

# Wisconsin Medicaid Preferred Drug List

Drugs listed below affect Wisconsin Medicaid and BadgerCare (fee for service) recipients, and SeniorCare<sup>1</sup> participants.

## ACE Inhibitors

**Preferred**

benazepril/HCTZ  
captopril/HCTZ  
enalapril/HCTZ  
fosinopril/HCTZ  
lisinopril/HCTZ  
quinapril/HCTZ

**Requires Prior Authorization**

Aceon  
Altace  
Mavik  
Uniretic / Univasc

hydromorphone  
levorphanol  
methadone  
morphine sulfate  
oxycodone, ER, SA  
oxycodone/apap  
oxycodone/aspirin  
pentazocine/apap  
pentazocine/naloxone  
propoxyphene  
propoxyphene HCL/apap  
tramadol  
tramadol/acetaminophen  
Kadian

## ACE Inhibitors/Calcium Channel Blocker Combinations

**Preferred**

Lexxel  
Lotrel  
Tarka

**Requires Prior Authorization**

## Alzheimer's Agents

**Preferred**

Aricept  
Exelon  
Namenda  
Reminyl/Razadyne, ER

**Requires Prior Authorization**

Cognex

## Analgesics, Narcotics

**Preferred**

acetaminophen/codeine  
aspirin/codeine  
butalbital/apap/codeine  
butalbital/apap/codeine/caffeine  
codeine  
fentanyl  
hydrocodone/apap  
hydrocodone/ibuprofen

**Requires Prior Authorization**

meperidine  
Actiq  
Avinza  
Darvon-N  
Duragesic 12 mcg  
Palladone  
Panlor DC, SS  
Synalgos-DC

## Angiotensin Receptor Blockers

**Preferred**

Cozaar, Hyzaar  
Diovan, HCT  
Micardis, HCT

**Requires Prior Authorization**

Atacand, HCT  
Avapro, Avalide  
Benicar, HCT  
Teveten, HCT

## Anticoagulants, Injectables

**Preferred**

Lovenox

**Requires Prior Authorization**

Arixtra  
Fragmin  
Innohep

## Antiemetics, Oral

**Preferred**

Emend  
Zofran, ODT

**Requires Prior Authorization**

Anzemet  
Kytril

**Key: All lowercase letters = generic product.  
Leading capital letter = brand name product.**

# Wisconsin Medicaid Preferred Drug List

## Antifungals, Oral

### Preferred

clotrimazole  
 fluconazole  
 griseofulvin  
 itraconazole  
 ketoconazole  
 nystatin  
 Gris-Peg  
 Lamisil  
 Mycostatin  
 Vfend

### Requires Prior Authorization

Ancobon  
 Grifulvin V Tablets  
 Sporanox (liquid)

## Antifungals, Topical

### Preferred

ciclopirox cream, suspension  
 clotrimazole  
 clotrimazole/betamethasone  
 econazole nitrate  
 ketoconazole  
 nystatin  
 nystatin/triamcinolone  
 Exelderm  
 Loprox gel, shampoo

### Requires Prior Authorization

Ertaczo  
 Mentax  
 Naftin  
 Oxistat  
 Penlac

## Antihistamines, Nonsedating

### Preferred

loratadine tablet, loratadine-D  
 loratadine syrup

### Requires Prior Authorization

Allegra, Allegra-D  
  
 Clarinex, Clarinex Syrup  
 Zyrtec tablet, Zyrtec-D, Zyrtec Syrup

## Antimigraine, Triptans

### Preferred

Amerge  
 Axert  
 Imitrex (oral, nasal & subq)

### Requires Prior Authorization

Frova  
 Maxalt, MLT  
 Relpax  
 Zomig, Nasal, ZMT

## Antiparkinson's Agents

### Preferred

benztropine  
 carbidopa/levodopa  
 pergolide  
 selegiline  
 trihexyphenidyl  
 Comtan  
 Kemadrin  
 Mirapex  
 Requip  
 Stalevo

### Requires Prior Authorization

Parcopa  
 Tasmar

## Antivirals, Influenza

### Preferred

amantadine  
 rimantadine

### Requires Prior Authorization

Relenza  
 Tamiflu

## Antivirals, Other

### Preferred

acyclovir  
 ganciclovir  
 Valcyte  
 Valtrex

### Requires Prior Authorization

Famvir

## Agents for Benign Prostatic Hyperplasia (BPH)

### Preferred

doxazosin  
 terazosin  
 Avodart  
 Flomax  
 Uroxatral

### Requires Prior Authorization

Proscar

**Key: All lowercase letters = generic product.  
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## Wisconsin Medicaid Preferred Drug List

