Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

KEY:

All lowercase letters = generic product
Leading capital letter = brand name product
P = Preferred product
NP = Non-preferred product (requires PA)

DR = Diagnosis Restriction
DAPO = Prior Authorization processed through Drug Authorization and Policy Override center

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process	Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937	Brand Before Generic (BBG) Drug Refer to topic #20077	Uses specific Drug PA Form - available via STAT-PA or Paper PA process	Uses specific Drug PA Form - available via Paper PA process only	Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937	Monthly Changes to the PDL

- 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 Services. Providers may refer to the Numeric Listing of Manufacturers That Have Signed Rebate Agreements data table on the Pharmacy page of the Providers area of the Portal.

- Providers may refer to the data tables on the Pharmacy page of the Providers area of the Portal for more information: *https://www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/pharmacy/resources.htm.spage*

- Prior Authorization forms are available at: *https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms*

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Acne Agents, Topical		
adapalene 0.1% cream		**P**
adapalene OTC 0.1% gel		**P**
adapalene 0.3% gel		**P**
benzoyl peroxide OTC 2.5%, 5%, 10%	**SCN**	**P**
clindamycin/benzoyl peroxide (Gen-Duac)		**P**
clindamycin gel (Gen-Cleocin T)		**P**
clindamycin solution		**P**
erythromycin gel, solution		**P**
sodium sulfacetamide-sulfur 10-5% cleanser	**SCN**	**P**
sulfacetamide sodium susp		**P**
Retin-A (not micro)		**P**
NOTE: Topical federal legend acne drugs not listed are either non-preferred or noncovered.		NP

Alzheimer's Agents			
donepezil 5mg,10mg			**P**
donepezil ODT 5mg,10mg			**P**
memantine solution, tablet, titration pack*			**P**
rivastigmine caps			**P**
Exelon patch			**P**
donepezil 23mg			NP
galantamine tablets			NP
galantamine ER caps			NP
galantamine solution			NP
memantine ER caps (Gen-Namenda XR)*	DR		NP
rivastigmine patch			NP
Adlarity patch		SCN	NP
Namzaric capsule			NP
Namzaric dose pack			NP
*memantine products are not covered for members 17 years of age or younger			

Analgesics/Anesthetics, Topical		
capsaicin OTC	**SCN**	**P**
diclofenac 1% gel (Gen-Voltaren RX)		**P**
diclofenac sodium 1% gel OTC (Gen-Voltaren OTC)		**P**

Analgesics/Anesthetics, Topical (cont)		
lidocaine 5% ointment		**P**
lidocaine 5% trans patch		**P**
diclofenac 1.3% patch (Gen-Flector)		NP
diclofenac 1.5% solution (Gen-Pennsaid solution)		NP
diclofenac 2% pump (Gen-Pennsaid pump)		NP
Flector		NP
Licart patch	SCN	NP
Pennsaid pump	SCN	NP
Ztlido	SCN	NP

Analgesics, Miscellaneous		
acetaminophen	**SCN**	**P**
apap chew tab 80mg, 160mg*		**P**
aspirin	**SCN**	**P**
ibuprofen Rx		**P**
ibuprofen OTC	**SCN**	**P**
ibuprofen OTC chew tab 100mg*		**P**
naproxen Rx		**P**
naproxen OTC	**SCN**	**P**
butalbital/apap		NP
butalbital/apap/caffeine		NP
butalbital/apap/caffeine/codeine		NP
butalbital/asa/caffeine		NP
butalbital/asa/caffeine/codeine		NP
Bupap	SCN	NP
Esgic		NP
* Products are only covered for members 12 years of age or younger		

Analgesics, Opioids Long-Acting		
fentanyl transdermal 12mcg, 25mcg, 50mcg, 75mcg, 100mcg		**P**
morphine ER tablets		**P**
tramadol ER tab (Gen-Ultram ER)		**P**
Butrans transdermal		**P**
Hysingla ER		**P**
buprenorphine transdermal		NP
fentanyl transdermal 37.5mcg, 62.5mcg, 87.5mcg		NP
hydrocodone ER tablet (Gen-Hysingla ER)		NP

Analgesics, Opioids Long-Acting (cont)		
hydrocodone ER capsule (Gen-Zohydro ER)		NP
hydromorphone ER		NP
methadone tablet, solution		NP
morphine ER capsules		NP
oxycodone ER		NP
oxymorphone ER		NP
tramadol ER cap (Gen-Conzip)	SCN	NP
tramadol ER tab (Gen-Ryzolt)		NP
Belbuca Film		NP
Conzip	SCN	NP
Nucynta ER		NP
Oxycontin		NP
Xtampza ER	SCN	NP

Analgesics, Opioids Short-Acting		
codeine/apap		**P**
hydromorphone		**P**
hydrocodone/apap 325mg		**P**
hydrocodone/ibuprofen		**P**
morphine		**P**
oxycodone solution, tablets		**P**
oxycodone/apap 325mg		**P**
tramadol 50mg tab		**P**
tramadol/apap 325mg		**P**
butorphanol spray		NP
codeine		NP
levorphanol		NP
hydrocodone/apap*		NP
hydromorphone liquid, suppository		NP
meperidine		NP
oxycodone capsules, concentrate		NP
oxymorphone		NP
pentazocine/naloxone		NP
tramadol HCL solution		NP
tramadol 25mg tablet	SCN	NP
tramadol 100mg tablet		NP
Dilaudid Liquid		NP
Nucynta		NP
Roxybond Tablet		NP
Seglentis tablet	SCN	NP
*Combination products containing any other strength of apap besides 325 mg.		

Analgesics, Opioids Short-Acting – Fentanyl Mucosal Agents		
fentanyl citrate oral transmucosal lozenges		NP
Fentora		NP

Androgenic Agents		
oxandrolone tablet		**P**
testosterone cypionate*		**P**
testosterone enanthate*		**P**
testosterone gel pump (Gen-Androgel)		**P**
testosterone gel, pump (Gen-Vogelxo)		**P**
Depo-testosterone*		**P**
methyltestosterone capsule		NP
testosterone gel packet (Gen-Androgel)		NP
testosterone pump (Gen-Axiron and Fortesta)		NP
Androgel gel		NP
Fortesta		NP
Jatenzo	SCN	NP
Methitest tablet		NP
Natesto nasal spray	SCN	NP
Tlando capsule		NP
Testim	SCN	NP
Vogelxo		NP
Xyosted		NP
* Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		

Angiotensin Modulators, ACE Inhibitors		
benazepril		**P**
captopril		**P**
enalapril solution (Gen-Epaned)	**SCN**	**P**
enalapril tablet		**P**
enalapril/HCTZ		**P**
fosinopril		**P**
lisinopril		**P**
lisinopril/HCTZ		**P**
quinapril		**P**
ramipril		**P**
benazepril/HCTZ		NP
captopril/HCTZ	SCN	NP
fosinopril/HCTZ		NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Angiotensin Modulators, ACE Inhibitors (cont)		
moexipril		NP
perindopril		NP
quinapril/HCTZ		NP
trandolapril		NP
Qbrelis solution	SCN	NP
Angiotensin Modulators, ARBs and DRIs		
irbesartan		P
irbesartan/HCTZ		P
losartan		P
losartan/HCTZ		P
olmesartan		P
olmesartan/HCTZ		P
valsartan		P
valsartan/HCTZ		P
Entresto		P
aliskiren tabs (Gen-Tekturna)	SCN	NP
candesartan tablets		NP
candesartan/HCTZ		NP
telmisartan		NP
telmisartan/HCTZ		NP
valsartan solution	SCN	NP
Benicar		NP
Benicar/HCTZ		NP
Edarbi		NP
Edarbyclor		NP
Micardis		NP
Micardis/HCTZ		NP
Tekturna		NP
Tekturna/HCTZ		NP
Angiotensin Modulators, Combination		
amlodipine/benazepril		P
amlodipine/olmesartan		P
amlodipine/olmesartan/HCTZ		P
amlodipine/valsartan		P
amlodipine/valsartan/HCTZ		NP
telmisartan/amlodipine		NP
trandolapril/verapamil		NP
Antibiotics, Beta-Lactam		
amoxicillin		P
amoxicillin clavulanate chew tabs, tablets, suspension		P
ampicillin		P
cefadroxil capsule, suspension		P

Antibiotics, Beta-Lactam (cont)		
cefdinir		P
cefixime capsule	SCN	P
cefixime suspension		P
cefprozil	SCN	P
cefuroxime		P
cephalexin capsule, suspension		P
cephalexin 750mg	SCN	P
dicloxacillin		P
penicillin		P
amoxicillin clavulanate XR		NP
cefaclor capsule, ER tablets		NP
cefaclor suspension	SCN	NP
cefadroxil tablet		
cefpodoxime suspension		NP
cefpodoxime tablet		NP
cephalexin tabs		NP
Antibiotics, GI		
metronidazole tablets		P
neomycin		P
tinidazole		P
vancomycin capsule		P
vancomycin solution (Gen-Firvanq)		P
Xifaxan		P
metronidazole capsule		NP
nitazoxanide tablet (Gen-Alinia)		NP
Aemcolo DR		NP
Dificid tablet, suspension		NP
Firvanq solution	SCN	NP
Likmez	SCN	NP
Solosec	SCN	NP
Vowst capsule	SCN	NP
Antibiotics, Inhaled		
Bethkis	SCN	P
Kitabis Pak	SCN	P
tobramycin (Gen-Tobi)		P
tobramycin (Gen-Bethkis)		NP
tobramycin pak (Gen-Kitabis Pak)		NP
Cayston		NP
Tobi Podhaler		NP
Antibiotics, Macrolides/Ketolides		
azithromycin		P
clarithromycin susp, tablets		P

