

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/02/08)

Antiotensin Modulators	Analgesics, Narcotics-Short-Acting (cont.)	Antiemetics, Oral	Antipsychotics, Atypical
benazepril, HCTZ P	propoxyphene HCL,apap P	granisetron HCL P	clozapine P
captopril, HCTZ P	tramadol P	ondansetron, oral, solution P	Geodon P
enalapril, HCTZ P	fentanyl buccal. NP	Emend P	Risperdal P
fosinopril, HCTZ P	meperidine NP	Anzemet NP	Seroquel P
lisinopril, HCTZ P	pentazocine/apap, naloxone NP	Cesamet (Oral) NP	Abilify NP
Avapro, Avalide P	tramadol/apap NP	Marinol (Oral) NP	Fazacla SCN NP
Benicar, HCT P	Darvon-N SCN NP	<b>Antifungals, Oral</b>	Invega NP
Cozaar, Hyzaar P	Fentora NP	clotrimazole P	Seroquel XR NP
Diovan, HCT P	Lynox SCN NP	fluconazole P	Symbyax NP
Micardis, HCT P	Opana NP	griseofulvin P	Zyprexa NP
moexipril, HCTZ NP	Panlor DC, SS NP	itraconazole DR P	<b>Antivirals, Influenza</b>
quinapril, HCTZ NP	Synalgos-DC NP	ketoconazole P	amantadine P
ramipril NP	<b>Androgenic Agents</b>	nystatin P	rimantadine P
trandolapril (Mavik) NP	Androderm P	terbinafine DR P	Relenza P
Aceon NP	Androgel P	Gris-Peg P	Tamiflu P
Atacand, HCT NP	Testim NP	Mycostatin P	<b>Antivirals, Other</b>
Tekturna, HCT NP	<b>Antibiotics, GI</b>	Vfend P	acyclovir P
Teveten, HCT NP	metronidazole P	Ancobon NP	famciclovir P
<b>Angiotensin Modulators/CGB Comb.</b>	neomycin P	Grifulvin V Tablets NP	Valtrex P
amlodipine/benazepril P	Alinia P	Noxafil NP	<b>Agents for BPH</b>
Exforge P	Tindamax P	Sporanox (liquid) NP	doxazosin P
Tarka P	Vancocin HCL P	<b>Antifungals, Topical</b>	finasteride P
Azor NP	Flagyl ER NP	clotrimazole/betamethasone P	terazosin P
Lexxel NP	Xifaxan NP	ciclopirox (gel, liquid) P	Avodart P
<b>Acne Agents</b>	<b>Anticoagulants, Injectables</b>	econazole nitrate P	Flomax P
benprox P	Arixtra P	ketoconazole P	Uroxatral SCN P
benzoyl peroxide P	Fragmin P	nystatin, nystatin/triamcinolone P	Cardura XL NP
clindamycin P	Lovenox SCN P	ciclopirox cream, suspension NP	<b>Beta Blockers</b>
erythromycin P	Innohep NP	CNL 8 NP	acebutolol P
tretinoin P	<b>Anticonvulsants</b>	Ertaczo NP	atenolol P
Azelex P	carbamazepine P	Exelderm NP	betaxolol P
Clinac BPO P	clonazepam P	Extina NP	bisoprolol P
Retin-A micro, Pump P	ethosuximide P	Loprox (shampoo) SCN NP	carvedilol P
Tazorac P	gabapentin P	Mentax NP	labetalol P
erythromycin, benzoyl peroxide NP	mephobarbital P	Naftin NP	metoprolol, succinate P
sulfacetamide NP	oxcarbazepine P	Oxistat NP	nadolol P
Akne-mycin NP	phenobarbital P	Vusion NP	pinidolol P
Atralia NP	phenytoin P	Xolegel NP	propranolol, LA P
Benzacilin Gel SCN NP	primidone P	<b>Antihistamines, Non-sedating</b>	sotalol P
