

# Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 12/21/06)

ACE Inhibitors	Androgenic Agents	Antifungals, Oral (cont.)	Agents for BPH
benazepril, HCTZ P	Androderm P	ketoconazole P	doxazosin P
captopril, HCTZ P	Androgel P	nystatin P	finasteride P
enalapril, HCTZ P	Testim NP	Gris-Peg P	terazosin P
fosinopril, HCTZ P	<b>Angiotensin Receptor Blockers</b>	Mycostatin P	Avodart P
lisinopril, HCTZ P	Avapro, Avalide P	Vfend P	Flomax P
quinapril, HCTZ NP	Benicar, HCT P	Ancobon NP	Uroxatral SCN P
Aceon NP	Cozaar, Hyzaar P	Grifulvin V Tablets NP	Cardura XL NP
Altace NP	Diovan, HCT P	Lamisil* NP	<b>Beta Blockers</b>
Mavik NP	Micardis, HCT P	Noxafil NP	acebutolol P
Univasc/Uniretic NP	Atacand, HCT NP	Sporanox (liquid) NP	atenolol P
<b>ACE Inhibitors/CCB Combinations</b>	Teveten, HCT NP	*Lamisil requires clinical prior authorization.	betaxolol P
Lotrel P	<b>Anticoagulants, Injectables</b>	<b>Antifungals, Topical</b>	bisoprolol P
Tarka P	Arixtra P	ciclopirox cream, suspension P	labetalol P
Lexxel NP	Fragmin P	clotrimazole/betamethasone P	metoprolol P
<b>Acne Agents</b>	Lovenox SCN P	econazole nitrate P	nadolol P
benzoyl peroxide P	Innohep NP	ketoconazole P	pinidolol P
clindamycin P	<b>Anticonvulsants</b>	nystatin, nystatin/triamcinolone P	propranolol P
erythromycin, benzoyl peroxide P	carbamazepine P	Ertaczo NP	sotalol P
tretinoin P	clonazepam P	Exelderm NP	timolol P
Akne-mycin P	ethosuximide P	Loprox gel, shampoo SCN NP	<b>Coreg</b> P
Azelex P	gabapentin P	Mentax NP	Toprol XL P
Nuox SCN P	lamotrigine 25 mg P	Naftin NP	Cartrol NP
Retin-A micro, Pump P	mephobarbital P	Oxistat NP	Inderal LA NP
Tazorac P	phenobarbital P	Penlac SCN NP	Innopran XL NP
Benzamycinpak SCN NP	phenytoin P	Vusion NP	Levatol NP
Brevexyl creamy wash, gel NP	primidone P	Xolegel NP	<b>Bladder Relaxant Preparations</b>
Clinac BPO NP	valproic acid P	<b>Antihistamines, Non-sedating</b>	oxybutynin, ER P
Clindagel SCN NP	zonisamide P	loratadine tab, syrup, -D P	Enablex P
Differin SCN NP	Carbatrol P	fexofenadine (Allegra, -D) NP	Oxytrol P
Evoclin NP	Celontin P	Clarinex, Clarinex Syrup SCN NP	Sanctura SCN P
Inova NP	Depakote, ER, sprinkle NP	Zyrtec tab, syrup, -D NP	Vesicare P
Klaron SCN NP	Diastat P	<b>Antimigraine, Triptans</b>	Detrol, LA NP
Sulfoxy NP	Equetro P	Axert QL P	<b>Bone Resorption Suppression</b>
Triaz NP	Felbatol P	Imitrex QL P	Actonel P
Zaclir NP	Gabitril P	Maxalt, MLT QL P	Fosamax, Plus D P
Zoderm NP	Keppra P	Amerge QL NP	Miacalcin P
<b>Alzheimer's Agents</b>	Lamictal P	Frova QL NP	Actonel with Calcium NP
Aricept P	Lyrica P	Relpax QL NP	Boniva NP
Exelon P	Mebaral SCN P	Zomig, Nasal, ZMT QL NP	Didronel NP
Namenda SCN NP	Peganone P	<i>Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.</i>	
Cognex P	Topamax P	<b>Antiparkinson's Agents</b>	<b>Bronchodilators, Anticholinergic</b>
Razadyne, ER NP	Trileptal P	benztropine P	ipratropium P
<b>Analgesics, Narcotics</b>	Phenytek NP	carbidopa/levodopa P	Atrovent, HFA P
acetaminophen/codeine P	Tegretol XR NP	pergolide P	Combivent P
aspirin/codeine P	<b>Antidepressants, Other</b>	selegiline P	Spiriva P
butalbital/apap/codeine P	bupropion, SR P	trihexphenidyl P	Duoneb NP
butalbital/apap/codeine/caff P	mirtazapine P	Comtan P	<b>Bronchodilators, Beta Agonists</b>
codeine P	trazodone P	Kemadrin P	albuterol P
fentanyl P	venlafaxine P	Mirapex P	metaproterenol P
hydrocodone/apap/ibuprofen P	Effxor XR P	Requip P	terbutaline P
hydromorphone P	nefazodone NP	Stalevo P	Maxair SCN P
levorphanol P	Cymbalta NP	Azilect NP	Proventil HFA SCN P
methadone P	Emsam SCN NP	Parcopa NP	Serevent P
morphine sulfate P	Wellbutrin XL* NP	Tasmar NP	Xopenex HFA SCN P
oxycodone ER P	* Prior authorization is not required for recipients 18 and younger.	Zelapar NP	Accuneb NP
oxycodone/apap P	<b>Antidepressants, SSRI</b>	<b>Antipsychotics, Atypical</b>	Albuterol HFA NP
oxycodone/aspirin P	citalopram P	clozapine P	Alupent NP
propoxyphene HCL, apap P	fluoxetine P	Geodon P	Foradil NP
tramadol P	fluvoxamine P	Risperdal P	Ventolin HFA NP
tramadol/apap P	paroxetine P	Seroquel P	Vospire ER NP
Kadian P	Zoloft P	Symbyax NP	Xopenex SCN NP
Xodol P	sertraline NP	Zyprexa NP	<b>Calcium Channel Blocking Agents</b>
fentanyl citrate NP	Lexapro SCN NP	Abilify NP	diltiazem, ER P
meperidine NP	Paxil CR NP	Fazaclo SCN NP	felodipine ER P
pentazocine/apap NP	Pexeva NP	<b>Antivirals, Influenza</b>	nicardipine P
pentazocine/naloxone NP	Prozac Weekly NP	amantadine P	nifedipine, ER P
Actiq NP	<b>Antiemetics, Oral</b>	rimantadine P	verapamil, SR P
Avinza NP	Emend P	Relenza P	Cardizem LA P
Combunox SCN NP	Zofran, ODT P	Tamiflu P	Norvasc P
Darvon-N SCN NP	Anzemet SCN NP	<b>Antivirals, Other</b>	Sular P
Duragesic 12 mcg NP	Kytril NP	acyclovir P	Verelan PM P
Fentora NP	<b>Antifungals, Oral</b>	ganciclovir P	isradipine NP
Lynox SCN NP	clotrimazole P	Valcyte P	Cardene SR NP
Opana, ER NP	fluconazole P	Valtrex P	Covera-HS NP
Palladone NP	griseofulvin P	Famvir NP	DynaCirc, CR NP
Panlor DC, SS NP	itraconazole P		Nimotop NP
Synalgos-DC NP			
Ultram ER NP			