Antibiotics, Macrolides/Ketolides (cont)		
erythromycin DR tablet, suspension		P
E.E.S. 200mg suspension		P
Eryped suspension		P
Ery-Tab DR		P
clarithromycin ER tab		NP
erythromycin DR capsule	SCN	NP
erythromycin tablet		NP
E.E.S. 400mg tablet		NP
Erythrocin		NP
Antibiotics, Tetracyclines		
doxycycline hyclate capsule		P
doxycycline hyclate 20mg tabs		P
doxycycline monohydrate 50mg, 100mg capsules		P
doxycycline monohydrate tabs		P
minocycline caps		P
demeclocycline		NP
doxycycline hyclate DR		NP
doxycycline hyclate tabs		NP
doxycycline IR-DR 40mg cap	SCN	NP
doxycycline monohydrate suspension		NP
doxycycline monohydrate 75mg, 150mg capsules		NP
minocycline tabs		NP
minocycline ER (Gen-Solodyn)		NP
tetracycline		NP
Doryx DR		NP
Minolira ER	SCN	NP
Morgidox caps	SCN	NP
Nuzyra	SCN	NP
Solodyn ER 55mg, 65mg, 80mg, 105mg, 115mg		NP
Antibiotics, Topical		
bacitracin ointment OTC	SCN	P
bacitracin/poly.B oint. OTC	SCN	P
gentamicin cream		P
mupirocin ointment		P
neomycin/bacitracin zinc/ polymyxin B oint OTC	SCN	P
gentamicin ointment		NP
mupirocin cream		NP

Antibiotics, Topical (cont)		
Centany	SCN	NP
Xepi 1% cream	SCN	NP
Antibiotics, Vaginal		
metronidazole capsules	SCN	P
metronidazole tablets		P
metronidazole 0.75% gel (Gen-Vandazole gel)		P
Cleocin 2% cream		P
Cleocin ovule		P
Nuvessa gel	SCN	P
clindamycin cream		NP
metronidazole 1.3% gel (Gen-Nuvessa gel)	SCN	NP
Clindesse cream		NP
Xaciato 2% gel	SCN	NP
Vandazole gel		NP
Anticoagulants		
enoxaparin		P
warfarin		P
Eliquis		P
Eliquis Dose Pack		P
Pradaxa caps		P
Xarelto suspension		P
Xarelto tablets		P
Xarelto Dose Pack		P
dabigatran capsule (Gen-Pradaxa)	SCN	NP
fondaparinux		NP
Arixtra	SCN	NP
Fragmin		NP
Pradaxa Pellet Pack		NP
Savaysa		NP
Anticonvulsants		
carbamazepine chew tabs		P
clobazam suspension, tablets		P
clonazepam tablets		P
diazepam rectal		P
divalproex tablets		P
divalproex ER tablets		P
ethosuximide		P
felbamate suspension		P
felbamate tablet		P
gabapentin caps, tabs		P
lacosamide tablets		P

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Anticonvulsants (cont)			
lacosamide solution			**P**
lamotrigine tablets			**P**
lamotrigine dispertabs			**P**
lamotrigine Dose Pk			**P**
lamotrigine ER tablets			**P**
levetiracetam solution, tabs			**P**
levetiracetam ER tabs			**P**
oxcarbazepine			**P**
oxcarbazepine suspension			**P**
phenobarbital			**P**
phenytoin			**P**
pregabalin (Gen-Lyrica)			**P**
primidone			**P**
tiagabine			**P**
topiramate			**P**
topiramate sprinkle			**P**
valproic acid			**P**
vigabatrin			**P**
zonisamide			**P**
Carbatrol ER			**P**
Celontin			**P**
Depakote sprinkle			**P**
Diastat			**P**
Dilantin 30mg cap			**P**
Dilantin Infatab			**P**
Felbatol			**P**
Gabitril		**SCN**	**P**
Lamictal Starter Kits		**SCN**	**P**
Lyrica			**P**
Nayzilam nasal spray			**P**
Roweepra		**SCN**	**P**
Sabril		**SCN**	**P**
Tegretol tab			**P**
Tegretol suspension			**P**
Tegretol XR			**P**
Valtoco nasal spray		**SCN**	**P**
carbamazepine susp, tabs			NP
carbamazepine ER caps, tabs			NP
clonazepam ODT			NP
divalproex sprinkle			NP
lamotrigine ODT			NP
methsuximide		SCN	NP
rufinamide (Gen-Banzel)	DR		NP

Anticonvulsants (cont)			
topiramate ER (Gen-Trokendi XR)			NP
topiramate ER (Gen-Qudexy XR)			NP
Aptiom		SCN	NP
Banzel	DR		NP
Briviact			NP
Diacomit	DR	SCN	NP
Elepsia XR		SCN	NP
Epidiolex	DR	SCN	NP
Eprontia solution		SCN	NP
Equetro			NP
Fintepla	DR		NP
Fycompa			NP
Lamictal ODT		SCN	NP
Lamictal ODT Starter Kit		SCN	NP
Lamictal XR		SCN	NP
Lamictal XR Starter Kit		SCN	NP
Libervant film		SCN	NP
Motpoly XR		SCN	NP
Oxtellar XR		SCN	NP
Phenytek		SCN	NP
Qudexy XR			NP
Spritam		SCN	NP
Sympazan	DR	SCN	NP
Trileptal suspension			NP
Trokendi XR		SCN	NP
Vigadrone			NP
Vigpoder		SCN	NP
Vimpat			NP
Vimpat solution			NP
Xcopri		SCN	NP
Zonisade suspension		SCN	NP
Ztalmy		SCN	NP
Antidepressants, Other			
bupropion			**P**
bupropion SR			**P**
bupropion XL (Gen-Wellbutrin)			**P**
desvenlafaxine ER (Gen-Pristiq)			**P**
duloxetine DR 20mg, 30mg, 60mg caps			**P**
mirtazapine			**P**
phenelzine			**P**
tranylcypromine sulfate			**P**
trazodone			**P**

Antidepressants, Other (cont)		
venlafaxine		**P**
venlafaxine ER capsules		**P**
Marplan		**P**
Nardil		**P**
bupropion XL (Gen-Forfivo XL)	SCN	NP
desvenlafaxine ER (No Brand)		NP
duloxetine 40mg DR caps		NP
nefazodone		NP
vilazodone tablet (Gen-Viibryd)		NP
venlafaxine ER tablets		NP
Aplenzin ER		NP
Auvelity ER tablet	SCN	NP
Drizalma sprinkle DR		NP
Emsam		NP
Fetzima		NP
Forfivo XL		NP
Trintellix		NP
Viibryd	SCN	NP
Zurzuvae	SCN	NP
Antidepressants, SSRI		
citalopram		**P**
escitalopram		**P**
fluoxetine 10mg, 20mg, 40mg caps		**P**
fluoxetine solution		**P**
fluvoxamine		**P**
paroxetine		**P**
sertraline concentrate, tablets		**P**
Paxil suspension		**P**
citalopram 30mg capsule		NP
fluoxetine 90mg caps		NP
fluoxetine 10mg, 20mg, 60mg tabs		NP
fluvoxamine ER		NP
paroxetine 7.5mg (Gen-Brisdelle)		NP
paroxetine CR (Gen-Paxil CR)	SCN	NP
sertraline capsules		NP
Brisdelle	SCN	NP
Pexeva	SCN	NP
Sarafem	SCN	NP
Antiemetics		
granisetron		**P**
metoclopramide		**P**
ondansetron tab, ODT, solution		**P**

Antiemetics (cont)		
prochlorperazine tabs, supp.		**P**
trimethobenzamide caps		**P**
Emend capsules, pack		**P**
aprepitant capsules, pack		NP
Akynzeo		NP
Anzemet		NP
Emend Powder Packet		NP
Gimoti nasal		NP
Sancuso	SCN	NP
Antiemetics/Antivertigo		
dimenhydrinate OTC		**P**
meclizine RX 12.5mg, 25mg		**P**
meclizine OTC 12.5mg, 25mg	**SCN**	**P**
promethazine tablet, suppository, syrup		**P**
Bonjesta	**SCN**	**P**
Diclegis	**SCN**	**P**
Transderm-Scop	**SCN**	**P**
doxylamine succinate / pyridoxine (Gen-Diclegis)		NP
meclizine 50mg tablet		NP
scopolamine patch		NP
Antivert	SCN	NP
Antiemetics, Cannabinoids		
dronabinol		NP
Antifungals, Oral		
clotrimazole troche		**P**
fluconazole		**P**
griseofulvin suspension		**P**
griseofulvin ultra-microsize tablets		**P**
itraconazole		**P**
ketoconazole tablets		**P**
nystatin suspension, tablet		**P**
posaconazole tablets (Gen-Noxafil tablets)		**P**
terbinafine		**P**
Sporanox (liquid)		**P**
flucytosine		NP
griseofulvin microsize tablets		NP
itraconazole solution		NP
posaconazole suspension (Gen-Noxafil suspension)		NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Antifungals, Oral (cont)		
voriconazole suspension, tab		NP
Ancobon		NP
Brexafemme	SCN	NP
Cresemba		NP
Noxafil powdermix suspension		NP
Noxafil suspension		NP
Oravig		NP
Tolsura		NP
Vfend		NP
Vivjoa	SCN	NP
Antifungals, Topical		
ciclopirox solution		P
clotrimazole OTC cream, solution		P
clotrimazole Rx cream, solution		P
clotrimazole/betamethasone cream		P
ketoconazole cream, shampoo		P
miconazole OTC	SCN	P
nystatin cream, ointment, powder		P
nystatin/triamcinolone cream, ointment		P
tolnaftate OTC cream, powder	SCN	P
Alevazol	SCN	P
ciclopirox cream, gel, shampoo, suspension		NP
clotrimazole/betamethasone lotion		NP
econazole nitrate		NP
ketoconazole foam		NP
luliconazole cream		NP
miconazole solution	SCN	NP
miconazole/zinc/pet ointment	SCN	NP
naftifine cream, gel		NP
oxiconazole cream		NP
tavaborole solution (Gen-Kerydin)		NP
Bensal HP	SCN	NP
Ertaczo		NP
Jublia		NP
Luzu cream		NP
Naftin	SCN	NP

Antifungals, Topical (cont)		
Oxistat	SCN	NP
Thera Antifungal OTC cream, powder	SCN	NP
Vusion	SCN	NP

NOTE: Sprays and Kits are not covered.

