Drugs listed below affect Wisconsin Medicaid and BadgerCare (fee for service) recipients, and SeniorCare participants.

ACE Inhibitors/Calcium Channel Blocker Combinations

Preferred	*Requires Prior Authorization*
Lexxel	
Lotrel	
Tarka	

Angiotensin Receptor Blockers

Preferred	*Requires Prior Authorization*
Cozaar, Hyzaar	Atacand, HCT
Diovan, HCT	Avapro, Avalide
Micardis, HCT	Benicar, HCT
	Teveten, HCT

Antifungals, Oral

Preferred	*Requires Prior Authorization*
clotrimazole	Ancobon
fluconazole	Mycostatin
griseofulvin	Sporanox
ketoconazole	Vfend
nystatin	
Grifulvin V Suspension	
Lamisil	

Antimigraine, Triptans

Preferred	*Requires Prior Authorization*
Amerge	Frova
Axert	Maxalt, MLT
Imitrex (oral, nasal & subq)	Relpax
	Zomig, Nasal, ZMT

Antivirals, Influenza

Preferred	*Requires Prior Authorization*
amantadine	Relenza
rimantadine	
Tamiflu	

Antivirals, Other

Preferred	*Requires Prior Authorization*
acyclovir	ganciclovir (Cytovene)
Valcyte	Famvir
Valtrex	

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

Preferred	*Requires Prior Authorization*
acebutolol	Cartrol
atenolol	Inderal LA
betaxolol	Innopran XL
bisoprolol	Levatol
labetalol	
metoprolol	
nadolol	
pindolol	
propranolol	
sotalol	
timolol	
Coreg	
Toprol XL	

Bone Resorption Suppression and Related Agents

Preferred	Requires Prior Authorization
Actonel	Didronel
Fosamax	Evista
Miacalcin	

Calcium Channel Blocking Agents

Preferred	Requires Prior Authorization
diltiazem, ER, SR	Cardene SR
felodipine ER	Covera-HS
nicardipine	Nimotop
nifedipine, ER	Verelan PM
verapamil, SR	
Cardizem LA	
Dynacirc, CR	
Norvasc	
Sular	

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

Preferred	Requires Prior Authorization
amox tr-potassium clavulanate 600	Cedax
amoxicillin/clavulanate	Cefzil
cefaclor	Lorabid
cefadroxil	Panixine
cefpodoxime	Raniclor
cefuroxime	Suprax
cephalexin	
Augmentin XR	
Omnicef	
Spectracef	

Corticosteroids, Nasal

Preferred	Requires Prior Authorization
flunisolide	Beconase AQ
Flonase	Nasacort AQ
Nasarel	Rhinocort Aqua
Nasonex	

Fluoroquinolones

Preferred	Requires Prior Authorization
ciprofloxacin	ofloxacin (Floxin)
Avelox	Factive
Cipro XR	Maxaquin
Levaquin	
Noroxin	
Tequin	

Glucocorticoids, Inhaled

Preferred	Requires Prior Authorization
Advair Diskus	Pulmicort Turbuhaler
Aerobid, Aerobid-M	
Azmacort	
Flovent	
Pulmicort Respules (Ages 8 and under)	
Qvar	

Hypoglycemics, Thiazolidinediones

Preferred	Requires Prior Authorization
Actos	
Avandia	

Leukotriene Modifiers

Preferred	Requires Prior Authorization
Accolate	
Singulair	

Lipotropics, Other

Preferred	Requires Prior Authorization
cholestyramine	Tricor
gemfibrozil	Welchol
niacin	
Advicor	
Colestid	
Lofibra	
Niaspan	
Zetia	

Lipotropics, Statins

Preferred	Requires Prior Authorization
lovastatin	Caduet
Altoprev (formerly known as Altocor)	Pravachol
Crestor	Pravigard PAC
Lescol, XL	
Lipitor	
Vytorin	
Zocor	

Macrolides/Ketolides

Preferred	Requires Prior Authorization
erythromycin	Biaxin, XL
Zithromax	Ketek

Nonsteroidal Anti-inflammatory Agents

Preferred	Requires Prior Authorization
diclofenac potassium	Arthrotec*
diclofenac sodium, XL	Bextra**
etodolac, XL	Celebrex**
fenoprofen	Mobic**
flurbiprofen	Ponstel**
ibuprofen	Prevacid Naprapac*
indomethacin, SR	
ketoprofen	
ketorolac	
meclofenamate	
nabumetone	
naproxen	
naproxen sodium, DS	
oxaprozin	
piroxicam	
sulindac	
tolmetin, DS	

* Requires the prior use and failure of at least 1 generic NSAID and a COX-II.
** Requires the failure of a preferred generic NSAID.