### Beta Blockers (Alpha/Beta Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

**Preferred**

acebutolol  
atenolol  
betaxolol  
bisoprolol  
labetalol  
metoprolol  
nadolol  
pindolol  
propranolol  
sotalol  
timolol  
Coreg  
Toprol XL

**Requires Prior Authorization**

Cartrol  
Inderal LA  
Innopran XL  
Levatol

### Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agents)

**Preferred**

oxybutynin  
Detrol, LA  
Enablex  
Oxytrol  
Sanctura

**Requires Prior Authorization**

Ditropan XL  
Vesicare

### Bone Resorption Suppression and Related Agents

**Preferred**

Actonel  
Fosamax, Plus D  
Miacalcin

**Requires Prior Authorization**

Actonel with Calcium  
Boniva  
Didronel  
Evista

### Bronchodilators, Anticholinergic

**Preferred**

ipratropium  
Atrovent, HFA  
Combivent  
Spiriva

**Requires Prior Authorization**

Duoneb

### Bronchodilators, Beta Agonists

**Preferred**

albuterol  
metaproterenol  
terbutaline  
Maxair  
Serevent

**Requires Prior Authorization**

Accuneb  
Alupent  
Foradil  
Vospire ER  
Xopenex

### Calcium Channel Blocking Agents

**Preferred**

diltiazem, ER, SR  
felodipine ER  
nicardipine  
nifedipine, ER  
verapamil, SR  
Cardizem LA  
Dynacirc, CR  
Norvasc  
Sular

**Requires Prior Authorization**

Cardene SR  
Covera-HS  
Nimotop  
Verelan PM

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## Wisconsin Medicaid Preferred Drug List

### Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)

**Preferred**

amox tri-potassium clavulanate  
600  
amoxicillin/clavulanate  
cefaclor  
cefadroxil  
cefepodoxime  
cefuroxime  
cephalexin  
Cedax  
Cefzil  
Omnicef  
Spectracef  
Suprax

**Requires Prior Authorization**

Augmentin XR  
  
Lorabid  
Panixine  
Raniclor

### Cytokine and CAM Antagonists

**Preferred**

Enbrel<sup>†</sup>  
Humira<sup>†</sup>  
Kineret<sup>†</sup>  
Raptiva<sup>†</sup>

<sup>†</sup> Preferred agents that require clinical prior authorization.

**Requires Prior Authorization**

Amevive

### Erythropoiesis Stimulating Protieins

**Preferred**

Procrit

**Requires Prior Authorization**

Aranesp  
Epogen

### Fluoroquinolones

**Preferred**

ciprofloxacin  
ofloxacin  
Avelox  
Levaquin

**Requires Prior Authorization**

Cipro suspension, XR  
Factive  
Maxaquin  
Noroxin  
Tequin

### Glucocorticoids, Inhaled

**Preferred**

Advair Diskus  
Aerobid, Aerobid-M  
Azmacort  
Flovent  
Pulmicort Respules  
Qvar

**Requires Prior Authorization**

Asmanex  
Pulmicort Turbuhaler

### Growth Hormone

**Preferred**

Nutropin<sup>†</sup>  
Nutropin AQ<sup>†</sup>  
Saizen<sup>†</sup>

<sup>†</sup> Preferred agents that require clinical prior authorization.

**Requires Prior Authorization**

Genotropin  
Humatrope  
Norditropin  
Serostim  
Tev-Tropin

### Hepatitis C Agents

**Preferred**

ribavirin  
Copegus  
Pegasys  
Peg-Intron  
Peg-Intron Redipen  
Rebetol

**Requires Prior Authorization**

Infergen

### Hypoglycemics, Insulins

**Preferred**

Humulin  
Humalog  
Humalog Mix  
Lantus

**Requires Prior Authorization**

Byetta  
Novolin  
Novolog  
Novolog Mix  
Symlin

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## Wisconsin Medicaid Preferred Drug List