Antihistamines, Minimally Sedating		
cetirizine syrup, tablets	SCN	P
cetirizine D	SCN	P
levocetirizine tablets		P
loratadine syrup, tablets	SCN	P
loratadine D	SCN	P
desloratadine		NP
desloratadine ODT		NP
fexofenadine OTC	SCN	NP
levocetirizine solution		NP
Clarinex		NP
Clarinex D		NP
Semprex-D	SCN	NP
Antihypertensives, Sympatholytics		
clonidine (oral)		P
clonidine trans patch		P
guanfacine		P
methyldopa		P
clonidine HCL ER tablet		NP
methyldopa/HCTZ	SCN	NP
Nexiclon XR	SCN	NP
Antiparasitics, Topical		
permethrin OTC		P
permethrin Rx		P
Natroba		P
ivermectin OTC (Gen-Sklice OTC)		NP
malathion		NP
spinosad		NP
Crotan Lotion	SCN	NP
Antiparkinson's Agents		
amantadine		P
benztropine		P
bromocriptine		P
carbidopa/levodopa		P
carbidopa/levodopa ER		P
carbidopa/levodopa ODT		P
carbidopa/levodopa/ entacapone		P

Antiparkinson's Agents (cont)		
carbidopa 25mg tab		P
pramipexole		P
ropinirole		P
selegiline		P
trihexyphenidyl		P
entacapone		NP
pramipexole ER		NP
rasagiline		NP
ropinirole ER		NP
tolcapone		NP
Azilect		NP
Comtan		NP
Dhivy tablet	SCN	NP
Gocovri ER	SCN	NP
Inbrija	SCN	NP
Kynmobi film	SCN	NP
Neupro patches		NP
Nourianz tablets	SCN	NP
Ongentys	SCN	NP
Osmolex ER	SCN	NP
Rytary ER	SCN	NP
Stalevo		NP
Tasmar		NP
Xadago	SCN	NP
Zelapar		NP
Antipsoriatics, Oral		
acitretin		P
methoxsalen		NP
Antipsoriatics, Topical		
calcipotriene cream, ointment, solution		P
Taclonex suspension		P
calcipotriene foam		NP
calcipotriene/betamethasone dipropionate ointment		NP
calcipotriene/betamethasone dipropionate suspension (Gen-Taclonex suspension)	SCN	NP
calcitriol ointment		NP
tazarotene cream, gel		NP
Duobrii lotion		NP
Enstilar	SCN	NP
Sorilux		NP

Antipsoriatics, Topical (cont)		
Vtama 1 % Cream	SCN	NP
Zoryve 0.3% Cream	SCN	NP
Antipsychotics		
aripiprazole*		P
aripiprazole ODT*	SCN	P
amitriptyline/perphenazine*	SCN	P
chlorpromazine*		P
clozapine*		P
fluphenazine*	SCN	P
haloperidol*		P
loxapine*		P
lurasidone (Gen-Latuda)*	SCN	P
olanzapine*		P
olanzapine ODT*		P
perphenazine*		P
pimozide*		P
quetiapine* 25mg, 50mg, 100mg, 200mg, 300mg, 400mg		P
quetiapine fumarate ER*		P
risperidone*		P
thiothixene*	SCN	P
trifluoperazine*		P
ziprasidone capsules*		P
Saphris*		P
Uzedy ER*		P
Vraylar*	SCN	P
asenapine (Gen-Saphris)*		NP
clozapine ODT*		NP
molindone tablets*		NP
olanzapine/fluoxetine*		NP
paliperidone ER tablets*		NP
quetiapine* 150mg		NP
thioridazine*		NP
Abilify MyCite*		NP
Adasuve*		NP
Caplyta*	SCN	NP
Fanapt*	SCN	NP
Fazaclo*	SCN	NP
Latuda*	SCN	NP
Lybalvi *		NP
Nuplazid*	SCN	NP
Rexulti*		NP
Secuado patch*	SCN	NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Antipsychotics (cont)		
Symbyax*		NP
Versacloz*	SCN	NP
*PA required for children 8 years of age and younger. Use PA Drug Attachment for Antipsychotic Drugs for Children 8 Years of Age and Younger.		
Antipsychotics, Injectable		
fluphenazine decanoate *		P
haloperidol decanoate*		P
Abilify Asimtufii*		P
Abilify Maintena*		P
Aristada*	**SCN**	P
Aristada Initio ER*	**SCN**	P
Haldol Decanoate*		P
Invega Hafyera*		P
Invega Sustenna*		P
Invega Trinza*		P
Perseris ER*	**SCN**	P
Risperdal Consta*		P
Zyprexa Relprevv*		P
risperidone ER (Gen-Risperdal Consta)*	SCN	NP
ziprasidone vial*		NP
Rykindo ER*		NP
*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		
Antivirals, Influenza		
oseltamivir		P
rimantadine		NP
Relenza	SCN	NP
Tamiflu	SCN	NP
Xofluza		NP
Antivirals, Other		
acyclovir		P
valacyclovir		P
famciclovir		NP
Antivirals, Topical		
acyclovir cream, ointment		P
Denavir	**SCN**	P
penciclovir		NP
Xerese		NP
Zovirax cream		NP
Anxiolytics		
alprazolam ER		P

Anxiolytics (cont)		
alprazolam tablet		P
buspirone		P
chlordiazepoxide		P
diazepam solution, tablet		P
lorazepam intensol, tablet		P
alprazolam intensol		NP
alprazolam ODT		NP
clorazepate		NP
diazepam intensol		NP
meprobamate		NP
oxazepam		NP
Loreev XR		NP
BPH Agents, Alpha Reductase Inhibitors		
dutasteride		P
finasteride		P
dutasteride/tamsulosin	SCN	NP
Entadfi		NP
BPH Agents, Andrenergic		
alfuzosin		P
doxazosin		P
tamsulosin		P
terazosin		P
silodosin capsule		NP
Cardura XL		NP
Rapaflo		NP
Beta Blockers		
acebutolol		P
atenolol		P
atenolol/chlorthalidone		P
bisoprolol		P
bisoprolol/HCTZ		P
carvedilol		P
labetalol		P
metoprolol		P
metoprolol ER		P
nadolol		P
nebivolol (Gen-Bystolic)		P
propranolol		P
propranolol ER		P
sotalol		P
Hemangeol	**SCN**	P
betaxolol		NP
carvedilol ER		NP

Beta Blockers (cont)		
metoprolol/HCTZ		NP
pindolol		NP
timolol		NP
Coreg CR	SCN	NP
Inderal XL		NP
Innopran XL		NP
Kapspargo sprinkles		NP
Sotylize		NP
Bile Salts		
ursodiol		P
Bylvay	SCN	NP
Chenodal	SCN	NP
Cholbam	SCN	NP
Livmarli solution	SCN	NP
Ocaliva	SCN	NP
Reltone	SCN	NP
Bladder Relaxant Preparations		
oxybutynin 5mg tab		P
oxybutynin ER 5mg, 10mg, 15mg tablets		P
oxybutynin solution, syrup		P
solifenacin tablet		P
Toviaz ER		P
darifenacin ER		NP
fesoterodine ER (Gen-Toviaz ER)		NP
mirabegron ER (Gen-Myrbetriq ER)		NP
oxybutynin 2.5mg tab		NP
tolterodine		NP
tolterodine ER		NP
trospium		NP
trospium ER		NP
Detrol		NP
Detrol LA		NP
Gelnique		NP
Gemtesa	SCN	NP
Myrbetriq ER		NP
Oxytrol	SCN	NP
Vesicare LS		NP
Bone Resorption Suppression		
alendronate		P
calcitonin-salmon nasal		P

