

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 06/01/07)

| 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 | Valcyte P |
| fosinopril, HCTZ P | Panlor DC, SS NP | itraconazole P | Valtrex P |
| lisinopril, HCTZ P | Synalgos-DC NP | ketocanazole 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 | ketocanazole 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 |
| Evoolin 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 | budeprion XL 300 mg P | Kemadrin P | Spiriva P |
| Oxycontin NP | bupropion, SR P | Mirapex P | Duoneb NP |
| Ultram ER NP | mirtazapine P | Requip P | Bronchodilators, Beta Agonists |
| Analgesics, Narcotics-Short-Acting | trazodone P | Stalevo P | albuterol, sulfate ER P |
| apap/codeine, asp/codeine P | venlafaxine P | Azilect NP | metaproterenol P |
| butalbital/apap/codeine P | Effexor XR P | Parcopa NP | terbutaline P |
| codeine P | nefazodone NP | Tasmar NP | Maxair SCN P |
| dihydrocodeine/apap/caff P | Cymbalta NP | Zelapar NP | Proventil HFA SCN P |
| hydromorphone P | Emsam SCN NP | Antipsychotics, Atypical | Serevent P |
| hydrocodone/apap/ibup P | Wellbutrin XL* NP | clozapine P | Xopenex HFA P |
| levorphanol P | * Prior authorization is not required for recipients 18 and younger. | Geodon P | Accuneb NP |
| morphine P | Antidepressants, SSRI | Risperdal P | Albuterol HFA NP |
| oxycodone/apap/asa P | citalopram P | Seroquel P | Alupent NP |
| propoxyphene HCL, apap P | fluoxetine P | Abilify NP | Brovana NP |
| tramadol P | fluvoxamine P | Fazaclor SCN NP | Foradil NP |
| fentanyl buccal. (Actiq) NP | paroxetine P | Invenga NP | ProAir HFA NP |
| meperidine NP | sertraline P | Symbyax NP | Ventolin HFA NP |
| pentazocine/apap, naloxone NP | Lexapro SCN NP | Zyprexa NP | Xopenex NP |
| tramadol/apap NP | Paxil CR NP | Antivirals, Influenza | Calcium Channel Blocking Agents |
| Combunox SCN NP | Pexeva NP | amantadine P | amlodipine P |
| Darvon-N SCN NP | Prozac Weekly NP | rimantadine P | diltiazem, ER P |
| | Antiemetics, Oral | Relenza P | felodipine ER P |
| | ondansetron, oral solution P | Tamiflu P | nicardipine P |
| | Emend P | | nifedipine, ER P |
| | Anzemet SCN NP | | nimodipine 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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(Revised 06/01/07)

