ATTACHMENT 1
Preferred Drug List Quick Reference

The following table includes the current and new therapeutic classes, effective April 1, 2005, on the Wisconsin Medicaid Preferred Drug List (PDL). Preferred drugs are indicated with a "P." Non-preferred drugs require prior authorization (PA) and are indicated with "PA."

Analgesics, Narcotics	
APAP/Codeine	P
Aspirin/Codeine	P
Butalbital Compound/Codeine	P
Codeine	P
Fentanyl Transdermal	P
Hydrocodone/APAP	P
Hydrocodone/Ibuprofen	P
Hydromorphone	P
Kadian	P
Levorphanol	P
Methadone	P
Morphine Sulfate	P
Oxycodone/APAP	P
Oxycodone/Aspirin	P
Oxycodone IR	P
Pentazocine/APAP	P
Pentazocine/Naloxone	P
Propoxyphene	P
Propoxyphene/APAP	P
Propoxyphene Compound	P
Tramadol	P
Actiq	PA
Avinza	PA
Darvon-N	PA
Meperidine	PA
Oxycodone ER	PA
Oxycontin	PA
Palladone	PA
Panlor DC/SS	PA
Synalgos-DC	PA
Ultracet	PA

Angiotensin Converting Enzyme (ACE) Inhibitor and Calcium Channel Blocker Drugs	
Lexxel	P
Lotrel	P
Tarka	P

Angiotensin Receptor Blockers	
Cozaar	P
Diovan	P
Hyzaar	P
Micardis	P
Atacand	PA
Avalide	PA
Avapro	PA
Benicar	PA
Teveten	PA

Antiemetic Drugs	
Anzemet	P
Emend	P
Zofran	P
Zofran ODT	P
Kytril	PA

Antifungals, Oral	
Clotrimazole	P
Fluconazole	P
Grifulvin V Suspension	P
Griseofulvin	P
Itraconazole	P
Ketoconazole	P
Lamisil	P
Nystatin	P
Ancobon	PA
Mycostatin	PA
Vfend	PA

Antifungals, Topical	
Ciclopirox Cream	P
Ciclopirox Suspension	P
Clotrimazole	P
Clotrimazole/Betamethasone	P
Econazole	P
Exelderm	P
Ketoconazole	P
Loprox	P
Loprox Shampoo	P
Naftin	P
Nystatin	P
Nystatin/Triamcinolone	P
Ertaczo	PA
Mentax	PA
Oxistat	PA
Penlac	PA

Antihistamines, Nonsedating	
Loratadine	P
Allegra	PA
Allegra-D	PA
Clarinex	PA
Clarinex Syrup	PA
Zyrtec	PA
Zyrtec Chewable	PA
Zyrtec-D	PA
Zyrtec Syrup	PA

Antimigraine, Triptans	
Amerge	P
Axert	P
Imitrex	P
Frova	PA
Maxalt	PA
Relpax	PA
Zomig	PA

Antivirals, Influenza	
Amantadine	P
Rimantadine HCl	P
Tamiflu	P
Relenza	PA

Antivirals, Other	
Acyclovir	P
Valcyte	P
Valtrex	P
Famvir	PA
Ganciclovir (Cytovene)	PA

Benign Prostatic Hyperplasia (BPH) Agents	
Avodart	P
Doxazosin	P
Flomax	P
Terazosin	P
Uroxatral	P
Proscar	PA

Beta Blockers (Alpha/Beta Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)	
Acebutolol	P
Atenolol	P
Betaxolol	P
Bisoprolol	P
Coreg	P
Labetalol	P
Metoprolol	P
Nadolol	P
Pindolol	P
Propranolol	P
Sotalol	P
Timolol	P
Toprol XL	P
Cartrol	PA
Inderal LA	PA
Innopran XL	PA
Levatol	PA

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Anti-Incontinence Agents)	
Detrol	P
Detrol LA	P
Enablex	P
Oxybutynin	P
Oxytrol	P
Sanctura	P
Ditropan XL	PA
Vesicare	PA

Bone Resorption, Suppression, and Related Agents	
Actonel	P
Fosamax	P
Miacalcin	P
Didronel	PA
Evista	PA

Bronchodilators, Anticholinergic	
Atrovent	P
Combivent	P
Ipratropium Nebulizer	P
Spiriva	P
Duoneb	PA

Bronchodilators, Beta Agonist	
Albuterol	P
Metaproterenol	P
Serevent	P
Terbutaline	P
Accuneb	PA
Alupent Inhaler	PA
Foradil	PA
Maxair Autohaler	PA
Vospire ER	PA
Xopenex	PA

Calcium Channel Blocking Agents	
Cardizem LA	P
Diltiazem	P
Dynacirc	P
Felodipine ER	P
Nicardipine	P
Nifedipine	P
Norvasc	P
Sular	P
Verapamil	P
Cardene SR	PA
Covera-HS	PA
Nimotop	PA
Verelan PM	PA