Bone Resorption Suppression (cont)		
ibandronate		P
Forteo		P
alendronate sodium solution	SCN	NP
raloxifene		NP
risedronate tablets		NP
risedronate DR tablets		NP
teriparatide (Gen-Bonsity)		NP
teriparatide (Gen-Forteo)		NP
Actonel tablets	SCN	NP
Atelvia DR tablets	SCN	NP
Fosamax Plus D		NP
Tymlos		NP
Bronchodilators, Beta Agonists		
albuterol HFA (Gen-ProAir)		P
albuterol solution, syrup, tablet		P
levalbuterol nebulizer		P
terbutaline tablets		P
Proventil HFA		P
ProAir Respiclick		P
Serevent	**SCN**	P
Ventolin HFA	**SCN**	P
Xopenex HFA	**SCN**	P
albuterol HFA (Gen-Proventil)		NP
albuterol HFA (Gen-Ventolin)		NP
arformoterol (Gen-Brovana)	SCN	NP
formoterol (Gen-Perforomist)		NP
levalbuterol HFA		NP
Brovana	SCN	NP
Perforomist	SCN	NP
ProAir Digihaler		NP
Striverdi Respimat		NP
Calcium Channel Blocking Agents		
amlodipine		P
diltiazem		P
diltiazem ER capsules	**SCN**	P
nifedipine ER		P
nifedipine IR		P
nimodipine		P
verapamil tablet		P
verapamil ER tablet		P
diltiazem ER tablets	SCN	NP
felodipine ER		NP
isradipine		NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Calcium Channel Blocking Agents (cont)		
levamlodipine maleate tablet	SCN	NP
nicardipine		NP
nisoldipine	SCN	NP
verapamil ER capsule	SCN	NP
verapamil ER PM capsule	SCN	NP
verapamil SR capsule		NP
Cardizem LA		NP
Katerzia suspension	SCN	NP
Matzim LA		NP
Norliqva solution	SCN	NP
Nymalize		NP
COPD Agents		
ipratropium nebulizer		**P**
ipratropium/albuterol nebulizer		**P**
roflumilast	**SCN**	**P**
Anoro Ellipta	**SCN**	**P**
Atrovent HFA		**P**
Combivent Respimat		**P**
Spiriva		**P**
Stiolto Respimat		**P**
tiotropium (Gen-Spiriva)	SCN	NP
Bevespi Aerosphere		NP
Breztri Aerosphere HFA		NP
Duaklir Pressair	SCN	NP
Incruse Ellipta	SCN	NP
Lonhala Magnair Kits	SCN	NP
Seebri Neohaler		NP
Spiriva Respimat		NP
Trelegy Ellipta	SCN	NP
Tudorza Pressair		NP
Utibron Neohaler		NP
Yupelri	SCN	NP
Cough and Cold – Narcotic Liquids		
guaifenesin/codeine		**P**
promethazine/codeine		**P**

NOTE: Cough and Cold-Narcotic Liquids listed are covered legend and OTC by active ingredient. Cough and Cold-Narcotic Liquids not listed are either non-preferred or non-covered.

NOTE: Coverage information for non-narcotic OTC cough and cold products can be found in the Over-the-Counter Drugs data tables on the Pharmacy page of the Providers area of the Portal.

Cytokine and CAM Antagonists		
Enbrel		**P**
Humira		**P**
Orencia subQ		**P**
Otezla		**P**
Xeljanz		**P**
adalimumab-aacf (Idacio)	SCN	NP
adalimumab-aaty (Yuflyma)		NP
adalimumab-adaz (Hyrimoz)		NP
adalimumab-adbm (Cyltezo)		NP
adalimumab-fkjp (Hulio)		NP
adalimumab-ryvk (Simlandi subQ)	SCN	NP
Abrilada		NP
Actemra subQ	SCN	NP
Amjevita (adalimumab-atto)		NP
Bimzelx		NP
Cimzia		NP
Cosentyx subQ		NP
Cyltezo (adalimumab-adbm)		NP
Enspryng	SCN	NP
Entyvio subQ		NP
Hadlima (adalimumab-bwwd)		NP
Hulio (adalimumab-fkjp)		NP
Hyrimoz (adalimumab-adaz)		NP
Idacio (adalimumab-aacf)	SCN	NP
Kevzara		NP
Kineret		NP
Olumiant		NP
Omvoh subQ		NP
Rinvoq LQ solution		NP
Rinvoq ER tablets		NP
Siliq		NP
Simlandi subQ (adalimumab-ryvk)		NP
Simponi subQ		NP
Skyrizi subQ		NP
Sotyktu		NP
Spevigo subQ		NP
Stelara subQ		NP
Taltz		NP
Tremfya		NP
Xeljanz solution		NP
Xeljanz XR		NP

Cytokine and CAM Antagonists (cont)		
Yuflyma (adalimumab-aaty)		NP
Yusimry (adalimumab-aqvh)		NP
Zymfentra	SCN	NP
Epinephrine, Self-Injected		
epinephrine (AG EpiPen & AG EpiPen JR)	**SCN**	**P**
Auvi-Q 0.1mg	**SCN**	**P**
EpiPen JR	**SCN**	**P**
EpiPen	**SCN**	**P**
epinephrine (Gen-EpiPen & EpiPen JR)		NP
epinephrine (Gen-Adrenaclick)		NP
Auvi-Q 0.3mg, 0.15mg	SCN	NP
Symjepi		NP
Erythropoiesis Stimulating Proteins		
Aranesp		**P**
Epogen		**P**
Retacrit	**SCN**	**P**
Jesduvroq	SCN	NP
Mircera	SCN	NP
Procrit	SCN	NP
Fibromyalgia		
duloxetine DR 20mg, 30mg, 60mg caps		**P**
pregabalin (Gen-Lyrica)		**P**
Lyrica		**P**
Savella	**SCN**	**P**
duloxetine 40mg DR caps		NP
Fluoroquinolones		
ciprofloxacin		**P**
levofloxacin tablets		**P**
moxifloxacin		**P**
ciprofloxacin suspension		NP
levofloxacin solution		NP
ofloxacin		NP
Baxdela tablet	SCN	NP
Cipro suspension		NP
GI Motility, Chronic – Constipation		
lubiprostone caps (Gen-Amitiza)	**SCN**	**P**
Amitiza		**P**
Linzess	**SCN**	**P**
Trulance	**SCN**	**P**

GI Motility, Chronic – Constipation (cont)		
Ibsrela	SCN	NP
Motegrity		NP
Movantik		NP
Relistor tablet		NP
Symproic		NP
GI Motility, Chronic – Diarrhea		
alosetron		**P**
Xifaxan 550mg		**P**
Lotronex	SCN	NP
Viberzi	SCN	NP
Glucagon Agents		
glucagen 1mg hypokit & vial		**P**
glucagon 1mg emergency kit (Lilly)		**P**
Baqsimi nasal spray		**P**
Proglycem suspension	**SCN**	**P**
Zegalogue	**SCN**	**P**
diazoxide suspension	SCN	NP
glucagon 1mg emergency kit (Fresenius)		NP
Gvoke*	SCN	NP

NOTE: *Prior Authorization not required for members 6 years of age and younger.

Glucocorticoids, Inhaled		
budesonide respules		**P**
fluticasone (Gen-Flovent Diskus)	**SCN**	**P**
fluticasone HFA (Gen-Flovent HFA)	**SCN**	**P**
Advair Diskus	**SCN**	**P**
Advair HFA	**SCN**	**P**
AirDuo Respiclick		**P**
Arnuity Ellipta	**SCN**	**P**
Asmanex	**SCN**	**P**
Dulera	**SCN**	**P**
Flovent Diskus	**SCN**	**P**
Flovent HFA	**SCN**	**P**
Pulmicort Flexhaler		**P**
Symbicort		**P**
budesonide/formoterol (Gen-Symbicort)	SCN	NP
fluticasone/salmeterol (Gen-Advair Diskus)	SCN	NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Glucocorticoids, Inhaled (cont)		
fluticasone/salmeterol (Gen-Advair HFA)	SCN	NP
fluticasone/salmeterol (Gen-Airduo Respiclick)		NP
fluticasone/vilanterol (Gen-Breo Ellipta inhaler)	SCN	NP
AirDuo Digihaler		NP
Airsupra HFA		NP
Alvesco Inhaler	SCN	NP
Armonair Digihaler	SCN	NP
Asmanex HFA		NP
Breo Ellipta Inhaler	SCN	NP
Breyna Inhaler	SCN	NP
Breztri Aerosphere HFA		NP
Qvar Redihaler		NP
Trelegy Ellipta	SCN	NP
Wixela Inhalation	SCN	NP
Glucocorticoids, Oral		
budesonide EC capsule		P
dexamethasone elixir, intensol, solution, tablet		P
hydrocortisone		P
methylprednisolone Dose PK		P
methylprednisolone tablet		P
prednisolone solution 5mg/5ml	SCN	P
prednisolone solution 15mg/5ml		P
prednisolone sodium phosphate ODT	SCN	P
prednisolone sodium phosphate solution 25mg/5ml		P
prednisone dose pack, intensol, solution, tablet		P
cortisone		NP
deflazacort suspension	SCN	NP
deflazacort tablets		NP
dexamethasone Dose PK		NP
prednisolone 5mg tablet	SCN	NP
prednisolone solution 10mg/5ml (Gen-Millipred)		NP
prednisolone solution 20mg/5ml (Gen-Veripred)		NP
Agamree suspension	SCN	NP

Glucocorticoids, Oral (cont)			
Alkindi sprinkle		SCN	NP
Decadron		SCN	NP
Dexpak			NP
Dxevo tablet		SCN	NP
Emflaza suspension, tablets		SCN	NP
Eohilia	DR		NP
Hemady		SCN	NP
Medrol tablet			NP
Millipred dose pack, solution, tabs		SCN	NP
Ortikos ER capsule		SCN	NP
Rayos tablet DR		SCN	NP
TaperDex		SCN	NP
Tarpeyo DR capsule	DR	SCN	NP
Gout Agents			
allopurinol 100mg, 300mg			P
colchicine tablet (Gen-Colcrys)			P
febuxostat tab (Gen-Uloric)		SCN	P
indomethacin			P
naproxen Rx			P
probenecid			P
probenecid/colchicine			P
allopurinol 200mg			NP
colchicine capsule (Gen-Mitigare)			NP
naproxen suspension			NP
Gloperba solution		SCN	NP
Mitigare		SCN	NP
Growth Hormone			
Genotropin			P
Norditropin		SCN	P
Humatrope			NP
Ngenla Pen			NP
Nutropin AQ			NP
Omnitrope			NP
Saizen			NP
Serostim		SCN	NP
Skytrofa		SCN	NP
Sogroya		SCN	NP
Zomacton		SCN	NP
Headache Agents, Acute Treatment			
Nurtec ODT		SCN	P
Ubrelvy		SCN	P
Emgality 100mg*			NP
Reyvow			NP