### Hypoglycemics, Metformins

**Preferred**

glyburide-metformin  
metformin ER, IR  
Avandamet

**Requires Prior Authorization**

Fortamet  
Metaglip  
Riomet

### Hypoglycemics, Thiazolidinediones

**Preferred**

Actos  
Avandia

**Requires Prior Authorization**

### Intranasal Rhinitis Agents

**Preferred**

flunisolide  
ipratropium  
Flonase  
Nasacort AQ  
Nasonex

**Requires Prior Authorization**

Astelin  
Beconase AQ  
Nasarel  
Rhinocort Aqua

### Leukotriene Modifiers

**Preferred**

Accolate  
Singulair

**Requires Prior Authorization**

### Lipotropics, Other

**Preferred**

cholestyramine  
gemfibrozil  
niacin  
Advicor  
Colestid  
Lofibra  
Niaspan  
Zetia

**Requires Prior Authorization**

Antara  
Omacor  
Tricor  
Welchol

### Lipotropics, Statins

**Preferred**

lovastatin  
Altoprev (formerly known as  
Altacor)  
Caduet  
Crestor  
Lescol, XL  
Lipitor  
Vytorin  
Zocor

**Requires Prior Authorization**

Pravachol  
Pravigard PAC

### Macrolides/Ketolides

**Preferred**

clarithromycin  
erythromycin  
Zithromax  
Biaxin XL

**Requires Prior Authorization**

Ketek

### Nonsteroidal Anti-inflammatory Agents

**Preferred**

diclofenac potassium  
diclofenac sodium, XL  
etodolac, XL  
fenoprofen  
flurbiprofen  
ibuprofen  
indomethacin, SR  
ketoprofen  
ketorolac  
meclofenamate  
nabumetone  
naproxen  
naproxen sodium, DS  
oxaprozin  
piroxicam  
sulindac  
tolmetin, DS

**Requires Prior Authorization**

Arthrotec  
Celebrex  
Mobic  
Ponstel  
Prevacid Naprapac

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## Wisconsin Medicaid Preferred Drug List

### Ophthalmics, Allergic Conjunctivitis

**Preferred**

cromolyn  
Acular  
Alrex  
Elestat  
Patanol

**Requires Prior Authorization**

Alamast  
Alocril  
Alomide  
Emadine  
Optivar  
Zaditor

### Ophthalmics, Antibiotics

**Preferred**

bacitracin / polymyxin  
ciprofloxacin solution  
erythromycin  
gentamicin  
ofloxacin  
polymyxin / trimethoprim  
sulfacetamide  
tobramycin  
triple antibiotic  
Zymar

**Requires Prior Authorization**

Ciloxan Ointment  
Quixin  
Vigamox

### Ophthalmics, Glaucoma Agents

**Preferred**

betaxolol  
brimonidine  
carteolol  
dipivefrin  
levobunolol  
metipranolol  
pilocarpine  
timolol  
Alphagan P  
Azopt  
Betimol  
Betopic S  
Cosopt  
Lumigan  
Travatan  
Trusopt

**Requires Prior Authorization**

Istalol  
Xalatan

### Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory-Antibiotics)

**Preferred**

neomycin/polymyxin/  
hydrocortisone  
Coly-Mycin S  
Ciprodex  
Floxin

**Requires Prior Authorization**

Cipro HC  
Cortisporin-TC

### Phosphate Binders and Related Agents

**Preferred**

Phoslo  
Renagel

**Requires Prior Authorization**

Magnebind  
Fosrenol

### Platelet Aggregation Inhibitors

**Preferred**

dipyridamole  
ticlopidine  
Aggrenox  
Plavix

**Requires Prior Authorization**

### Proton Pump Inhibitors

**Preferred**

Prilosec OTC

**Requires Prior Authorization**

omeprazole (Prilosec)\*  
Aciphex\*  
Nexium\*  
Prevacid\*  
Prilosec\*  
Protonix\*\*  
Zegerid\*

\* Requires the prior use and failure of Prilosec OTC and Protonix.

\*\* Requires the prior use and failure of Prilosec OTC.

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## Wisconsin Medicaid Preferred Drug List

### Sedative Hypnotics

#### Preferred

chloral hydrate  
estazolam  
flurazepam  
temazepam  
triazolam  
Ambien

#### Requires Prior Authorization

Doral  
Lunesta  
Restoril  
Rozerem  
Sonata

### Stimulants and Related Agents

#### Preferred

amphetamine salt combo  
dextroamphetamine  
methylphenidate ER, IR  
Adderall XR  
Concerta  
Focalin, XR  
Metadate CD  
Ritalin LA

#### Requires Prior Authorization

pemoline (Cylert)  
Desoxyn  
Provigil  
Strattera

### Topical Immunomodulators (Dermatitis)

#### Preferred

Elidel  
Protopic

#### Requires Prior Authorization

### Ulcerative Colitis

#### Preferred

mesalamine  
sulfasalazine  
Asacol  
Canasa  
Dipentum  
Pentasa

#### Requires Prior Authorization

Colazal

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## Wisconsin Medicaid Preferred Drug List

The following is an alphabetical list of preferred drugs and drugs that require prior authorization on the Wisconsin Medicaid PDL.