| 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 (Dynacirc, 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 |
| Cephalosporin and Related Agents | QL - Quantity Limits apply each month: 34 tablets. | diclofenac, potassium, XL P | Renagel P |
| amoxicillin/clavulanate P | Hypoglycemics, Insulins | etodolac, XL P | Fosrenol P |
| amox tr-potassium clav 600 P | Humulin P | flurbiprofen P | Platelet Aggregation Inhibitors |
| cefactor P | Humalog P | ibuprofen P | dipyridamole P |
| cefadroxil P | Humalog Mix P | indomethacin, SR P | ticlopidine P |
| cefepime P | Lantus SCN P | ketoprofen P | Aggrenox P |
| cefprozil P | Levemir P | ketorolac P | Plavix P |
| cefuroxime P | Apidra SCN NP | meclizemate P | Proton Pump Inhibitors |
| Cedax P | Exubera* NP | meloxicam P | Nexium DR P |
| Spectracef P | Novolin NP | nabumetone P | Prevacid (caps, SoluTab, si) DR P |
| Suprax P | Novolog NP | naprofen P | omeprazole* DR NP |
| Augmentin XR NP | Novolog Mix NP | naproxen P | Aciphex* DR NP |
| Lorabid NP | *Exubera requires clinical prior authorization | naproxen sodium, DS P | Prilosec 40 mg* DR NP |
| Panixine NP | Hypoglycemics, Meglitinides | oxaprozin P | Protonix* DR NP |
| Raniclor NP | Starlix P | piroxicam P | Zegerid* DR NP |
| Cytokine and CAM Antagonists | Prandin NP | sulindac P | * Requires the prior use and failure of Nexium and Prevacid. |
| Enbrel [†] SCN P | Hypoglycemics, Thiazolidinediones | fenoprofen (Nalfon) NP | Sedative Hypnotics |
| Humira [†] P | Actos P | mefenamic acid (Ponstel) NP | chloral hydrate P |
| Kineret [†] P | Avandamet P | tolmetin, DS NP | estazolam P |
| Raptiva [†] SCN P | Avandaryl P | Arthrotec NP | flurazepam P |
| Amevive SCN NP | Avandia P | Celebrex NP | temazepam P |
| Remicade NP | Actoplus MET NP | Prevacid Naprapac NP | triazolam P |
| Orencia NP | Duetact NP | Ophthalmics, Allergic Conjunctivitis | zolpidem P |
| [†] Preferred agents that | Intranasal Rhinitis Agents | chromolyn P | Ambien CR SCN P |
| Erythropoiesis Stimulating Proteins | flunisolide P | ketotifen P | Lunesta P |
| Aranesp DR P | ipratropium P | Acular P | Rozereem P |
| Procrit DR P | Astelina P | Alrex P | Doral NP |
| Epogen DR NP | Flonase P | Elestat P | Restoril NP |
| Fluoroquinolones | Nasacort AQ SCN P | Pataday P | Sonata NP |
| ciprofloxacin P | Nasonex SCN P | Patanol P | Stimulants and Related Agents |
| ofloxacin P | fluticasone NP | Alamast NP | amphetamine salt combo DR P |
| Avelox P | Beconase AQ NP | Alaway NP | dextroamphetamine DR P |
| Levaquin P | Nasarel NP | Alocril NP | methylphenidate ER DR P |
| ciprofloxacin ER (Cipro XR) NP | Rhinocort Aqua NP | Alomide NP | Adderall XR DR P |
| Cipro suspension NP | Veramyst NP | Emadine NP | Concerta DR P |
| Factive SCN NP | Leukotriene Modifiers | Optivar NP | Focalin, XR DR P |
| Maxaquin NP | Accolate P | Zaditor NP | Metadate CD DR P |
| Noroxin NP | Singulair P | Ophthalmics, Antibiotics | pemoline (Cylert) DR NP |
| Proquin XR SCN NP | Zyflo NP | bacitracin/polymyxin P | Daytrana DR NP |
| Tequin NP | Lipotropics, Bile Acid Sequestrants | ciprofloxacin solution P | Desoxyyn DR SCN NP |
| Glucocorticoids, Inhaled | cholestyramine P | erythromycin P | Provigil DR NP |
| Advair, HFA P | colestipol P | gentamicin P | Ritalin LA DR NP |
| Aerobid, Aerobid-M SCN P | Welchol NP | ofloxacin P | Strattera* DR NP |
| Asmanex SCN P | Lipotropics, Fibric Acids | polymyxin/trimethoprim P | * Prior authorization is not required for recipients 18 and older. |
| Azmacort SCN P | fenofibrate P | sulfacetamide P | Topical Immunomodulators |
| Flovent P | gemfibrozil P | tobramycin P | Elidel P |
| Pulmicort Respules P | Tricor P | triple antibiotic P | Protopic SCN P |
| Qvar P | Antara NP | Zymar P | Ulcerative Colitis |
| Pulmicort Turbuhaler / Flexhaler NP | Triglide NP | Ciloxan Ointment NP | mesalamine P |
| Growth Hormone | Lipotropics, Other | Quixin NP | sulfasalazine P |
| Genotropin [†] P | Niaspan P | Vigamox NP | Asacol P |
| Nutropin AQ [†] SCN P | Omacor NP | Ophthalmics, Glaucoma Agents | Canasa P |
| Saizen [†] P | Zetia NP | betaxolol P | Colazal SCN P |
| Tev-Tropin [†] P | Lipotropics, Statins | brimonidine P | Dipentum NP |
| Humatrope NP | lovastatin P | carteolol P | Lialda NP |
| Norditropin NP | simvastatin P | dipivefrin P | Pentasa NP |
| Nutropin SCN NP | Advicor P | levobunolol P | |
| Omnitrope NP | Lescol, XL P | metipranolol P | |
| Serostim NP | Lipitor P | metipranolol P | |
| Zorbtive NP | Vytorin P | metipranolol P | |
| [†] Preferred agents that | pravastatin NP | metipranolol P | |
| Hepatitis C Agents | Altoprev NP | metipranolol P | |
| ribavirin DR P | Caduet NP | metipranolol P | |
| Pegasys DR P | Crestor NP | metipranolol P | |
| Peg-Intron, Redipen DR SCN P | Macrolides/Ketolidides | metipranolol P | |
| Infergen DR SCN NP | azithromycin P | metipranolol P | |
| | clarithromycin P | metipranolol P | |
| | erythromycin P | metipranolol P | |
| | Biaxin XL P | metipranolol P | |
| | Ketek SCN NP | metipranolol P | |

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