Headache Agents, Acute Treatment (cont)		
Zavzpret		NP
* **NOTE:** Emgality 100mg strength only for cluster headaches		
Headache Agents, Preventative Treatment		
Ajovy		P
Emgality 120mg		P
Nurtec ODT	SCN	P
Aimovig		NP
Qulipta		NP
Headache Agents, Triptans Injectable		
sumatriptan injectable		P
Zembrace	SCN	NP
Headache Agents, Triptans Non-Injectable		
eletriptan		P
naratriptan		P
rizatriptan		P
sumatriptan nasal spray (Gen-Imitrex nasal spray)		P
sumatriptan tablets		P
zolmitriptan ODT, tablets		P
Imitrex nasal spray		P
Zomig nasal spray	SCN	P
almotriptan		NP
frovatriptan		NP
sumatriptan/naproxen tablets		NP
zolmitriptan nasal spray (Gen-Zomig nasal spray)		NP
Tosymra nasal spray	SCN	NP
H. Pylori		
Pylera		P
Talicia		P
bismuth/metronid/tetracycline (Gen-Pylera)		NP
lansoprazole/amoxicillin/ clarithromycin		NP
Voquezna tablets	SCN	NP
Voquezna dual pak	SCN	NP
Voquezna triple pak	SCN	NP
Hepatitis B Agents		
entecavir tablet		P
lamivudine	SCN	P
adefovir dipivoxal		NP
Baraclude solution		NP

Hepatitis B Agents (cont)		
Vemlidy		NP
Hepatitis C Agents		
sofosbuvir/velpatasvir (Gen-Epclusa)	SCN	P
Mavyret		P
ledipasvir/sofosbuvir (Gen-Harvoni)	SCN	NP
Epclusa		NP
Harvoni		NP
Sovaldi		NP
Vosevi		NP
Zepatier		NP
Hepatitis C Agents-Interferon		
Pegasys	SCN	P
Hepatitis C Agents-Ribavirin		
ribavirin		P
H2 Antagonists		
cimetidine solution, tablet		P
famotidine RX tablet		P
famotidine RX suspension*		NP
nizatidine capsules, solution		NP
*Prior Authorization not required for members 18 years of age and younger		
HIV/AIDS		
abacavir tablet, solution		P
abacavir-lamivudine		P
atazanavir sulfate		P
darunavir		P
efavir-emtri-tenof		P
efavirenz capsule		P
efavirenz tablet	SCN	P
emtricitabine capsule		P
emtricitabine-tenofv		P
fosamprenavir	SCN	P
lamivudine solution, tablet		P
lamivudine-zidovudine		P
lopinavir-ritonavir solution	SCN	P
lopinavir-ritonavir tablet		P
nevirapine suspension		P
nevirapine tablet	SCN	P
ritonavir		P
tenofovir DF		P
zidovudine caps, tabs, syrup		P
Aptivus		P

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

HIV/AIDS (cont)		
Biktarvy		**P**
Cimduo	**SCN**	**P**
Complera		**P**
Delstrigo		**P**
Descovy		**P**
Dovato	**SCN**	**P**
Edurant		**P**
Emtriva solution		**P**
Evotaz		**P**
Fuzeon vial	**SCN**	**P**
Genvoya		**P**
Intelence	**SCN**	**P**
Isentress powder pack ,tablet, chew tablet, HD tablet		**P**
Juluca	**SCN**	**P**
Lexiva suspension	**SCN**	**P**
Norvir powder packet		**P**
Odefsey		**P**
Pifeltro		**P**
Prezcobix		**P**
Prezista suspension, tablet		**P**
Selzentry solution, tablet	**SCN**	**P**
Stribild		**P**
Symfi	**SCN**	**P**
Symfi Lo	**SCN**	**P**
Symtuza		**P**
Tivicay tablet, PD tablet for oral suspension	**SCN**	**P**
Triumeq tablet, suspension	**SCN**	**P**
Trizivir	**SCN**	**P**
Tybost		**P**
Viread 150mg,200mg,250mg tabs		**P**
didanosine DR		NP
efavir-lamiv-tenof	SCN	NP
etravirine	SCN	NP
maraviroc		NP
stavudine		NP
Emtriva capsule		NP
Epzicom	SCN	NP
Kaletra solution, tablet	SCN	NP
Lexiva tablet	SCN	NP
Retrovir capsule, syrup	SCN	NP

HIV/AIDS (cont)		
Reyataz powder packet		NP
Rukobia ER	SCN	NP
Sunlenca		NP
Viracept	SCN	NP
Viread powder		NP
Ziagen solution, tablet	SCN	NP
Hypoglycemics, Alpha-Glucosidase Inhibitors		
acarbose		**P**
miglitol		NP
Hypoglycemics, DPP-4 Inhibitors		
Janumet		**P**
Janumet XR		**P**
Januvia		**P**
Jentadueto		**P**
Tradjenta		**P**
alogliptin		NP
alogliptin/metformin		NP
alogliptin/pioglitizone		NP
saxagliptin (Gen-Onglyza)		NP
saxagliptin/metformin ER tablets (Gen-Kombiglyze XR)	SCN	NP
sitagliptin tablet (Gen-Zituvio tabs)		NP
Glyxambi		NP
Jentadueto XR		NP
Kazano		NP
Kombiglyze XR		NP
Nesina		NP
Onglyza		NP
Oseni		NP
Zituvio tablets		NP

Hypoglycemics, GLP 1			
Byetta	**DR**		**P**
Ozempic*	**DR**	**SCN**	**P**
Trulicity	**DR**		**P**
Victoza	**DR**	**SCN**	**P**
Bydureon BCise	DR		NP
Mounjaro pen	DR		NP
Rybelsus tablets	DR	SCN	NP
Soliqua	DR		NP
Xultophy	DR	SCN	NP

* Effective 3/18/2024, product is moving to preferred status temporarily due to a shortage of preferred products Trulicity & Victoza

Hypoglycemics, Insulins		
insulin aspart U-100 cartridge/ pen/vial (Gen-Novolog)	**SCN**	**P**
insulin aspart/protamine pen/ vial (Gen-Novolog Mix)	**SCN**	**P**
insulin lispro Jr Kwikpen (Gen-Humalog Jr Kwikpen)		**P**
insulin lispro mix (Gen-Humalog Mix)		**P**
insulin lispro U-100 Kwikpen/ Vial (Gen-Humalog Kwikpen/Vial)	**SCN**	**P**
Humalog Jr. Kwikpen		**P**
Humalog Mix		**P**
Humalog U-100 Cartridge/ Kwikpen/Vial		**P**
Humulin 70-30		**P**
Humulin N U-100 Kwikpen/Vial		**P**
Humulin R U-100 Vial		**P**
Humulin R U-500 Kwikpen/Vial		**P**
Novolog Mix	**SCN**	**P**
Novolog U-100 Cartridge/Pen/ Vial	**SCN**	**P**
Admelog		NP
Afrezza	SCN	NP
Apidra		NP
Fiasp cartridge, pen, pumpcart, vial	SCN	NP
Humalog Tempo Pen		NP
Humalog U-200 Kwikpen		NP
Lyumjev U-100 Kwikpen, Tempo Pen, & Vial		NP
Novolin	SCN	NP
Hypoglycemics, Insulins Long-Acting		
Lantus		**P**
Levemir	**SCN**	**P**
insulin glargine-yfgn U-100 vial & pen (Gen-Semglee(YFGN))	**SCN**	**P**
insulin degludec pen U-100, U-200 (Gen-Tresiba)	SCN	NP
insulin degludec vial (Gen-Tresiba)	SCN	NP
insulin glargine max solo U300 (Gen-Toujeo Max Solostar)	SCN	NP
insulin glargine solostar U300 (Gen-Toujeo Solostar)	SCN	NP