Cephalosporins and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)	
Amox TR-Clavulanate Potassium	P
Augmentin XR	P
Cefaclor	P
Cefadroxil	P
Cefpodoxime	P
Cefuroxime	P
Cephalexin	P
Omnicef	P
Spectracef	P
Cedax	PA
Cefzil	PA
Lorabid	PA
Panixine	PA
Raniclor	PA
Suprax	PA

Fluoroquinolones	
Avelox	P
Ciprofloxacin	P
Cipro XR	P
Levaquin	P
Noroxin	P
Tequin	P
Factive	PA
Maxaquin	PA
Ofloxacin (Floxin)	PA

Glucocorticoids, Inhaled	
Advair Diskus	P
Aerobid	P
Azmacort	P
Flovent	P
Pulmicort Respules	P
Qvar	P
Pulmicort Turbuhaler	PA

Hypoglycemics, Insulins	
Humalog	P
Humalog Mix 75/25	P
Humulin	P
Lantus	P
Novolin	PA
Novolog	PA
Novolog Mix 70/30	PA

Hypoglycemics, Thiazolidinediones	
Actos	P
Avandia	P

Intranasal Rhinitis Agents	
Flonase	P
Flunisolide	P
Ipratropium	P
Nasarel	P
Nasonex	P
Astelin	PA
Beconase AQ	PA
Nasacort AQ	PA
Rhinocort Aqua	PA

Leukotriene Modifiers	
Accolate	P
Singulair	P

Lipotropics, Other	
Advicor	P
Cholestyramine	P
Colestid	P
Gemfibrozil	P
Lofibra	P
Niacin	P
Niaspan	P
Zetia	P
Antara	PA
Tricor	PA
Welchol	PA

Lipotropics, Statins	
Altoprev	P
Caduet	P
Crestor	P
Lescol	P
Lipitor	P
Lovastatin	P
Vytorin	P
Zocor	P
Pravachol	PA
Pravigard PAC	PA

Macrolides and Ketolides	
Erythromycin	P
Zithromax	P
Biaxin	PA
Ketek	PA

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (This class requires step therapy.)	
Diclofenac	P
Etodolac	P
Fenoprofen	P
Flurbiprofen	P
Ibuprofen	P
Indomethacin	P
Ketoprofen	P
Ketorolac	P
Meclofenamate	P
Nabumetone	P
Naproxen	P
Oxaprozin	P
Piroxicam	P
Sulindac	P
Tolmetin	P
Arthrotec	PA
Bextra	PA
Celebrex	PA
Mobic	PA
Ponstel	PA
Prevacid NapraPAC	PA

Ophthalmics, Allergic Conjunctivitis	
Acular	P
Alrex	P
Cromolyn Sodium	P
Elestat	P
Patanol	P
Zaditor	P
Alamast	PA
Alocril	PA
Alomide	PA
Emadine	PA
Optivar	PA

Ophthalmics, Antibiotics	
Bacitracin	P
Bacitracin/Polymixin	P
Ciprofloxacin Solution	P
Erythromycin	P
Gentamicin	P
Ofloxacin	P
Tobramycin	P
Vigamox	P
Zymar	P
Ciloxan Ointment	PA
Quixin	PA

Ophthalmics, Glaucoma Agents	
Alphagan P	P
Azopt	P
Betaxolol	P
Betimol	P
Betoptic S	P
Brimonidine	P
Carteolol	P
Cosopt	P
Dipivefrin	P
Levobunolol	P
Lumigan	P
Metipranolol	P
Pilocarpine	P
Timolol	P
Travatan	P
Trusopt	P
Xalatan	P
Istalol	PA

Otics, Antibiotics (Ear Preparations; Otic Preparations, Anti-Inflammatory Antibiotics)	
Ciprodex	P
Coly-mycin S	P
Floxin	P
Neomycin/Polymixin/ Hydrocortisone	P
Cipro HC	PA
Cortisporin-TC	PA

Phosphate Binders and Related Agents	
Phoslo	P
Renagel	P
Fosrenol	PA
Magnebind 400 RX	PA

Proton Pump Inhibitor (PPI) Drugs (This class requires step therapy.)	
Prilosec OTC	P
Aciphex	PA
Nexium	PA
Omeprazole (Prilosec)	PA
Prevacid	PA
Protonix	PA
Zegerid	PA

Topical Immunomodulators (Dermatitis)	
Elidel	P
Protopic	P

Ulcerative Colitis	
Asacol	P
Canasa	P
Dipentum	P
Mesalamine	P
Pentasa	P
Sulfasalazine	P
Colazal	PA

Note: Wisconsin SeniorCare does not cover over-the-counter drugs. In addition, SeniorCare does not cover drugs that do not have a signed rebate agreement between the manufacturer and Wisconsin SeniorCare for SeniorCare participants in levels 2b and 3. Providers should refer to the SeniorCare drug search tool at *dhfs.wisconsin.gov/seniorcare/* for a complete list of covered drugs.