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(Revised 12/21/06)

Cephalosporin and Related Agents		Hypoglycemics, Insulins		Multiple Sclerosis Agents		Otics, Antibiotics	
amoxicillin/clavulanate	P	Humulin	P	Avonex	DR SCN P	neomycin/polymyxin/HC	P
amox tr-potassium clav 600	P	Humalog	P	Betaseron	DR P	Ciprodex	P
cefaclor	P	Humalog Mix	P	Copaxone	DR SCN P	Coly-Mycin S	P
cefadroxil	P	Lantus	SCN P	Rebif	DR P	Floxin (singles and drops)	P
cefepodoxime	P	Levemir	P	<b>NSAIDs</b>		Cipro HC	NP
cefuroxime	P	Apidra	SCN NP	diclofenac, potassium, XL	P	Cortisporin-TC	NP
cephalexin	P	Exubera	NP	etodolac, XL	P	<b>Phosphate Binders</b>	
cefprozil	P	Novolin	NP	flurbiprofen	P	Phoslo	SCN P
Cedax	P	Novolog	NP	ibuprofen	P	Renagel	P
Omnicef	P	Novolog Mix	NP	indomethacin, SR	P	Magnebind	NP
Spectracef	P	<b>Hypoglycemics, Meglitinides</b>		ketoprofen	P	Fosrenol	NP
Suprax	P	Starlix	P	ketorolac	P	<b>Platelet Aggregation Inhibitors</b>	
Augmentin XR	NP	Prandin	NP	meclofenamate	P	dipyridamole	P
Lorabid	NP	<b>Hypoglycemics, Thiazolidinediones</b>		meloxicam	P	ticlopidine	P
Panixine	NP	Actos	P	nabumetone	P	Aggrenox	P
Raniclolor	NP	Avandamet	P	naprofen	P	Plavix	P
<b>Cytokine and CAM Antagonists</b>		Avandaryl	P	naproxen sodium, DS	P	<b>Proton Pump Inhibitors</b>	
Enbrel <sup>†</sup>	SCN P	Avandia	P	oxaprozin	P	Nexium	DR P
Humira <sup>†</sup>	P	Actoplus MET	NP	piroxicam	P	Prevacid (caps, SoluTab, s <sub>1</sub> )	DR P
Kineret <sup>†</sup>	P	Duetact	NP	sulindac	P	omeprazole*	DR NP
Raptiva <sup>†</sup>	SCN P	<b>Intranasal Rhinitis Agents</b>		fenoprofen	NP	Aciphex*	DR NP
Amevive	SCN NP	flunisolide	P	tolmetin, DS	NP	Prilosec 40 mg*	DR NP
Remicade	NP	ipratropium	P	Arthrotec	NP	Protonix*	DR NP
Orencia	NP	Astelin	P	Celebrex	NP	Zegerid*	DR NP
† Preferred agents that require clinical prior authorization.		Flonase	P	Nalfon 200, 300 mg	NP	* Requires the prior use and failure of Nexium and Prevacid.	
<b>Erythropoiesis Stimulating Proteins</b>		Nasacort AQ	SCN P	Ponstel	NP	<b>Sedative Hypnotics</b>	
Aranesp	DR P	Nasonex	SCN P	Prevacid Naprapac	NP	chloral hydrate	P
Procrit	DR P	fluticasone	NP	<b>Ophthalmics, Allergic Conjunctivitis</b>		estazolam	P
Epogen	DR NP	Beconase AQ	NP	cromolyn	P	flurazepam	P
<b>Fluoroquinolones</b>		Nasarel	NP	ketotifen	P	temazepam	P
ciprofloxacin	P	Rhinocort Aqua	NP	Acular	P	triazolam	P
ofloxacin	P	<b>Leukotriene Modifiers</b>		Alrex	P	Ambien	SCN P
Avelox	P	Accolate	P	Eiostat	P	Lunesta	SCN P
Levaquin	P	Singulair	P	Patanol	P	Rozerem	P
