

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 05/01/07)

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

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Calcium Channel Blocking (cont.)		Hypoglycemics, Adjunct Therapy		Multiple Sclerosis Agents		Otics, Fluoroquinolones	
Sular	P	Byetta†	P	Avonex	DR SCN P	Ciprodex	P
Verelan PM	P	Januvia†	QL P	Betaseron	DR P	Floxin (singles and drops)	P
isradipine (Dynacir, CR)	NP	Janumet†	P	Copaxone	DR SCN P	Cipro HC	NP
Cardene SR	NP	Symlin†	P	Rebif	DR P	Phosphate Binders	
Covera-HS	NP	† Preferred agents that require clinical prior authorization.		NSAIDs		Phoslo	SCN P
Nimotop	NP	QL - Quantity Limits apply each month: 34 tablets.		diclofenac, potassium, XL		Renagel	P
Cephalosporin and Related Agents		Hypoglycemics, Insulins		etodolac, XL		Fosrenol	P
amoxicillin/clavulanate	P	Humulin	P	flurbiprofen	P	Platelet Aggregation Inhibitors	
amox tr-potassium clav 600	P	Humalog	P	ibuprofen	P	dipyridamole	P
cefaclor	P	Humalog Mix	P	indomethacin, SR	P	ticlopidine	P
cefadroxil	P	Lantus	SCN P	ketoprofen	P	Aggrenox	P
cefpodoxime	P	Levemir	P	ketorolac	P	Plavix	P
cefuroxime	P	Apidra	SCN NP	meclizemate	P	Proton Pump Inhibitors	
cephalexin	P	Exubera*	NP	meloxicam	P	Nexium	DR P
cefprozil	P	Novolin	NP	nabumetone	P	Prevacid (caps, SoluTab, si	DR P
Cedax	P	Novolog	NP	naproxen	P	omeprazole*	DR NP
Omnicef	P	Novolog Mix	NP	naproxen sodium, DS	P	Aciphex*	DR NP
Spectracef	P	*Exubera requires clinical prior authorization		oxaprozin	P	Prilosec 40 mg*	DR NP
Suprax	P	Hypoglycemics, Meglitinides		piroxicam	P	Protonix*	DR NP
Augmentin XR	NP	Starlix	P	sulindac	P	Zegerid*	DR NP
Lorabid	NP	Prandin	NP	fenoprofen (Nalfon)		* Requires the prior use and failure of Nexium and Prevacid.	
Panixine	NP	Hypoglycemics, Thiazolidinediones		mefenamic acid (Ponstel)		Sedative Hypnotics	
Ranitor	NP	Actos	P	tolmetin, DS		chloral hydrate	
Cytokine and CAM Antagonists		Avandamet	P	Arthrotec		P	
Enbrel†	SCN P	Avandaryl	P	Celebrex		estazolam	
Humira†	P	Avandia	P	Prevacid Naprapac		P	
Kineret†	P	Actoplus MET	NP	Ophthalmics, Allergic Conjunctivitis		flurazepam	
Raptiva†	SCN P	Duetact	NP	chromolyn		P	
Amevive	SCN NP	Intranasal Rhinitis Agents		ketotifen		P	
Remicade	NP	flunisolide	P	Acular		P	
Orencia	NP	ipratropium	P	Alrex		P	
† Preferred agents that require clinical prior authorization.		Astelina	P	Elestat		P	
Erythropoiesis Stimulating Proteins		Flonase	P	Pataday		P	
Aranesp	DR P	Nasacort AQ	SCN P	Patanol		P	
Procrit	DR P	Nasonex	SCN P	Alamast		NP	
Epogen	DR NP	fluticasone	NP	Alaway		NP	
Fluoroquinolones		Beconase AQ	NP	Alocril		NP	
ciprofloxacin	P	Nasarel	NP	Alomide		NP	
ofloxacin	P	Rhinocort Aqua	NP	Emadine		NP	
Avelox	P	Leukotriene Modifiers		Optivar		NP	
Levaquin	P	Accolate	P	Zaditor		NP	
ciprofloxacin ER (Cipro XR)	NP	Singulair	P	Ophthalmics, Antibiotics		bacitracin/polymyxin	
Cipro suspension	NP	Zyflo	NP	ciprofloxacin solution		P	
Factive	SCN NP	Lipotropics, Bile Acid Sequestrants		erythromycin		P	
Maxaquin	NP	cholestyramine	P	gentamicin		P	
Noroxin	NP	colestipol	P	ofloxacin		P	
Proquin XR	SCN NP	Welchol	NP	polymyxin/trimethoprim		P	
Tequin	NP	Lipotropics, Fibric Acids		sulfacetamide		P	
Glucocorticoids, Inhaled		fenofibrate	P	tobramycin		P	
Advair, HFA	P	gemfibrozil	P	triple antibiotic		P	
Aerobid, Aerobid-M	SCN P	Tricor	P	Zymar		P	
Asmanex	SCN P	Antara	NP	Ciloxan Ointment		NP	
Azmacort	SCN P	Triglide	NP	Quixin		NP	
Flovent	P	Lipotropics, Other		Vigamox		NP	
Pulmicort Respules	P	Niaspan	P	Ophthalmics, Glaucoma Agents		betaxolol	
Qvar	P	Omacor	NP	brimonidine		P	
Pulmicort Turbuhaler / Flexhaler	NP	Zetia	NP	carteolol		P	
Growth Hormone		Lipotropics, Statins		dipevefrin		P	
Genotropin†	P	lovastatin	P	levobunolol		P	
Nutropin AQ†	SCN P	simvastatin	P	metipranolol		P	
Saizen†	P	Advicor	P	pilocarpine		P	
Tev-Tropin†	P	Lescol, XL	P	timolol		P	
Humatrope	NP	Lipitor	P	Alphagan P		P	
Norditropin	NP	Vytorin	P	Azopt		P	
Nutropin	SCN NP	pravastatin	NP	Betimol		P	
Omnitrope	NP	Altoprev	NP	Betoptic S		P	
Serostim	NP	Caduet	NP	Cosopt		P	
Zorbtive	NP	Crestor	NP	Lumigan		P	
† Preferred agents that require clinical prior authorization.		Macrolides/Ketolides		Travatan, Z		P	
Hepatitis C Agents		azithromycin	P	Trusopt		P	
ribavirin	DR P	clarithromycin	P	Istalol		NP	
Pegasys	DR P	erythromycin	P	Xalatan		NP	
Peg-Intron, Redipen	DR SCN P	clarithromycin ER	NP				
Copegus	DR NP	Ketek	SCN NP				
Infergen	DR SCN NP						
Rebetol	DR SCN NP						

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