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

Preferred	Requires Prior Authorization
neomycin/polymyxin/ hydrocortisone	Cipro HC
Coly-Mycin S	Cortisporin-TC
Ciprodex	
Floxin	

Proton Pump Inhibitors

Preferred	***Requires Prior Authorization***
Prilosec OTC	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.

Topical Immunomodulators (Dermatitis)

Preferred	***Requires Prior Authorization***
Elidel	
Protopic	

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
acebutolol
Actonel
Actos
acyclovir
Advair Diskus
Advicor
Aerobid, Aerobid-M
Altoprev (formerly known as Altocor)
amantadine
Amerge
amox tr-potassium clavulanate 600
amoxicillin/clavulanate
atenolol
Augmentin XR
Avandia
Avelox
Axert
Azmacort
betaxolol
bisoprolol
Cardizem LA
cefaclor
cefadroxil
cefpodoxime
cefuroxime
cephalexin
cholestyramine

Cipro XR
Ciprodex
ciprofloxacin
clotrimazole
Colestid
Coly-Mycin
Cozaar, Hyzaar
Crestor
diclofenac potassium
diclofenac sodium, XL
diltiazem, ER, SR
Diovan, HCT
Dynacirc, CR
Elidel
erythromycin

etodolac, XL
felodipine ER
fenoprofen
Flonase
Flovent
Floxin
fluconazole
flunisolide
flurbiprofen
Fosamax
gemfibrozil
Grifulvin V Suspension
griseofulvin
ibuprofen
Imitrex (oral, nasal & subq)
indomethacin, SR
ketoconazole
ketoprofen
ketorolac

labetalol
Lamisil
Lescol, XL
Levaquin
Lexxel
Lipitor
Lotrel
lovastatin
meclofenamate
metoprolol
Miacalcin
Micardis, HCT
nabumetone
nadolol
naproxen

naproxen sodium, DS
Nasarel
Nasonex
neomycin/polymyxin/hydrocortisone
niacin
Niaspan
nicardipine
nifedipine, ER
Noroxin
Norvasc
nystatin
Omnicef
oxaprozin
pindolol
piroxicam
Prilosec OTC
propranolol
Protopic
Pulmicort Respules (Ages 8 and under)
Qvar
rimantadine
Singulair
sotalol
Spectracef
Sular
sulindac
Tamiflu
Tarka
Tequin
timolol
tolmetin, DS
Toprol
Valcyte
Valtrex

verapamil, SR
Vytorin
Zetia
Zithromax
Zocor

Alphabetical Listing – Drugs That Require Prior Authorization

Aciphex*
Ancobon
Arthrotec*
Atacand, HCT
Avapro, Avalide
Beconase AQ
Benicar, HCT
Bextra*
Biaxin, XL
Caduet
Cardene SR
Cartrol
Cedax
Cefzil
Celebrex*
Cipro HC
Cortisporin-TC
Covera-HS
Didronel
Evista
Factive
Famvir
Frova
ganciclovir (Cytovene)
Inderal LA
Innopran XL
Ketek
Levatol
Lorabid
Maxalt, MLT
Maxaquin
Mobic*
Mycostatin
Nasacort AQ
Nexium*
Nimotop
omeprazole (Prilosec)*
ofloxacin (Floxin)
Panixine
Ponstel*
Pravachol
Pravigard PAC
Prevacid Naprapac*
Prevacid*
Prilosec*
Protonix*
Pulmicort Turbuhaler
Raniclor
Relenza
Relpax
Rhinocort Aqua
Sporanox
Suprax
Teveten, HCT
Tricor
Verelan PM
Vfend
Welchol
Zegerid*
Zomig, Nasal, ZMT

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