Cipro suspension, XR	NP	Zyflo	NP	Alamast	NP	Ambien CR	SCN NP
Factive	SCN NP	<b>Lipotropics, Other</b>		Alocril	NP	Doral	NP
Maxaquin	NP	cholestyramine	P	Alomide	NP	Restoril	NP
Noroxin	NP	colestipol	P	Emadine	NP	Sonata	NP
Proquin XR	SCN NP	gemfibrozil	P	Optivar	NP	<b>Stimulants and Related Agents</b>	
Tequin	NP	niacin	P	Zaditor	NP	amphetamine salt combo	DR P
<b>Glucocorticoids, Inhaled</b>		Lofibra	P	<b>Ophthalmics, Antibiotics</b>		dextroamphetamine	DR P
Advair, HFA	P	Niaspan	P	bacitracin/polymyxin	P	methylphenidate ER	DR P
Aerobid, Aerobid-M	SCN P	Tricor	P	ciprofloxacin solution	P	Adderall XR	DR P
Asmanex	SCN P	Antara	NP	erythromycin	P	Concerta	DR P
Azmacort	SCN P	Omacor	NP	gentamicin	P	Focalin, XR	DR P
Flovent	P	Triglide	NP	ofloxacin	P	Metadate CD	DR P
Pulmicort Respules	P	Welchol	NP	polymyxin/trimethoprim	NP	pemoline (Cylert)	DR NP
Qvar	P	Zetia	NP	sulfacetamide	P	Daytrana	DR NP
Pulmicort Turbuhaler	NP	<b>Lipotropics, Statins</b>		tobramycin	P	Desoxyn	DR SCN NP
<b>Growth Hormone</b>		lovastatin	P	triple antibiotic	P	Provigil	DR NP
Norditropin <sup>†</sup>	P	pravastatin	P	Ciloxan Ointment	NP	Ritalin LA	DR NP
Nutropin AQ <sup>†</sup>	SCN P	Advicor	P	Quixin	NP	Strattera*	DR NP
Saizen <sup>†</sup>	P	Altoprev	P	Vigamox	NP	* Prior authorization is not required for recipients 18 and older.	
Tev-Tropin <sup>†</sup>	P	Crestor	P	<b>Ophthalmics, Glaucoma Agents</b>		<b>Topical Immunomodulators</b>	
Genotropin	NP	Lescol, XL	P	betaxolol	P	Elidel	P
Humatrope	NP	Vytorin	P	brimonidine	P	Protopic	SCN P
Nutropin	SCN NP	Zocor	P	carteolol	P	<b>Ulcerative Colitis</b>	
Serostim	NP	simvastatin	NP	dipivefrin	P	mesalamine	P
† Preferred agents that require clinical prior authorization.		Caduet	NP	levobunolol	P	sulfasalazine	P
<b>Hepatitis C Agents</b>		Lipitor	NP	metipranolol	P	Asacol	P
ribavirin	DR P	Pravachol 80 mg	NP	pilocarpine	P	Canasa	P
Copegus	DR P	Pravigard PAC	NP	timolol	P	Dipentum	P
Pegasys	DR P	<b>Macrolides/Ketolides</b>		Alphagan P	P	Pentasa	P
Peg-Intron, Redipen	DR SCN P	azithromycin	P	Azopt	P	Colazal	SCN NP
Rebetol	DR SCN P	clarithromycin	P	Betimol	P		
Infergen	DR SCN NP	erythromycin	P	Betopic S	P		
<b>Hypoglycemics, Adjunct Therapy</b>		Biaxin XL	P	Cosopt	P		
Byetta <sup>†</sup>	P	Ketek	SCN NP	Lumigan	P		
Januvia <sup>†</sup>	P			Travatan, Z	P		
Symliin <sup>†</sup>	P			Trusopt	P		
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				Xalatan	NP		

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