Benzamycinpak SCN NP	valproic acid P	cetirizine HCL (5 & 10 mg tab) P	timolol P
Clindagel SCN NP	zonisamide P	loratadine tab, syrup,-D,child P	Bystolic NP
Clindareach NP	Carbatrol P	feofenadine (Allegra, susp, -D) NP	Cartrol NP
Differin SCN NP	Celontin P	Allegra ODT, syrup NP	Coreg CR NP
Duac CS NP	Depakote, ER, sprinkle P	Clarinex, Clarinex Syrup SCN NP	Innopran XL NP
Evocolin NP	Diastat P	Semprex-D NP	LevatoI NP
Inova NP	Equetro P	Xyzal NP	<b>Bladder Relaxant Preparations</b>
Klaron SCN NP	Felbatol P	Zyrtec tab, syrup, -D NP	oxybutynin, ER P
Neobenz Micro NP	Gabitril P	<b>Antimigraine, Triptans</b>	Detrol LA P
Nuox SCN NP	Keppra P	Imitrex QL P	Enablex P
Triaz SCN NP	Lamictal P	Maxalt, MLT QL P	Oxytrol P
Zaclir NP	Lyrica P	Relpax QL P	Sanctura, XR P
Ziana NP	Mebaral SCN P	Amerge QL NP	VesiCare P
Zoderm NP	Peganone P	Axert QL NP	Detrol NP
<b>Alzheimer's Agents</b>	Topamax P	Frova QL NP	<b>Bone Resorption Suppression</b>
Aricept, ODT P	Iamotrigine dispertabs NP	Zomig, Nasal, ZMT QL NP	Fosamax, Plus D P
Exelon P	Phenytek NP	QL - Quantity Limits apply each month: 18	Miacalcin P
Namenda P	Tegretol XR NP	tablets, 6 sprays, 8 injections.	alendronate NP
Cognex NP	<b>Antidepressants, Other</b>	<b>Antiparkinson's Agents</b>	etidronate NP
Exelon patch NP	bupropion SR, XL P	benztropine P	Actonel, with Calcium NP
Razadyne, ER NP	mirtazapine P	carbidopa/levodopa P	Boniva NP
<b>Analgesics, Narcotics-Long-Acting</b>	trazodone P	selegiline P	Evista NP
fentanyl transdermal P	venlafaxine P	trihexyphenidyl P	Fortical NP
methadone P	Effxor XR P	Kemadrin P	<b>Bronchodilators, Anticholinergic</b>
morphine ER P	nefazodone NP	Requip DR P	ipratropium/albuterol P
Kadian P	Cymbalta NP	Stalevo P	Atrovent, HFA P
Avinza NP	Emsam SCN NP	Azilect NP	Combivent P
Opana ER NP	Wellbutrin XL* NP	Comtan NP	Spiriva P
Oxycontin NP	* Prior authorization is not required for recipients	Mirapex DR NP	
Ultram ER NP	18 and younger.	Neupro NP	
<b>Analgesics, Narcotics-Short-Acting</b>	<b>Antidepressants, SSRI</b>	Parcopa NP	
apap/codeine, asp/codeine P	citalopram P	Tasmar NP	
butalbital/apap/codeine P	fluoxetine P	Zelapar NP	
codeine P	fluvoxamine P		
dihydrocodeine/apap/caff P	paroxetine P		
hydromorphone P	sertraline P		
hydrocodone/apap/ibup P	Lexapro NP		
ibuprofen/oxycodone P	Luvox CR NP		
levorphanol P	Paxil CR NP		
morphine P	Pexeva NP		
oxycodone/apap/asa P	Prozac Weekly 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 [dhfs.wisconsin.gov/seniorcare](http://dhfs.wisconsin.gov/seniorcare) or via hand held devices using ePocrates ([www.ePocrates.com](http://www.ePocrates.com)).      Page 1 of 3

