

# Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug List - Quick Reference

(Revised 05/01/08)

Angiotensin Modulators		
benazepril, HCTZ		P
captopril, HCTZ		P
enalapril, HCTZ		P
fosinopril, HCTZ		P
lisinopril, HCTZ		P
Avapro, Avalide		P
Benicar, HCT		P
Cozaar, Hyzaar		P
Diovan, HCT		P
Micardis, HCT		P
moexipril, HCTZ		NP
quinapril, HCTZ		NP
ramipril		NP
trandolapril (Mavik)		NP
Aceon		NP
Atacand, HCT		NP
Tekturna, HCT		NP
Teveten, HCT		NP
Angiotensin Modulators/CCB Comb.		
amlodipine/benazepril		P
Exforge		P
Tarka		P
Azor		NP
Lexxel		NP
Acne Agents		
benprox		P
benzoyl peroxide		P
clindamycin		P
erythromycin		P
tretinoin		P
Azelex		P
Clinac BPO		P
Retin-A micro, Pump		P
Tazorac		P
erythromycin, benzoyl peroxide		NP

Acne Agents (cont.)		
sulfacetamide		NP
Akne-mycin		NP
Atralia		NP
Benzaclin Gel	SCN	NP
Benzamycinpak	SCN	NP
Clindagel	SCN	NP
Cliindareach		NP
Differin	SCN	NP
Duac CS		NP
Evoclin		NP
Inova		NP
Klaron	SCN	NP
Neobenz Micro		NP
Nuox	SCN	NP
Triaz	SCN	NP
Zaclir		NP
Ziana		NP
Zoderm		NP
Alzheimer's Agents		
Aricept, ODT		P
Exelon		P
Namenda		P
Cognex		NP
Exelon patch		NP
Razadyne, ER		NP
Analgesics, Narcotics-Long-Acting		
fentanyl transdermal		P
methadone		P
morphine ER		P
Kadian		P
Avinza		NP
Opana ER		NP
Oxycontin		NP
Ultram ER		NP

Analgesics, Narcotics-Short-Acting		
apap/codeine, asp/codeine		P
butalbital/apap/codeine		P
codeine		P
dihydrocodeine/apap/caff		P
hydromorphone		P
hydrocodone/apap/ibup		P
ibuprofen/oxycodone		P
levorphanol		P
morphine		P
oxycodone/apap/asa		P
propoxyphene HCL, apap		P
tramadol		P
fentanyl buccal.		NP
meperidine		NP
pentazocine/apap, naloxone		NP
tramadol/apap		NP
Darvon-N	SCN	NP
Fentora		NP
Lynox	SCN	NP
Opana		NP
Panlor DC, SS		NP
Synalgos-DC		NP
Androgenic Agents		
Androderm		P
Androgel		P
Testim		NP
Antibiotics, GI		
metronidazole		P
neomycin		P


Antibiotics, GI (cont.)		
Alinia		P
Tindamax		P
Vancocin HCL		P
Flagyl ER		NP
Xifaxan		NP
Anticoagulants, Injectables		
Arixtra		P
Fragmin		P
Lovenox	SCN	P
Innohep		NP
Anticonvulsants		
carbamazepine		P
clonazepam		P
ethosuximide		P
gabapentin		P
mephobarbital		P
oxcarbazepine		P
phenobarbital		P
phenytoin		P
primidone		P
valproic acid		P
zonisamide		P
Carbatrol		P
Celontin		P
Depakote, ER, sprinkle		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra		P
Lamictal		P
Lyrica		P
Mebaral	SCN	P
Peganone		P
Topamax		P
lamotrigine dispersible tablets		NP

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SCN = Wisconsin SeniorCare does not cover over-the-counter drugs. For Levels 2b and 3, SeniorCare does not cover drugs that do not have a signed SeniorCare Rebate Agreement between the manufacturer and the Department of Health and Family Services. Refer to the SeniorCare Drug Search Tool on the SeniorCare Web site at [dhfs.wisconsin.gov/seniorcare/index.htm](http://dhfs.wisconsin.gov/seniorcare/index.htm) or the ePocrates Web site, [www.epocrates.com](http://www.epocrates.com), for a list of covered drugs for SeniorCare members. Providers may access the BadgerCare Plus, Wisconsin Medicaid, and SeniorCare Preferred Drug List (PDL) using personal digital assistants (PDAs) on the ePocrates Web site.