Hypoglycemics, Insulins Long-Acting (cont)		
insulin glargine U-100 vial & pen (Gen-Lantus)	SCN	NP
Basaglar U-100 Kwikpen, Tempo Pen		NP
Rezvoglar U-100 Kwikpen		NP
Semglee (YFGN) U-100 vial & pen	SCN	NP
Toujeo Solostar		NP
Toujeo Max Solostar		NP
Tresiba Flextouch	SCN	NP
Tresiba vial	SCN	NP
Hypoglycemics, Meglitinides		
repaglinide		**P**
nateglinide		NP
Hypoglycemics, Other		
metformin		**P**
metformin ER (Gen-Glucophage)		**P**
Farxiga		**P**
Invokamet		**P**
Invokana		**P**
Jardiance		**P**
Symlin		**P**
Synjardy		**P**
Welchol		**P**
Xigduo XR		**P**
colesevelam (Gen-Welchol)		NP
dapaglifozin tabs (Gen-Farxiga)	SCN	NP
dapaglifozin/metformin (Gen-Xigduo XR)	SCN	NP
metformin ER (Gen-Glumetza ER)		NP
metformin ER OSM-tab		NP
metformin solution (Gen-Riomet solution)	SCN	NP
Cycloset		NP
Glumetza ER		NP
Inpefa	SCN	NP
Invokamet XR		NP
Qtern		NP
Segluromet		NP
Steglatro		NP
Steglujan		NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Hypoglycemics, Other (cont)		
Synjardy XR		NP
Trijardy XR		NP
Hypoglycemics, Sulfonylureas		
glimepiride		**P**
glipizide		**P**
glipizide ER		**P**
glyburide		**P**
glyburide/metformin		**P**
glipizide/metformin		NP
Hypoglycemics, Thiazolidinediones		
pioglitazone		**P**
pioglitazone-glimepiride		NP
pioglitazone-metformin		NP
Actoplus MET		NP
Idiopathic Pulmonary Fibrosis		
pirfenidone capsule, tablet (Gen-Esbriet)		**P**
Ofev		**P**
Immunomodulators, Asthma		
Fasenra		**P**
Xolair	**SCN**	**P**
Nucala	SCN	NP
Tezspire pen		NP
Immunomodulators, Atopic Dermatitis		
tacrolimus		**P**
pimecrolimus cream**	**SCN**	**P**
Adbry	**SCN**	**P**
Elidel		**P**
Protopic	**SCN**	**P**
Cibinqo		NP
Dupixent		NP
Eucrisa 2%	SCN	NP
Opzelura *		NP
Rinvoq ER 15mg, 30mg		NP
* Use PA/PDL for Eucrisa & Opzelura for Atopic Dermatitis – STAT PA/Paper (F-02572). For Vitiligo, use PA/DGA Sec VI – Paper only (F-11049)		
** Product is temporarily moving to Preferred status due to Elidel shortage/access issues		
Immunomodulators, Topical		
imiquimod 5% cream		**P**
imiquimod 3.75% cream		NP
podofilox gel		NP

Immunomodulators, Topical (cont)		
Hyftor		NP
Zyclara		NP
Intranasal Rhinitis Agents		
azelastine (Gen-Astelin)		**P**
fluticasone RX		**P**
ipratropium		**P**
Beconase AQ	**SCN**	**P**
azelastine (Gen-Astepro)		NP
azelastine/fluticasone (Gen-Dymista)		NP
flunisolide		NP
mometasone furoate spray*		NP
olopatadine nasal spray		NP
Astepro		NP
Dymista		NP
Omnaris	SCN	NP
Qnasl		NP
Ryaltris nasal spray	SCN	NP
Xhance	SCN	NP
Zetonna	SCN	NP
*Prior Authorization not required for members 6 years of age and younger.		
Leukotriene Modifiers		
montelukast chew tabs, tablets		**P**
Zyflo	**SCN**	**P**
montelukast granules		NP
zafirlukast (Gen-Accolate)		NP
zileuton ER		NP
Lipotropics, ACL Inhibitors		
Nexletol	SCN	NP
Nexlizet	SCN	NP
Lipotropics, Apo-B Inhibitors		
Juxtapid	SCN	NP
Lipotropics, Bile Acid Sequestrants		
cholestyramine		**P**
colestipol tablet		**P**
Welchol		**P**
colesevelam (Gen-Welchol)		NP
colestipol granules		NP
Colestid granules		NP
Lipotropics, Fibric Acids		
fenofibrate tab (Gen-Tricor)		**P**
fenofibric acid (Gen-Trilipix)		**P**

Lipotropics, Fibric Acids (cont)		
gemfibrozil		**P**
fenofibrate (Gen-Antara, Fenoglide, Lipofen, Lofibra)		NP
fenofibric acid (Gen-Fibricor)		NP
Fenoglide		NP
Lipofen	SCN	NP
Lipotropics, Niacin		
niacin ER tabs (RX)		**P**
Lipotropics, Omega-3 Acids		
omega-3 acid ethyl esters		**P**
icosapent ethyl (Gen-Vascepa)		NP
Vascepa	SCN	NP
Lipotropics, Other		
atorvastatin		**P**
ezetimibe		**P**
lovastatin		**P**
pravastatin		**P**
rosuvastatin		**P**
simvastatin		**P**
amlodipine/atorvastatin (Gen-Caduet)		NP
ezetimibe/simvastatin (Gen-Vytorin)		NP
fluvastatin		NP
fluvastatin ER		NP
pitavastatin (Gen-Livalo)	SCN	NP
Altoprev	SCN	NP
Atorvaliq	SCN	NP
Caduet		NP
Ezallor sprinkles		NP
Flolipid suspension	SCN	NP
Lescol XL		NP
Livalo	SCN	NP
Vytorin		NP
Zypitamag	SCN	NP
Lipotropics, PCSK9 Inhibitors		
Praluent	**SCN**	**P**
Repatha		NP
Methotrexate		
methotrexate tablet		**P**
methotrexate vial & PF vial		**P**
Jylamvo	SCN	NP
Otrexup Auto Injector	SCN	NP

Methotrexate (cont)		
Rasuvo Auto Injector		NP
Reditrex	SCN	NP
Trexall tablet	SCN	NP
Movement Disorders		
tetrabenazine	**DR**	**P**
Austedo	**DR**	**P**
Ingrezza	**DR SCN**	**P**
Ingrezza sprinkles	DR SCN	NP
MS Agents		
dimethyl fumarate DR caps (Gen-Tecfidera)	**SCN**	**P**
fingolimod 0.5mg capsule (Gen-Gilenya)	**SCN**	**P**
teriflunomide (Gen-Aubagio)		**P**
Gilenya 0.25mg		**P**
Kesimpta		**P**
Bafiertam DR capsule	SCN	NP
Mavenclad	SCN	NP
Mayzent		NP
Ponvory		NP
Tascenso ODT		NP
Vumerity DR capsule	SCN	NP
Zeposia capsule		NP
MS Agents, Interferons		
Avonex		**P**
Betaseron		**P**
Rebif	**SCN**	**P**
Extavia		NP
Plegridy	SCN	NP
MS Agents, Other		
dalfampridine ER	**DR SCN**	**P**
Copaxone 20mg, 40mg		**P**
glatiramer	SCN	NP
Glatopa		NP
Neuropathic Pain		
duloxetine DR 20mg, 30mg, 60mg caps		**P**
gabapentin		**P**
pregabalin (Gen-Lyrica)		**P**
Lyrica		**P**
duloxetine 40mg DR caps		NP
gabapentin ER tablet (Gen-Gralise)		NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Neuropathic Pain (cont)			
pregabalin ER (Gen-Lyrica CR)	DR		NP
DermacinRX Lidocan Patch			NP
Drizalma sprinkle DR			NP
Gralise	DR	SCN	NP
Horizant			NP
Lidocan			NP
Lyrica CR	DR		NP
NSAIDS			
celecoxib cap			**P**
diclofenac potassium 50mg tabs			**P**
diclofenac sodium			**P**
diclofenac ER			**P**
flurbiprofen			**P**
ibuprofen Rx			**P**
ibuprofen OTC chew tab 100mg*			**P**
ibuprofen OTC		**SCN**	**P**
indomethacin caps			**P**
ketorolac			**P**
meloxicam tablets			**P**
nabumetone			**P**
naproxen Rx			**P**
naproxen DS Rx			**P**
naproxen OTC		**SCN**	**P**
sulindac			**P**
diclofenac pot 25 mg capsule (Gen-Zipsor capsule)			NP
diclofenac pot 25mg tablet (Gen-Lofena)		SCN	NP
diclofenac pot 50 mg powder packet (Gen-Cambia)			NP
diclofenac sodium/misoprostol tablets			NP
diclofenac solution			NP
diflunisal			NP
etodolac			NP
etodolac XL			NP
fenoprofen		SCN	NP
ibuprofen-famotidine (Gen-Duexis)		SCN	NP
indomethacin ER			NP
ketoprofen			NP
ketoprofen ER caps		SCN	NP
ketorolac nasal spray (Gen-Sprix)		SCN	NP

NSAIDS (cont)		
meclofenamate	SCN	NP
mefenamic acid		NP
meloxicam capsule (Gen-Vivlodex)	SCN	NP
naproxen CR		NP
naproxen/esomeprazole DR (Gen-Vimovo)		NP
naproxen EC	SCN	NP
naproxen sodium Rx		NP
naproxen suspension	SCN	NP
oxaprozin		NP
piroxicam		NP
tolmetin		NP
Duexis	SCN	NP
Elyxyb solution	SCN	NP
Indocin suppository, suspension	SCN	NP
Kiprofen	SCN	NP
Lofena 25mg tablet	SCN	NP
Nalfon	SCN	NP
Naprelan CR		NP
Relafen DS	SCN	NP
Sprix	SCN	NP
Tivorbex	SCN	NP
Vimovo	SCN	NP
Vivlodex	SCN	NP
Qmiiz	SCN	NP
Zipsor capsule	SCN	NP
Zorvolex	SCN	NP

* Products are only covered for members 12 years of age or younger

Ophthalmics, Allergic Conjunctivitis		
cromolyn		**P**
ketorolac 0.5%		**P**
ketotifen OTC	**SCN**	**P**
olopatadine 0.2% (Gen-Pataday)		**P**
Alaway OTC	**SCN**	**P**
Alrex		**P**
Pazeo		**P**
azelastine		NP
bepotastine drops (Gen-Bepreve)		NP
epinastine		NP
loteprednol etabonate (Gen-Alrex)	SCN	NP