### Alphabetical Listing – Preferred Drugs

Accolate	benazepril	Colestid	fenoprofen
acebutolol	benztropine	Coly-Mycin S	fentanyl
acetaminophen/codeine	betaxolol	Combivent	Flomax
Actonel	betaxolol	Comtan	Flonase
Actos	Betimol	Concerta	Flovent
Acular	Betopic S	Copegus	Floxin
acyclovir	Biaxin XL	Coreg	fluconazole
Adderall XR	bisoprolol	Cosopt	flunisolide
Advair Diskus	brimonidine	Cozaar, Hyzaar	flurazepam
Advicor	butalbital/apap/codeine	Crestor	flurbiprofen
Aerobid, Aerobid-M	butalbital/apap/codeine/caffeine	cromolyn	Focalin, XR
Aggrenox	Caduet	Detrol, LA	Fosamax, Plus D
albuterol	Canasa	dextroamphetamine	fosinopril
Alphagan P	captopril	diclofenac potassium	ganciclovir (Cytovene)
Alrex	carbidopa/levodopa	diclofenac sodium, XL	gemfibrozil
Altprev (formerly known as Altacor)	Cardizem LA	diltiazem, ER, SR	gentamicin
amantadine	carteolol	Diovan, HCT	glyburide-metformin
Ambien	Cedax	Dipentum	griseofulvin
Amerge	cefaclor	dipivefrin	Gris-peg
amox tr-potassium clavulanate 600	cefadroxil	dipyridamole	Humalog
amoxicillin/clavulanate	cefepodoxime	doxazosin	Humalog Mix
amphetamine salt combo	cefuroxime	Dynacirc, CR	Humira <sup>†</sup>
Aricept	Cefzil	econazole nitrate	Humulin
Asacol	cephalexin	Elestat	hydrocodone/apap
aspirin/codeine	chloral hydrate	Elidel	hydrocodone/ibuprofen
atenolol	cholestyramine	Emend	hydromorphone
Atrovent, HFA	ciclopirox cream, suspension	Enblex	ibuprofen, RX
Avandamet	Ciprodex	enalapril	Imitrex (oral, nasal & subq)
Avandia	ciprofloxacin	Enbrel <sup>†</sup>	indomethacin, SR
Avelox	ciprofloxacin solution	erythromycin	ipratropium
Avodart	clarithromycin	estazolam	ipratropium
Axert	clotrimazole	etodolac, XL	itraconazole
Azmacort	clotrimazole	Exelderm	Kadian
Azopt	clotrimazole/betamethasone	Exelon	Kemadrin
bacitracin / polymyxin	codeine	felodipine ER	ketoconazole

<sup>†</sup> Preferred agents that require clinical prior authorization.

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## Wisconsin Medicaid Preferred Drug List