Providers may refer to the Data Tables page of the Pharmacy section of the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/pharmacy/index.htm](http://dhfs.wisconsin.gov/medicaid/pharmacy/index.htm) for a list of diagnosis-restricted drugs and a list of drugs where quantity limits apply.

The PDL policies do not apply to BadgerCare Plus Benchmark Plan members. Not all covered drugs are listed on the PDL.

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Anticonvulsants (cont.)		
Phenytek		NP
Tegretol XR		NP
Antidepressants, Other		
bupropion SR, XL		P
mirtazapine		P
trazodone		P
venlafaxine		P
Effexor XR		P
nefazodone		NP
Cymbalta		NP
Emsam	SCN	NP
Pristiq		NP
Wellbutrin XL*		NP
* Prior authorization is not required for recipients 18 and younger.		
Antidepressants, SSRI		
citalopram		P
fluoxetine		P
fluvoxamine		P
paroxetine		P
sertraline		P
Lexapro		NP
Luvax CR		NP
Paxil CR		NP
Pexeva		NP
Prozac Weekly		NP
Antiemetics, Oral		
granisetron HCL		P
ondansetron, oral, solution		P
Emend		P
Anzemet		NP
Cesamet (Oral)		NP
Marinol (Oral)		NP
Antifungals, Oral		
clotrimazole		P
fluconazole		P
griseofulvin		P
itraconazole	DR	P
ketoconazole		P
nystatin		P
terbinafine	DR	P
Gris-Peg		P
Mycostatin		P
Vfend		P
Ancobon		NP

Antifungals, Oral (cont.)		
Grifulvin V Tablets		NP
Lamisil granules	DR	NP
Noxafil		NP
Sporanox (liquid)		NP
Antifungals, Topical		
clotrimazole/betamethasone		P
ciclopirox (gel, liquid)		P
econazole nitrate		P
ketoconazole		P
nystatin, nystatin/triamcinolone		P
ciclopirox cream, suspension		NP
CNL 8		NP
Ertaczo		NP
Exelderm		NP
Extina		NP
Loprox (shampoo)	SCN	NP
Mentax		NP
Naftin		NP
Oxistat		NP
Vusion		NP
Xolegel		NP
Antihistamines, Non-sedating		
cetirizine HCL (5 & 10 mg tab)		P
cetirizine-pseudoephedrine		P
loratadine tab, syrup, -D, child		P
fexofenadine (Allegra, susp, -D)		NP
Allegra ODT, syrup		NP
Clarinet, Clarinet Syrup	SCN	NP
Semprex-D		NP
Xyzal		NP
Zyrtec tab, syrup, -D		NP
Antimigraine, Triptans		
Imitrex	QL	P
Maxalt, MLT	QL	P
Relpax	QL	P
Amerge	QL	NP
Axert	QL	NP
Frova	QL	NP

