

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 08/01/06)

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

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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	Apidra	SCN NP	NSAIDs		Cipro HC	NP
cefuroxime	P	Byetta	NP	diclofenac, potassium, XL	P	Cortisporin-TC	NP
cephalexin	P	Exubera	NP	etodolac, XL	P	Phosphate Binders	
cefprozil	P	Levemir	NP	fenoprofen	P	Phoslo	SCN P
Cedax	P	Novolin	NP	flurbiprofen	P	Renagel	P
Omnicef	P	Novolog	NP	ibuprofen	P	Magnebind	NP
Spectracef	P	Novolog Mix	NP	indomethacin, SR	P	Fosrenol	NP
Suprax	P	Symlin	NP	ketoprofen	P	Platelet Aggregation Inhibitors	
Augmentin XR	NP	Hypoglycemics, Meglitinides		ketorolac	P	dipyridamole	P
Lorabid	NP	Starlix	P	meclufenamate	P	ticlopidine	P
Panixine	NP	Prandin	NP	meloxicam	P	Aggrenox	P
Raniclol	NP	Hypoglycemics, Thiazolidinediones		nabumetone	P	Plavix	P
Cytokine and CAM Antagonists		Actos	P	naproxen	P	Proton Pump Inhibitors	
Enbrel†	SCN P	Avandamet	P	naproxen sodium, DS	P	Nexium	DR P
Humira†	P	Avandia	P	oxaprozin	P	Prevacid (caps, SoluTab, s)	DR P
Kineret†	P	Actoplus MET	NP	piroxicam	P	omeprazole*	DR NP
Raptiva†	SCN P	Avandaryl	NP	sulindac	P	Aciphex*	DR NP
Amevive	SCN NP	Intranasal Rhinitis Agents		tolmetin, DS	P	Prilosec 40 mg*	DR NP
Orencia	NP	flunisolide	P	Arthrotec	NP	Protonix*	DR NP
† Preferred agents that require clinical prior authorization.		fluticasone	P	Celebrex	NP	Zegerid*	DR NP
Erythropoiesis Stimulating Proteins		ipratropium	P	Nalfon 200, 300 mg	NP	* Requires the prior use and failure of Nexium and Prevacid.	
Aranesp	DR P	Nasonex	SCN P	Ponstel	NP	Sedative Hypnotics	
Procrit	DR P	Astelir	NP	Prevacid Naprapac	NP	chloral hydrate	
Epogen	DR NP	Beconase AQ	NP	Ophthalmics, Allergic Conjunctivitis		estazolam	
Fluoroquinolones		Nasarel	NP	cromolyn	P	flurazepam	
ciprofloxacin	P	Nasacort AQ	SCN P	ketotifen	P	temazepam	
ofloxacin	P	Nasonex	SCN P	Acular	P	triazolam	
Avelox	P	Astelir	NP	Alrex	P	Ambien	
Levaquin	P	Beconase AQ	NP	Elestat	P	Lunesta	
Cipro suspension, XR	NP	Nasarel	NP	Patanol	P	Rozerem	
Factive	SCN NP	Rhinocort Aqua	NP	Alamast	NP	Ambien CR	
Maxaquin	NP	Leukotriene Modifiers		Alocril	NP	Doral	
Noroxin	NP	Accolate	P	Alomide	NP	Restoril	
Proquin XR	SCN NP	Singulair	P	Emadine	NP	Sonata	
Tequin	NP	Lipotropics, Other		Optivar	NP	Stimulants and Related Agents	
Glucocorticoids, Inhaled		cholestyramine	P	Ophthalmics, Antibiotics		amphetamine salt combo	
Advair Diskus	P	colestipol	P	bacitracin/polymyxin	P	dextroamphetamine	
Aerobid, Aerobid-M	SCN P	gemfibrozil	P	ciprofloxacin solution	P	methylphenidate ER	
Asmanex	SCN P	niacin	P	erythromycin	P	Adderall XR	
Azmacort	SCN P	Lofibra	P	gentamicin	P	Concerta	
Flovent	P	Niaspan	P	ofloxacin	P	Focalin, XR	
Pulmicort Respules	P	Tricor	P	polymyxin/trimethoprim	P	Metadate CD	
Qvar	P	Antara	NP	sulfacetamide	P	Ritalin LA	
Pulmicort Turbuhaler	NP	Omacor	NP	tobramycin	P	pemoline (Cylert)	
Growth Hormone		Triglide	NP	triple antibiotic	P	Daytrana	
Norditropin†	P	Welchol	NP	Zymar	P	Desoxyn	
Nutropin AQ†	SCN P	Zetia	NP	Ciloxan Ointment	NP	Provigil	
Saizen†	P	Lipotropics, Statins		Quixin	NP	Strattera	
Tev-Tropin†	P	lovastatin	P	Vigamox	NP	Topical Immunomodulators	
Genotropin	NP	pravastatin	P	Ophthalmics, Glaucoma Agents		Elidel	
Humatrope	NP	Advicor	P	betaxolol	P	Protopic	
Nutropin	SCN NP	Altoprev	P	brimonidine	P	Ulcerative Colitis	
Serostim	NP	Crestor	P	carteolol	P	mesalamine	
† Preferred agents that require clinical prior authorization.		Lescol, XL	P	dipivefrin	P	sulfasalazine	
Hepatitis C Agents		Vytorin	P	levobunolol	P	Asacol	
ribavirin	DR P	Zocor	P	metipranolol	P	Canasa	
Copegus	DR P	simvastatin	NP	pilocarpine	P	Dipentum	
Pegasys	DR P	Caduet	NP	timolol	P	Pentasa	
Peg-Intron, Redipen	DR SCN P	Lipitor	NP	Alphagan P	P	Colazal	
Rebetol	DR SCN P	Pravachol 80 mg	NP	Azopt	P		
Infergen	DR SCN NP	Pravigard PAC	NP	Betimol	P		
		Macrolides/Ketolides		Betopic S	P		
		azithromycin	P	Cosopt	P		
		clarithromycin	P	Lumigan	P		
		erythromycin	P	Travatan	P		
		Biaxin XL	P	Trusopt	P		
		Ketek	SCN NP	Istalol	NP		
				Xalatan	NP		

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