P	Fragmin P	ketoconazole P	metoprolol, succinate P
benzoyl peroxide P	Lovenox SCN P	nystatin, nystatin/triamcinolone P	nadolol P
clindamycin P	Innohep NP	ciclopirox cream, suspension NP	pinidolol P
erythromycin P	<b>Anticonvulsants</b>	Ertaczo NP	propranolol, LA P
tretinoin P	carbamazepine P	Exelderm NP	sotalol P
Akne-mycin P	clonazepam P	Extina NP	timolol P
Azelex P	ethosuximide P	Loprox (shampoo) SCN NP	Bystolic NP
Clinac BPO P	gabapentin P	Mentax NP	Cartrol NP
Retin-A micro, Pump P	mephobarbital P	Naftin NP	Coreg CR NP
Tazorac P	oxcarbazepine P	Oxistat NP	Innopran XL NP
erythromycin, benzoyl peroxide NP	phenobarbital P	Vusion NP	Levatol NP
Atralia NP	phenytoin P	Xolegel NP	<b>Bladder Relaxant Preparations</b>
Benzaclin Gel SCN NP	primidone P	<b>Antihistamines, Nonseating</b>	oxybutynin, ER P
Benzamycinpak SCN NP	valproic acid P	cetirizine HCL (5 & 10 mg tab) P	Enablex 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
Duac CS NP	Celontin P	Allegra ODT NP	VesiCare P
Evoclin NP	Depakote, ER, sprinkle P	Clarinex, Clarinex Syrup SCN NP	Detrol, LA NP
Inova NP	Diastat P	Semprex-D NP	Sanctura XR NP
Klaron SCN NP	Equetro P	Zyrtec syrup, -D NP	<b>Bone Resorption Suppression</b>
Neobenz Micro NP	Felbatol P	<b>Antimigraine, Triptans</b>	Fosamax, Plus D P
Nuox SCN NP	Gabitril P	Amerge QL P	Miacalcin P
Triaz SCN NP	Keppra P	Axert QL P	alendronate NP
Zaclir NP	Lamictal P	Imitrex QL P	etidronate NP
Ziana NP	Lyrica P	Maxalt, MLT QL P	Actonel, with Calcium NP
Zoderm NP	Mebaral SCN P	Frova QL NP	Boniva NP
<b>Alzheimer's Agents</b>	Peganone P	Relpax QL NP	Evista NP
Aricept, ODT P	Topamax P	Zomig, Nasal, ZMT QL NP	Fortical NP
Exelon P	Iamotrigine dispertabs NP	QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.	<b>Bronchodilators, Anticholinergic</b>
Namenda P	Phenytek NP	<b>Antiparkinson's Agents</b>	ipratropium/albuterol P
Cognex NP	Tegretol XR NP	benztropine P	Atrovent, HFA P
Exelon patch NP	<b>Antidepressants, Other</b>	bupropion SR, XL P	Combivent P
Razadyne, ER NP	mirtazapine P	carbidopa/levodopa P	Spiriva P
<b>Analgesics, Narcotics-Long-Acting</b>	trazodone P	selegiline P	<b>Bronchodilators, Beta Agonists</b>
fentanyl transdermal P	venlafaxine P	trihexyphenidyl P	albuterol, sulfate ER P
methadone P	Effexor XR P	Kemadrin P	metaproterenol (oral) P
morphine ER P	nefazodone NP	Requip DR P	terbutaline P
oxycodone ER P	Cymbalta NP	Stalevo P	Maxair P
Kadian P	Emsam SCN NP	Azilect NP	Proventil HFA SCN P
Avinza NP	Wellbutrin XL* NP	Comtan NP	Serevent P
Opana ER NP	* Prior authorization is not required for recipients 18 and younger.	Mirapex DR NP	Ventolin HFA P
Oxycontin NP	<b>Antidepressants, SSRI</b>	Neupro NP	Xopenex HFA P
Ultram ER NP	citalopram P	Parcopa NP	metaproterenol (inhalation) NP
<b>Analgesics, Narcotics-Short-Acting</b>	fluoxetine P	Tasmar NP	Alupent NP
apap/codeine, asp/codeine P	fluvoxamine P	Zelapar NP	Brovana NP
butalbital/apap/codeine P	paroxetine P	<b>Antipsychotics, Atypical</b>	Foradil NP
codeine P	sertraline P	clozapine P	ProAir HFA NP
dihydrocodeine/apap/caff P	Lexapro NP	Geodon P	Xopenex NP
hydromorphone P	Paxil CR NP	Risperdal P	<b>Calcium Channel Blocking Agents</b>
hydrocodone/apap/ibup P	Peveva NP	Seroquel P	amlodipine P
ibuprofen/oxycodone P	Prozac Weekly NP	Abilify NP	diltiazem, ER P
levorphanol P	<b>Antiemetics, Oral</b>	Fazaclo SCN NP	felodipine ER P
morphine P	granisetron HCL P	Invega NP	nicardipine P
oxycodone/apap/asa P	ondansetron, oral, solution P	Seroquel XR NP	nifedipine, ER P
propoxyphene HCL, apap P	Emend P	Symbyax NP	nimodipine P
tramadol P	Anzemet NP	Zyprexa NP	verapamil, ER, SR P
fentanyl buccal. NP	Cesamet (Oral) NP	<b>Antivirals, Influenza</b>	Cardizem LA P
mepredine NP	Marinol (Oral) NP	amantadine P	Sular P
pentazocine/apap, naloxone NP		rimantadine P	isradipine (Dynacirc, CR) NP
tramadol/apap NP		Relenza P	Cardene SR NP
Darvon-N SCN NP		Tamiflu P	Covera-HS NP
Fentora 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](http://dhs.wisconsin.gov/seniorcare) or via hand held devices using ePocrates ([www.ePocrates.com](http://www.ePocrates.com)).

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

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