Antimigraine, Triptans (cont.)		
Treximet	QL	NP
Zomig, Nasal, ZMT	QL	NP
QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.		
Antiparkinson's Agents		
benztropine		P
carbidopa/levodopa		P
selegiline		P
trihexyphenidyl		P
Kemadrin		P
Requip	DR	P
Stalevo		P
Azilect		NP
Comtan		NP
Mirapex	DR	NP
Neupro		NP
Parcopa		NP
Tasmar		NP
Zelapar		NP
Antipsychotics, Atypical		
clozapine		P
Geodon		P
Risperdal		P
Seroquel		P
Abilify		NP
Fazaclor	SCN	NP
Invega		NP
Seroquel XR		NP
Symbyax		NP
Zyprexa		NP
Antivirals, Influenza		
amantadine		P
rimantadine		P
Relenza		P
Tamiflu		P
Antivirals, Other		
acyclovir		P
famciclovir		P
Valtrex		P
Agents for BPH		
doxazosin		P
finasteride		P
terazosin		P
Avodart		P
Flomax		P

Agents for BPH (cont.)		
Uroxatral	SCN	P
Cardura XL		NP
Beta Blockers		
acebutolol		P
atenolol		P
betaxolol		P
bisoprolol		P
carvedilol		P
labetalol		P
metoprolol, succinate		P
nadolol		P
pindolol		P
propranolol, LA		P
sotalol		P
timolol		P
Bystolic		NP
Cartrol		NP
Coreg CR		NP
Innopran XL		NP
Levatol		NP
Bladder Relaxant Preparations		
oxybutynin, ER		P
Detrol LA		P
Enablex		P
Oxytrol		P
Sanctura, XR		P
VesiCare		P
Detrol		NP
Bone Resorption Suppression		
Fosamax, Plus D		P
Miacalcin		P
alendronate		NP
etidronate		NP
Actonel, with Calcium		NP
Boniva		NP
Evista		NP
Fortical		NP
Bronchodilators, Anticholinergic		
ipratropium/albuterol		P
Atrovent, HFA		P
Combivent		P
Spiriva		P
Bronchodilators, Beta Agonists		
albuterol, sulfate ER		P
metaproterenol (oral)		P
terbutaline		P

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Bronchodilators, Beta Agonists (cont.)		
Maxair		P
Proventil HFA	SCN	P
Serevent		P
Ventolin HFA		P
Xopenex HFA		P
metaproterenol (inhalation)		NP
Albuterol HFA		NP
Alupent		NP
Brovana		NP
Foradil		NP
Xopenex		NP
Calcium Channel Blocking Agents		
amlodipine		P
diltiazem, ER		P
felodipine ER		P
nicardipine		P
nifedipine, ER		P
nimodipine		P
verapamil, ER, SR		P
Cardizem LA		P
isradipine (Dynacirc, CR)		NP
Cardene SR		NP
Covera-HS		NP
Sular		NP
Cephalosporin and Related Agents		
amoxicillin/ clavulanate		P
amox tr-potassium clav 600		P
cefaclor		P
cefadroxil		P
cefdinir		P
cefpodoxime		P
cephalexin		P
cefprozil		P
cefuroxime		P
Cedax		P
Spectracef		P
Suprax		P
Augmentin XR		NP
Lorabid		NP
Panixine		NP
Raniclolor		NP

Cytokine and CAM Antagonists		
Enbrel <sup>†</sup>	SCN	P
Humira <sup>†</sup>		P
Kineret <sup>†</sup>		P
Raptiva <sup>†</sup>	SCN	P
<sup>†</sup> Preferred agents that require clinical prior authorization.		
Erythropoiesis Stimulating Proteins		
Aranesp	DR	P
Procrit	DR	P
Epopogen	DR	NP
Fluoroquinolones		
ciprofloxacin		P
ofloxacin		P
Avelox	SCN	P
Levaquin		P
ciprofloxacin ER		NP
Cipro suspension		NP
Factive	SCN	NP
Maxaquin		NP
Noroxin		NP
Proquin XR	SCN	NP
Tequin		NP
Glucocorticoids, Inhaled		
Advair, HFA		P
Aerobid, Aerobid-M	SCN	P
Asmanex	SCN	P
Azmacort	SCN	P
Flovent, HFA		P
Pulmicort Respules		P
Qvar		P
Pulmicort Flexhaler		NP
Symbicort		NP
Growth Hormone		
Genotropin <sup>†</sup>		P
Nutropin, AQ <sup>†</sup>	SCN	P
Saizen <sup>†</sup>		P
Tev-Tropin <sup>†</sup>		P
Humatrope		NP
Norditropin		NP
Omnitrope		NP
Serostim		NP
Zorbtive		NP
<sup>†</sup> Preferred agents that require clinical prior authorization.		