### Alphabetical Listing – Preferred Drugs continued

ketoconazole	Mycostatin	pergolide	sulfasalazine
ketoprofen	nabumetone	Phoslo	sulindac
ketorolac	nadolol	pilocarpine	Suprax
Kineret <sup>†</sup>	Namenda	pindolol	Tarka
labetalol	naproxen sodium, DS	piroxicam	temazepam
Lamisil	naproxen, RX	Plavix	terazosin
Lantus	Nasacort AQ	polymyxin / trimethoprim	terbutaline
Lescol, XL	Nasonex	Prilosec OTC	ticlopidine
Levaquin	neomycin/polymyxin/hydrocortisone	Procrit	timolol
levobunolol	niacin	propoxyphene	tobramycin
levorphanol	Niaspan	propoxyphene HCL/apap	tolmetin, DS
Lexxel	nicardipine	propranolol	Toprol XL
Lipitor	nifedipine, ER	Protopic	tramadol
lisinopril	Norvasc	Pulmicort Respules	tramadol/acetaminophen
Lofibra	Nutropin AQ <sup>†</sup>	quinapril	Travatan
Loprox Gel, Shampoo	Nutropin <sup>†</sup>	Qvar	triazolam
loratadine tablet, loratadine-D	nystatin	Raptiva <sup>†</sup>	trihexyphenidyl
loratadine syrup			
Lotrel	nystatin	Rebetol	triple antibiotic
lovastatin	nystatin/triamcinolone	Reminyl/Razadyne, ER	Trusopt
Lovenox	ofloxacin	Renagel	Uroxatral
Lumigan	ofloxacin	Requip	Valcyte
Maxair	Omnicef	ribavirin	Valtrex
meclofenamate	oxaprozin	rimantadine	verapamil, SR
mesalamine	oxybutynin	Ritalin LA	Vfend
Metadate CD	oxycodone, ER, SA	Saizen <sup>†</sup>	Vytorin
metaproterenol	oxycodone/apap	Sanctura	Zetia
metformin ER, IR	oxycodone/aspirin	selegiline	Zithromax
methadone	Oxytrol	Serevent	Zocor
methylphenidate IR, ER	Patanol	Singulair	Zofran, ODT
metipranolol	Pegasys	sotalol	Zymar
metoprolol	Peg-Intron	Spectracef	
Miacalcin	Peg-Intron Redipen	Spiriva	
Micardis, HCT	Pentasa	Stalevo	
Mirapex	pentazocine/apap	Sular	
morphine sulfate	pentazocine/naloxone	sulfacetamide	

<sup>†</sup> Preferred agents that require clinical prior authorization.

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## Wisconsin Medicaid Preferred Drug List

### Alphabetical Listing – Drugs That Require Prior Authorization

Accuneb	Colazal	Mavik	Pulmicort Turbuhaler
Aceon	Cortisporin-TC	Maxalt, MLT	Quixin
Aciphex*	Covera-HS	Maxaquin	Raniclor
Actiq	Darvon-N	Mentax	Relenza
Alamast	Desoxyn	meperidine	Relpax
Allegra, Allegra-D	Didronel	Metaglip	Restoril
Alocril	Ditropan XL	Mobic	Rhinocort Aqua
Alomide	Doral	Naftin	Riomet
Altace	Duoneb	Nasarel	Rozerem
Alupent	Duragesic 12 mcg	Nexium*	Serostim
Amevive	Emadine	Nimotop	Sonata
Ancobon	Epogen	Norditropin	Sporanox (liquid)
Antara	Ertaczo	Noroxin	Strattera
Anzemet	Evista	Novolin	Symlin
Aranesp	Factive	Novolog	Synalgos-DC
Arixtra	Famvir	Novolog Mix	Tamiflu
Arthrotec	Foradil	Omacor	Tasmar
Asmanex	Fortamet	omeprazole (Prilosec)*	Tequin
Astelin	Fosrenol	Optivar	Teveten, HCT
Atacand, HCT	Fragmin	Oxistat	Tev-Tropin
Augmentin XR	Frova	Palladone	Tricor
Avapro, Avalide	Genotropin	Panixine	Uniretic / Univasc
Avinza	Grifulvin V Tablets	Panlor DC, SS	Verelan PM
Beconase AQ	Humatrope	Parcopa	Vesicare
Benicar, HCT	Inderal LA	pemoline (Cylert)	Vigamox
Boniva	Infergen	Penlac	Vospire ER
Byetta	Innohep	Ponstel	Welchol
Cardene SR	Innopran XL	Pravachol	Xalatan
Cartrol	Istalol	Pravigard PAC	Xopenex
Celebrex	Ketek	Prevacid Naprapac	Zaditor
Ciloxan ointment	Kytril	Prevacid*	Zegerid*
Cipro HC	Levatol	Prilosec*	Zomig, Nasal, ZMT
Cipro suspension, XR	Lorabid	Proscar	Zyrtec tablet, Zyrtec-D, Zyrtec Syrup
Clarinex, Clarinex Syrup	Lunesta	Protonix**	
Cognex	Magnebind	Provigil	

\* Requires the use of step therapy. See applicable drug tables listed above for specific instructions for prescribing step therapy drugs.

<sup>1</sup> Wisconsin SeniorCare does not cover OTC drugs. Wisconsin SeniorCare also does not cover drugs that do not have a signed SeniorCare rebate agreement between the manufacturer and the DHFS for participants in Levels 2b and 3. Providers should reference the SeniorCare Drug Search Tool for a complete listing of covered drugs at [dhfs.wisconsin.gov/seniorcare](https://dhfs.wisconsin.gov/seniorcare).

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