Ophthalmics, Allergic Conjunctivitis (cont)		
olopatadine 0.1% (Gen-Patanol)		NP
Alomide		NP
Bepreve		NP
Zerviate drops	SCN	NP
Ophthalmics, Antibacterial		
ciprofloxacin solution		**P**
erythromycin		**P**
gentamicin drops		**P**
moxifloxacin (Gen-Vigamox)		**P**
ofloxacin		**P**
polymyxin/trimethoprim		**P**
sulfacetamide solution		**P**
tobramycin		**P**
Ciloxan ointment		**P**
Tobrex ointment		**P**
bacitracin		NP
bacitracin/polymyxin		NP
gatifloxacin		NP
levofloxacin		NP
moxifloxacin (Gen-Moxeza)	SCN	NP
neomycin/bacitracin/polymyxin ointment		NP
neomycin/polymyxin/gramicidin		NP
sulfacetamide ointment		NP
triple antibiotic		NP
Azasite		NP
Besivance		NP
Moxeza		NP
Natacyn		NP
Zymaxid		NP
Ophthalmics, Antibiotic-Steroid Combinations		
neomycin/polymyxin/ dexamethasone		**P**
sulfacetamide/prednisolone		**P**
tobramycin/dexamethasone		**P**
Blephamide	**SCN**	**P**
Pred-G drops		**P**
Tobradex ointment, suspension		**P**
neomycin/bacitracin/polymyxin/ HC ointment		NP
neomycin/polymyxin/HC drops		NP
Blephamide S.O.P.	SCN	NP
Pred-G ointment		NP

Ophthalmics, Antibiotic-Steroid Combinations (cont)		
Tobradex ST		NP
Zylet		NP
Ophthalmics, Anti-Inflammatories		
dexamethasone		**P**
diclofenac eye drop		**P**
fluorometholone		**P**
flurbiprofen		**P**
ketorolac LS 0.4%		**P**
prednisolone acetate		**P**
Durezol		**P**
Flarex		**P**
FML Forte		**P**
Ilevro		**P**
Lotemax suspension		**P**
Maxidex		**P**
Nevanac		**P**
Pred Mild	**SCN**	**P**
bromfenac 0.07% (Gen-Prolensa)	SCN	NP
bromfenac 0.075% (Gen-Bromsite)		NP
bromfenac 0.09%		NP
difluprednate (Gen-Durezol)		NP
loteprednol (Gen-Lotemax)		NP
omnipred		NP
prednisolone sodium phosphate		NP
Acuvail		NP
Bromsite		NP
FML Liquifilm		NP
FML S.O.P.	SCN	NP
Inveltys	SCN	NP
Lotemax		NP
Prolensa		NP
Vevye	SCN	NP
Ophthalmics, Anti-Inflammatory / Immunomodulator		
Restasis	**SCN**	**P**
Xiidra		**P**
cyclosporine eye emulsion (Gen-Restasis)		NP
Cequa solution		NP
Eysuvis eye drops	SCN	NP
Miebo		NP

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Ophthalmics, Anti-Inflammatory / Immunomodulator (cont)		
Restasis Multidose	SCN	NP
Tyrvaya nasal spray	SCN	NP
Verkazia	SCN	NP
Ophthalmics, Glaucoma-Beta Blockers		
carteolol		P
levobunolol		P
timolol (Gen-Timoptic/XE)		P
Betoptic S		P
betaxolol		NP
timolol (Gen-Istalol)		NP
timolol (Gen-Timoptic Ocudose)		NP
Istalol		NP
Timoptic Ocudose		NP
Ophthalmics, Glaucoma-Other		
brimonidine 0.2%		P
dorzolamide		P
dorzolamide w/timolol		P
pilocarpine		P
Alphagan P 0.15%	SCN	P
Azopt 1%		P
Combigan	SCN	P
Isopto Carpine 2%		P
Rhopressa	SCN	P
Rocklatan		P
Simbrinza		P
apraclonidine		NP
brimonidine tartrate		NP
brimonidine tartrate-timolol (Gen-Combigan)		NP
brinzolamide 1% (Gen-Azopt)		NP
Alphagan P 0.1%	SCN	NP
Cosopt PF		NP
lopidine		NP
Ophthalmics, Glaucoma-Prostaglandins		
latanoprost		P
Lumigan	SCN	P
Travatan Z		P
Xalatan		P
bimatoprost 0.03% 2.5ml, 5ml		NP
bimatoprost 0.03% 7.5ml		NP
tafluprost (Gen-Zioptan)	SCN	NP
travoprost (Gen-Travatan Z)		NP

Ophthalmics, Glaucoma-Prostaglandins (cont)		
lyuzeh	SCN	NP
Vyzulta solution		NP
Xelpros		NP
Zioptan		NP
Opioid Dependency Agents-Buprenorphine		
buprenorphine/ naloxone tab	DR	P
Brixadi	DR, SCN	P
Sublocade*	DR, SCN	P
Suboxone Film	DR, SCN	P
Zubsolv	DR, SCN	P
buprenorphine tabs (without naloxone)	DR	NP
buprenorphine/naloxone film	DR	NP
*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		
Opioid Dependency Agents-Rescue Agent		
naloxone syringe		P
naloxone vial		P
Narcan spray OTC	SCN	P
Narcan spray RX	SCN	P
naloxone spray OTC		NP
naloxone spray RX		NP
Kloxxado spray	SCN	NP
Opvee	SCN	NP
Rextovy spray	SCN	NP
Zimhi syringe	SCN	NP
Opioid Dependency Agents-methadone		
methadone dispersible tab	DR	P
methadone concentrate	DR	P
Opioid Dependency and Alcohol Abuse / Dependency Agents		
naltrexone tab	DR	P
Vivitrol injection*	DR, SCN	P
*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		
Otics, Antibiotics		
neomycin/polymyxin/HC solution		P
neomycin/polymyxin/HC susp		P
ofloxacin		P
Cipro HC		P

Otics, Antibiotics (cont)		
Ciprodex**		P
ciprofloxacin	SCN	NP
ciprofloxacin/dexamethasone suspension (Gen-Ciprodex)*		NP
ciprofloxacin/fluocinolone (Gen-Otovel)		NP
Otovel		NP
NOTE: * Prior Authorization not required for members 6 years of age and younger.		
** Product has been discontinued but will remain Preferred until supply has been depleted.		
Otics, Anti-Infectives & Anesthetics		
acetic acid		P
acetic acid HC		NP
Pancreatic Enzymes		
Zenpep DR	SCN	P
Creon DR		NP
Pertzye DR		NP
Viokace		NP
Phosphate Binders		
calcium acetate 667mg capsules, tablets		P
sevelamer carb. (Gen-Renvela)		P
Renvela		P
lanthanum carbonate		NP
sevelamer HCL (Gen-Renagel)		NP
Auryxia	SCN	NP
Fosrenol		NP
Magnebind		NP
Velphoro	SCN	NP
Xphozah	SCN	NP
Platelet Aggregation Inhibitors		
aspirin	SCN	P
aspirin/dipyridamole		P
clopidogrel		P
dipyridamole		P
prasugrel		P
Brilinta		P
Prenatal Vitamins		
prenatal vitamin plus low iron tablets	SCN	P
Completenate tablet chew	SCN	P
Folivane-OB capsule	SCN	P

Prenatal Vitamins (cont)		
M-Natal Plus tablet	SCN	P
PNV-DHA softgel	SCN	P
SE-Natal 19 chewable tablet	SCN	P
SE-Natal 19 tablet	SCN	P
Taron-C DHA capsule	SCN	P
Thrivite RX tablet	SCN	P
Tricare Prenatal tablet	SCN	P
Trinatal RX 1 tablet	SCN	P
Virt-PN DHA softgel	SCN	P
Wescap-PN DHA capsule	SCN	P
Zatean-PN DHA capsule	SCN	P
NOTE: Prenatal Vitamins listed are covered legend and OTC by active ingredient. Prenatal Vitamins not listed are either non-preferred or non-covered.		NP
Proton Pump Inhibitors		
esomeprazole magnesium RX		P
lansoprazole DR RX		P
omeprazole DR RX		P
pantoprazole		P
Dexilant DR		P
Nexium DR packet		P
Protonix suspension		P
dexlansoprazole capsules (Gen-Dexilant DR)	SCN	NP
esomeprazole DR packet (Gen-Nexium DR packet)	SCN	NP
lansoprazole ODT solutab (Gen-Prevacid solutab)		NP
pantoprazole suspension (Gen-Protonix suspension)		NP
omeprazole-bicarb RX		NP
rabeprazole		NP
Konvomep		NP
Prevacid Solutab		NP
Prilosec suspension		NP
Zegerid		NP
Pulmonary Arterial Hypertension		
ambrisentan tablet		P
sildenafil tablet	DR	P
tadalafil tablet	DR, SCN	P
Opsumit		P
Tracleer tablet		P

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Pulmonary Arterial Hypertension (cont)			
bosentan tab (Gen-Tracleer tab)			NP
sildenafil suspension	DR	SCN	NP
Adempas			NP
Alyq	DR		NP
Liqrev suspension	DR	SCN	NP
Opsynvi tablet			NP
Orenitram ER, kit		SCN	NP
Revatio suspension	DR		NP
Tadliq suspension	DR	SCN	NP
Tracleer suspension			NP
Tyvaso DPI inhalation		SCN	NP
Tyvaso kit, solution		SCN	NP
Uptravi tablet, titration pack			NP
Ventavis			NP
Winrevair			NP
Sedative Hypnotics			
eszopiclone			P
melatonin 3mg, 5mg tablets			P
temazepam 15mg, 30mg caps			P
triazolam			P
zaleplon			P
zolpidem tablets			P
zolpidem ER tablets			P
Rozerem			P
doxepin tablet (Gen-Silenor)		SCN	NP
estazolam			NP
flurazepam		SCN	NP
quazepam		SCN	NP
ramelteon tablet (Gen-Rozerem)			NP
temazepam 7.5mg, 22.5mg caps			NP
zolpidem tartrate 7.5 mg cap			NP
zolpidem tab SL			NP
Belsomra			NP
Dayvigo			NP
Edluar			NP
Igalmi		SCN	NP
Intermezzo			NP
Quviviq		SCN	NP
Silenor			NP
Sickle Cell Anemia			
hydroxyurea			P
Droxia			P
Endari		**SCN**	P