Hepatitis B Agents			
Baraclude		P	
Epivir HBV		P	
Hepsera		P	
Tyzeka		P	
Hepatitis C Agents			
ribavirin	DR	P	
Pegasys	DR	P	
Peg-Intron, Redipen	DR	SCN	P
Infergen	DR	SCN	NP
Fluoroglycemics, Adjunct Therapy			
Byetta <sup>†</sup>		P	
Janumet <sup>†</sup>	QL	P	
Januvia <sup>†</sup>	QL	P	
Symli <sup>†</sup> , pen <sup>†</sup>		P	
<sup>†</sup> Preferred agents that require clinical prior authorization.			
QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.			
Hypoglycemics, Insulins			
Humulin		P	
Humalog		P	
Humalog Mix		P	
Lantus	SCN	P	
Levemir		P	
Apidra	SCN	NP	
Novolin		NP	
Novolog		NP	
Novolog Mix		NP	
Hypoglycemics, Meglitinides			
Starlix		P	
Prandin		NP	
Hypoglycemics, Thiazolidinediones			
Actoplus MET		P	
Actos		P	
Avandamet		P	
Avandaryl		P	
Avandia		P	
Duetact		P	
Intranasal Rhinitis Agents			
flunisolide		P	
fluticasone		P	
ipratropium		P	
Astelin		P	
Nasacort AQ	SCN	P	
Beconase AQ		NP	

Intranasal Rhinitis Agents (cont.)		
Nasarel		NP
Nasonex	SCN	NP
Omnares		NP
Rhinocort Aqua		NP
Veramyst		NP
Leukotriene Modifiers		
Accolate		P
Singulair		P
Zyflo		NP
Lipotropics, Bile Acid Sequestrants		
cholestyramine		P
colestipol		P
Welchol		NP
Lipotropics, Fibric Acids		
fenofibrate		P
gemfibrozil		P
Tricor		P
Antara		NP
Triglide		NP
Lipotropics, Other		
Niaspan		P
Zetia		P
Fenoglide		NP
Lipofen		NP
Lovaza (Omacor)		NP
Lipotropics, Statins		
lovastatin		P
pravastatin		P
simvastatin		P
Lescol, XL		P
Lipitor		P
Vytorin		P
Advicor		NP
Altoprev		NP
Caduet		NP
Crestor		NP
Simcor		NP
Macrolides/Ketolides		
azithromycin		P
clarithromycin		P
erythromycin		P
clarithromycin ER		NP
Ketek	SCN	NP
Zmax		NP

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Multiple Sclerosis Agents			
Avonex	DR	SCN	P
Betaseron	DR		P
Copaxone	DR	SCN	P
Rebif	DR		P
NSAIDs			
diclofenac, potassium, XL			P
flurbiprofen			P
ibuprofen			P
indomethacin, SR			P
ketoprofen			P
ketorolac			P
meclofenamate			P
meloxicam			P
nabumetone			P
naproxen			P
naproxen sodium, DS			P
piroxicam			P
Celebrex*			P
etodolac, XL			NP
fenopropfen (Nalfon)			NP
mefenamic acid (Ponstel)			NP
oxaprozin			NP
sulindac			NP
tolmetin, DS			NP
Arthrotec			NP
Prevacid Naprapac			NP
*Celebrex requires clinical prior authorization			
Ophthalmics, Allergic Conjunctivitis			
cromolyn			P
Alaway OTC	SCN		P
Zaditor OTC	SCN		P
ketotifen			NP
Alamast			NP
Alocril			NP
Alomide			NP
Alrex			NP
Elestat			NP
Emadine			NP
Patanol			NP
Pataday			NP
Optivar			NP
Ophthalmics, Fluoroquinolones			
bacitracin/polymyxin			P