Providers may access the WI Medicaid or SeniorCare PDL via hand held devices using ePocrates. Visit [www.ePocrates.com](http://www.ePocrates.com) for additional information

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/02/08)

Bronchodilators, Beta Agonists		Glucocorticoids, Inhaled		Leukotriene Modifiers		Ophthalmics, Allergic Conjunctivitis	
albuterol, sulfate ER	P	Advair, HFA	P	Accolate	P	Alaway	P
metaproterenol (oral)	P	Aerobid, Aerobid-M	SCN P	Singulair	P	cromolyn	P
terbutaline	P	Asmanex	SCN P	Zyflo	NP	Zaditor OTC	P
Maxair	P	Azmacort	SCN P	<b>Lipotropics, Bile Acid Sequestrants</b>		ketotifen	NP
Proventil HFA	SCN P	Flovent, HFA	P	cholestyramine	P	Alamast	NP
Serevent	P	Pulmicort Respules	P	colestipol	P	Alocril	NP
Ventolin HFA	P	Qvar	P	Weichol	NP	Alomide	NP
Xopenex HFA	P	Pulmicort Flexhaler	NP	<b>Lipotropics, Fibric Acids</b>		Airex	NP
metaproterenol (inhalation)	NP	Symbicort	NP	fenofibrate	P	Elestat	NP
Albuterol HFA	NP	<b>Growth Hormone</b>		gemfibrozil	P	Emadine	NP
Alupent	NP	Genotropin†	P	Tricor	P	Patanol	NP
Brovana	NP	Nutropin,AQ†	SCN P	Antara	NP	Pataday	NP
Foradil	NP	Saizen†	P	Triglide	NP	Optivar	NP
Xopenex	NP	Tev-Tropin†	P	<b>Lipotropics, Other</b>		<b>Ophthalmics, Fluoroquinolones</b>	
<b>Calcium Channel Blocking Agents</b>		Humatrope	NP	Niaspan	P	bacitracin/polymyxin	P
amlodipine	P	Norditropin	NP	Zetia	P	ciprofloxacin solution	P
diltiazem, ER	P	Omnitrope	NP	Fenoglide	NP	erythromycin	P
felodipine ER	P	Serostim	NP	Lipofen	NP	gentamicin	P
nicardipine	P	Zorbive	NP	Lovaza (Omacor)	NP	ofloxacin	P
nifedipine, ER	P	† Preferred agents that require clinical prior authorization.		<b>Lipotropics, Statins</b>		polymyxin/trimethoprim	P
nimodipine	P	<b>Hepatitis B Agents</b>		lovastatin	P	sulfacetamide	P
verapamil, ER, SR	P	Baraclude	P	pravastatin	P	tobramycin	P
Cardizem LA	P	Epivir HBV	P	simvastatin	P	triple antibiotic	P
isradipine (Dynacirc, CR)	NP	Hepsera	P	Lescol, XL	P	Vigamox	P
Cardene SR	NP	Tyzeka	P	Lipitor	P	Zymar	P
Covera-HS	NP	<b>Hepatitis C Agents</b>		Vytorin	P	Ciloxan Ointment	NP
Sular	NP	ribavirin	DR P	Advicor	NP	Iquix	NP
<b>Cephalosporin and Related Agents</b>		Pegasis	DR P	Altoprev	NP	Quixin	NP
amoxicillin/clavulanate	P	Peg-Intron, Redipen	DR SCN P	Caduet	NP	<b>Ophthalmics, Glaucoma Agents</b>	
amox tr-potassium clav 600	P	Infergen	DR SCN NP	Crestor	NP	betaxolol	P
cefaclor	P	<b>Hypoglycemics, Adjunct Therapy</b>		Simcor	NP	brimonidine	P
cefadroxil	P	Byetta†	P	<b>Macrolides/Ketolidides</b>		carteolol	P
cefdinir	P	Janumet†	QL P	azithromycin	P	dipivefrin	P
cefpodoxime	P	Januvia†	QL P	clarithromycin	P	levobunolol	P
cephalexin	P	Symlin†, pen†	P	erythromycin	P	metipranolol	P
cefprozil	P	† Preferred agents that require clinical prior authorization.		clarithromycin ER	NP	pilocarpine	P
cefuroxime	P	QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.		Ketek	SCN NP	timolol	P
Cedax	P	<b>Hypoglycemics, Insulins</b>		Zmax	NP	Alphagan P	P
Spectracef	P	Humulin	P	<b>Multiple Sclerosis Agents</b>		Azopt	P
Suprax	P	Humalog	P	Avonex	DR SCN P	Betimol	P
Augmentin XR	NP	Humalog Mix	P	Betaseron	DR P	Betopic S	P
Lorabid	NP	Lantus	SCN P	Copaxone	DR SCN P	Cosopt	P
Panixine	NP	Levemir	P	Rebif	DR P	Istalol	P
Raniclolor	NP	Apidra	NP	<b>NSAIDs</b>		Lumigan	P
<b>Cytokine and CAM Antagonists</b>		Novolin	NP	diclofenac, potassium, XL	P	Travatan, Z	P
Enbrel†	SCN P	Novolog	NP	flurbiprofen	P	Trusopt	P
Humira†	P	Novolog Mix	NP	ibuprofen	P	Xalatan	P
Kineret†	P	Starlix	P	indomethacin, SR	P	Combigan	NP
Raptiva†	SCN P	Prandin	NP	ketoprofen	P	<b>Ophthalmics, NSAIDs</b>	
† Preferred agents that require clinical prior authorization.		<b>Hypoglycemics, Meglitinides</b>		ketorolac	P	diclofenac	P
<b>Erythropoiesis Stimulating Proteins</b>		<b>Hypoglycemics, Thiazolidinediones</b>		meclizemate	P	flurbiprofen	P
Aranesp	DR P	Actoplus MET	P	meloxicam	P	Acular, LS, PF	P
Procrit	DR P	Actos	P	nabumetone	P	Nevanac	P
Epogen	DR NP	Avandamet	P	naproxen	P	Xibrom	P
<b>Fluoroquinolones</b>		Avandaryl	P	naproxen sodium, DS	P	<b>Otics, Fluoroquinolones</b>	
ciprofloxacin	P	Avandia	P	piroxicam	P	ofloxacin (drops)	P
ofloxacin	P	Duetact	P	Celebrex*	P	Ciprodex	P
Avelox	SCN P	<b>Intranasal Rhinitis Agents</b>		etodolac, XL	NP	Floxin (singles)	P
Levaquin	P	flunisolide	P	fenoprofen (Nalfon)	NP	Cipro HC	NP
ciprofloxacin ER	NP	ipratropium	P	mefenamic acid (Ponstel)	NP	<b>Phosphate Binders</b>	
Cipro suspension	NP	Astelín	P	oxaprozin	NP	Phoslo	SCN P
Factive	SCN NP	fluticasone	P	sulindac	NP	Renagel	P
Maxaquin	NP	Nasacort AQ	SCN P	tolmetin, DS	NP	Fosrenol	P
Noroxin	NP	Beconase AQ	NP	Arthrotec	NP	Renvela	NP
Proquin XR	SCN NP	Nasarel	NP	Prevacid Naprapac	NP	<b>Platelet Aggregation Inhibitors</b>	
Tequin	NP	Nasonex	SCN NP	*Celebrex requires clinical prior authorization		dipyridamole	P
		Rhinocort Aqua	NP			ticlopidine	P
		Veramyst	NP			Aggrenox	P
						Plavix	P