Sickle Cell Anemia (cont)		
Siklos	**SCN**	P
Oxbryta	SCN	NP
Skeletal Muscle Relaxants		
baclofen solution (Gen-Ozobax)		P
baclofen 5mg, 10mg, 20mg tabs		P
chlorzoxazone 500mg tablet		P
cyclobenzaprine tablet		P
dantrolene sodium		P
methocarbamol		P
tizanidine tablet		P
baclofen 15mg tablets		NP
baclofen solution (Gen-Ozobax DS)		NP
baclofen suspension (Gen-Fleqsuvy suspension)		NP
carisoprodol		NP
chlorzoxazone 250mg tablets		NP
chlorzoxazone 375mg,750mg tabs		NP
cyclobenzaprine 7.5mg tablet		NP
cyclobenzaprine ER capsule		NP
metaxalone		NP
orphenad/asa/caffeine tablet	SCN	NP
orphenadrine ER		NP
tizanidine capsule		NP
Amrix		NP
Fexmid		NP
Fleqsuvy suspension		NP
Lyvispah	SCN	NP
Lorzone	SCN	NP
Norgesic Forte tablet	SCN	NP
Soma		NP
Steroids, Topical Low		
hydrocortisone		P
hydrocortisone OTC	**SCN**	P
Derma-Smoothe-FS	**SCN**	P
Scalpicin 1% liquid	**SCN**	P
alclometasone dipropionate cream, ointment		NP
desonide cream, ointment, lotion		NP
fluocinolone oil		NP
hydrocortisone acetate/urea		NP
hydrocortisone/min oil/pet oint		NP
Capex Shampoo	SCN	NP

Steroids, Topical Low (cont)		
Desonate		NP
Hydroxym Gel		NP
Texacort	SCN	NP
Steroids, Topical Medium		
fluticasone cream, ointment		P
mometasone furoate		P
betamethasone valerate foam		NP
clocortolone cream (Gen-Cloderm)		NP
flurandrenolide lotion, cream		NP
flurandrenolide ointment	SCN	NP
fluticasone lotion		NP
fluocinolone cream	SCN	NP
fluocinolone solution, ointment		NP
hydrocortisone butyrate cream, ointment, lotion, solution		NP
hydrocortisone valerate		NP
prednicarbate cream	SCN	NP
prednicarbate ointment		NP
Beser lotion	SCN	NP
Cloderm		NP
Cordran Tape		NP
Cutivate lotion	SCN	NP
Dermatop		NP
Luxiq	SCN	NP
Pandel	SCN	NP
Synalar	SCN	NP
Steroids, Topical High		
betamethasone valerate		P
triamcinolone acetonide		P
amcinonide		NP
betamethasone dipropionate		NP
desoximetasone		NP
diflorasone diacetate		NP
fluocinonide		NP
halcinonide 0.1 % cream (Gen-Halog cream)	SCN	NP
triamcinolone aerosol spray		NP
Diprolene ointment		NP
Halog cream, ointment, solution		NP
Kenalog aerosol spray		NP
Sernivo 0.05% spray	SCN	NP
Topicort 0.05% ointment		NP

Steroids, Topical High (cont)		
Topicort 0.25% spray		NP
Trianex	SCN	NP
Steroids, Topical Very High		
clobetasol cream, ointment, solution, gel, emollient cream, shampoo		P
halobetasol prop. cream, oint		P
betamethasone dipropionate aug		NP
clobetasol foam, lotion, spray, emulsion foam		NP
halobetasol propionate foam		NP
Apexicon E	SCN	NP
Bryhali lotion		NP
Impeklo lotion	SCN	NP
Lexette foam		NP
Olux-E	SCN	NP
Ultravate lotion	SCN	NP
Stimulants		
dexmethylphenidate	**DR**	P
dexmethylphenidate ER caps	**DR**	P
methylphenidate tab (Gen-Ritalin)	**DR**	P
methylphenidate CD	**DR**	P
methylphenidate chew (Gen-Methylin chew)	**DR**	P
methylphenidate ER tab (Gen-Concerta)	**DR**	P
methylphenidate ER tab (Gen-Metadate ER and Methylin ER)	**DR**	P
methylphenidate LA caps (Gen-Ritalin LA)	**DR**	P
methylphenidate solution (Gen-Methylin solution)	**DR**	P
Aptensio XR	**DR**	P
Concerta	**DR**	P
Daytrana patch	**DR**	**SCN** P
Focalin	**DR**	P
Focalin XR	**DR**	P
Methylin solution	**DR**	**SCN** P
Quillichew ER	**DR**	**SCN** P
Quillivant XR	**DR**	**SCN** P

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL

Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference

Revised 7/3/2024 Effective 07/01/2024

Stimulants (cont)			
Ritalin LA	**DR**		**P**
Vyvanse caps	**DR**		**P**
Vyvanse chew tabs	**DR**		**P**
amphetamine ER susp (Gen-Adzenys ER susp)	DR	SCN	NP
amphetamine sulfate (Gen-Evekeo)*	DR		NP
dextroamphetamine-amphetamine	DR		NP
dextroamphetamine-amphetamine ER (Adderall XR)	DR		NP
dextroamphetamine-amphetamine ER (Gen-Mydayis ER)	DR	SCN	NP
dextroamphetamine*	DR		NP
dextroamphetamine ER	DR		NP
dextroamphetamine solution*	DR	SCN	NP
lisdexamfetamine caps (Gen-Vyvanse caps)	DR		NP
lisdexamfetamine chew (Gen-Vyvanse chew)	DR		NP
methylphenidate ER caps (Gen-Aptensio XR)	DR		NP
methylphenidate ER tab (Gen-Relexxii)	DR	SCN	NP
methylphenidate patch (Gen-Daytrana patch)	DR	SCN	NP
methamphetamine	DR		NP
Adderall*	DR	SCN	NP
Adderall XR	DR		NP
Adhansia XR	DR	SCN	NP
Adzenys ER susp	DR	SCN	NP
Adzenys XR ODT	DR	SCN	NP
Azstarys	DR	SCN	NP
Cotempla XR	DR	SCN	NP
Dexedrine Spansule	DR	SCN	NP
Dyanavel XR	DR	SCN	NP
Evekeo*	DR		NP
Evekeo ODT*	DR		NP
Jornay PM	DR	SCN	NP
Mydayis ER	DR		NP
Relexxii ER	DR	SCN	NP

Stimulants (cont)			
Xelstrym Patch	DR	SCN	NP
Zenzedi*	DR		NP

*Prior Authorization not required for members 6 years of age and younger.

Stimulants, Related Agents		
atomoxetine		**P**
clonidine ER		**P**
guanfacine ER		**P**
Qelbree ER	SCN	NP
Stimulants, Related Agents – Wake Promoting		
armodafinil		**P**
modafinil		**P**
Sunosi	SCN	NP
Ulcerative Colitis		
balsalazide		**P**
mesalamine suppository		**P**
sulfasalazine		**P**
Apriso		**P**
Azulfidine		**P**
Lialda		**P**
Pentasa		**P**
Rowasa Kits	**SCN**	**P**
Uceris ER		**P**
budesonide ER (Gen-Uceris ER)		NP
budesonide rectal foam		NP
mesalamine DR cap (Gen-Delzicol)		NP
mesalamine DR tab (Gen-Lialda)		NP
mesalamine ER caps (Gen-Apriso)	SCN	NP
mesalamine ER 500mg caps (Gen-Pentasa)		NP
mesalamine kits	SCN	NP
Delzicol		NP
Dipentum		NP
Uceris foam		NP
Velsipity		NP
Zeposia capsule		NP
Uterine Disorder Treatments		
Myfembree		**P**
Oriahnn		**P**
Orilissa		**P**

Brand Name Drugs with Generic Copay	
Drug Name	Start Date
Adderall XR	01/01/2021
Alphagan P 0.15%	01/01/2012
Carbatrol ER	01/01/2021
Concerta	01/01/2018
Depakote sprinkle	01/01/2021
Diastat	01/01/2022
Forteo	07/01/2022
Humalog Jr Kwikpen	05/01/2020
Humalog Mix	05/01/2020
Humalog U-100 Kwikpen/Vial	07/01/2019
Intelence	07/01/2023
Lantus	06/01/2022
Novolog Mix	01/01/2020
Novolog U-100 Pen/Vial	01/01/2020
Proventil HFA	01/01/2023
Renvela Powder pack	07/01/2023
Renvela tablet	07/01/2023
Retin-A (not micro)	07/01/2016
Selzentry solution, tablet	07/01/2023
Suboxone film	07/01/2020
Symfi	07/01/2023
Symfi Lo	07/01/2023
Tegretol suspension	01/01/2016
Tegretol tablet	01/01/2016
Tegretol XR	01/01/2021
Tobradex suspension	01/01/2012
Transderm-Scop	07/01/2022
Ventolin HFA	01/01/2023
Vyvanse caps	01/01/2024
Xalatan	01/01/2023

Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process

Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937

Brand Before Generic (BBG) Drug Refer to topic #20077

Uses specific Drug PA Form - available via STAT-PA or Paper PA process

Uses specific Drug PA Form - available via Paper PA process only

Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937

Monthly Changes to the PDL