Ophthalmics, Fluoroquinolones (cont.)			
ciprofloxacin solution			P
erythromycin			P
gentamicin			P
ofloxacin			P
polymyxin/trimethoprim			P
sulfacetamide			P
tobramycin			P
triple antibiotic			P
Vigamox			P
Zymar			P
Ciloxan Ointment			NP
Iquix			NP
Quixin			NP
Ophthalmics, Glaucoma Agents			
betaxolol			P
brimonidine			P
carteolol			P
dipivefrin			P
levobunolol			P
metipranolol			P
pilocarpine			P
timolol			P
Alphagan P			P
Azopt			P
Betimol			P
Betopic S			P
Cosopt			P
Istalol			P
Lumigan			P
Travatan, Z			P
Trusopt			P
Xalatan			P
Combigan			NP
Ophthalmics, NSAIDs			
diclofenac			P
flurbiprofen			P
Acular, LS, PF			P
Nevanac			P
Xibrom			P
Otics, Fluoroquinolones			
ofloxacin (drops)			P
Ciprodex			P
Floxin (singles)			P
Cipro HC			NP

Phosphate Binders			
Fosrenol			P
Phoslo	SCN		P
Renagel			P
Renvela			NP
Platelet Aggregation Inhibitors			
dipyridamole			P
ticlopidine			P
Aggrenox			P
Plavix			P
Proton Pump Inhibitors			
Nexium, susp.	DR		P
Prevacid (caps, SoluTab, susp)	DR		P
Prilosec OTC	DR	SCN	P
omeprazole, OTC*	DR	SCN	NP
pantoprazole*	DR		NP
Aciphex*	DR		NP
Prilosec 40 mg*	DR		NP
Zegerid*	DR		NP
* Requires the prior use and failure of Nexium, Prevacid and Prilosec OTC.			
Sedative Hypnotics			
chloral hydrate			P
estazolam			P
flurazepam			P
temazepam			P
zolpidem			P
Rozerem			P
triazolam			NP
zaleplon			NP
Ambien CR		SCN	NP
Doral			NP
Lunesta			NP
Restoril			NP
Sonata			NP
Skeletal Muscle Relaxants			
baclofen			P
carisoprodol, compound			P
chlorzoxazone			P
cyclobenzaprine			P
dantrolene sodium			P
methocarbamol			P
tizanidine			P
orphenadrine			NP
orphenadrine compound			NP

Skeletal Muscle Relaxants (cont.)			
Amrix			NP
Fexmid			NP
Skelaxin			NP
Soma			NP
Zanaflex			NP
Stimulants and Related Agents			
Ampheta-mine salt combo	DR		P
Dextroampeta-mine	DR		P
methlyphenidate, ER	DR		P
Adderall XR	DR		P
Concerta	DR		P
Focalin, XR	DR		P
Metadate CD	DR		P
pemoline (Cylert)	DR		NP
Daytrana	DR		NP
Desoxyn	DR	SCN	NP
Provigil	DR		NP
Ritalin LA	DR		NP
Strattera*	DR		NP
Vyvanse	DR		NP
* Prior authorization is not required for recipients 18 and older.			
Topical, Anti-Infectives			
mupirocin ointment	DR		P
Altabax	DR		NP
Bactroban cream	DR		NP
Topical Immunomodulators			
Elidel			NP
Protopic		SCN	NP
Clinical PA required for Elidel & Protopic.			
Ulcerative Colitis			
balsalazide			P
mesalamine			P
sulfasalazine			P
Asacol			P
Canasa			P
Dipentum			NP
Lialda			NP
Pentasa			NP

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