**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 [dhfs.wisconsin.gov/seniorcare](http://dhfs.wisconsin.gov/seniorcare) or via hand held devices using ePocrates ([www.ePocrates.com](http://www.ePocrates.com))

Page 2 of 3

Providers may access the WI Medicaid or SeniorCare PDL via hand held devices using ePocrates. Visit [www.ePocrates.com](http://www.ePocrates.com) for additional information

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/02/08)

Proton Pump Inhibitors		
Nexium, susp.	DR	P
Prevacid (caps, SoluTab, s)	DR	P
Prilosec OTC	DR	P
omeprazole, OTC*	DR	NP
panitoprazole*	DR	NP
Aciphex*	DR	NP
Prilosec 40 mg*	DR	NP
Protonix susp.*	DR	NP
Zegerid*	DR	NP
* Requires the prior use and failure of Nexium and Prevacid and Prilosec OTC.		
Sedative Hypnotics		
chloral hydrate		P
estazolam		P
flurazepam		P
temazepam		P
zolpidem		P
Rozerem		P
triazolam		NP
Ambien CR	SCN	NP
Doral		NP
Lunesta		NP
Restoril		NP
Sonata		NP
Skeletal Muscle Relaxants		
baclofen		P
carisoprodol, compound		P
chlorzoxazone		P
cyclobenzaprine		P
dantrolene sodium		P
methocarbamol		P
tizanidine		P
orphenadrine		NP
orphenadrine compound		NP
Amrix		NP
Fexmid		NP
Skelaxin		NP
Soma		NP
Zanaflex		NP
Stimulants and Related Agents		
amphetamine salt combo	DR	P
dextroamphetamine	DR	P
methylphenidate, ER	DR	P
Adderall XR	DR	P
Concerta	DR	P
Focalin, XR	DR	P
Metadate CD	DR	P
pemoline (Cylert)	DR	NP
Daytrana	DR	NP
Desoxyn	DR	SCN NP
Provigil	DR	NP
Ritalin LA	DR	NP
Strattera*	DR	NP
Vyvanse	DR	NP
* Prior authorization is not required for recipients 18 and older.		
Topical, Anti-Infectives		
mupirocin ointment	DR	P
Altabax	DR	NP
Bactroban cream	DR	NP
Topical Immunomodulators		
Elidel	DR	NP
Protopic	DR	SCN NP
Clinical PA required for both agents		
Ulcerative Colitis		
balsalazide		P
mesalamine		P
sulfasalazine		P
Asacol		P
Canasa		P
Dipentum		NP
Lialda		NP
Pentasa		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))  
 Providers may access the WI Medicaid or SeniorCare PDL via hand held devices using ePocrates. Visit [www.ePocrates.com](http://www.ePocrates.com) for additional information