

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

(Revised 05/01/09)

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

Acne Agents (cont.)		
erythromycin/benzoyl peroxide		NP
sulfacetamide		NP
Sulfacetamide/sulfur		NP
Acanya		NP
Aczone		NP
Akne-mycin		NP
Atralin		NP
Benzaclin Gel	SCN	NP
Benzamycinpak	SCN	NP
Breze Pads		NP
Clarifoam EF		NP
Clindagel	SCN	NP
Clindareach		NP
Duac CS		NP
Epiduo		NP
Evoclin		NP
Inova		NP
Klaron	SCN	NP
Lavoclen		NP
Neobenz Micro		NP
Nuox	SCN	NP
Tazorac		NP
Triaz	SCN	NP
Zacare		NP
Zaclir		NP
Ziana		NP
Zoderm		NP
Alzheimer's Agents		
galantamine		P
Aricept, ODT		P
Exelon		P
Namenda		P
Cognex		NP
Exelon patch		NP
Razadyne ER		NP

Analgesics/Anesthetics, Topical		
Voltaren		P
Lidoderm		P
Flector		NP
Analgesics, Narcotics-Long-Acting		
methadone		P
morphine ER		P
oxycodone ER		P
Duragesic		P
Kadian		P
Oxycontin		P
fentanyl transdermal		NP
Avinza		NP
Opana ER		NP
Ultram ER		NP
Analgesics, Narcotics-Short-Acting		
codeine		P
codeine/apap		P
codeine/asa		P
dihydrocodeine/ apap/caffeine		P
hydromorphone		P
hydrocodone/apap		P
hydrocodone/ibuprofen		P
morphine		P
oxycodone		P
oxycodone/ibuprofen		P
oxycodone/apap		P
oxycodone/asa		P
propoxyphene,apap		P
tramadol		P
fentanyl buccal.		NP
levorphanol		NP
meperidine		NP
pentazocine/apap		NP
pentazocine/naloxone		NP
tramadol/apap		NP
Darvon-N	SCN	NP

Analgesics, Narcotics-Short-Acting (cont.)		
Fentora		NP
Lynox	SCN	NP
Opana		NP
Panlor DC, SS		NP
Synalgos-DC		NP
Zamiset		NP
Androgenic Agents		
Androderm		P
Androgel		P
Testim		NP
Antibiotics, GI		
metronidazole		P
neomycin		P
Alinia		P
Tindamax		P
Vancocin HCL		P
Flagyl ER		NP
Xifaxan		NP
Antibiotics, Vaginal		
clindamycin		P
metronidazole		P
Cleocin		P
Clindesse		P
Anticoagulants, Injectables		
Arixtra		P
Fragmin		P
Lovenox	SCN	P
Innohep		NP
Anticonvulsants		
carbamazepine		P
clonazepam		P
divalproex		P
ethosuximide		P
gabapentin		P
lamotrigine, dispertabs		P

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<https://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage>

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 <https://www.forwardhealth.wi.gov/WIPortal/Content/provider/medicaid/pharmacy/resources.htm.spage> 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.)		
levetiracetam, solution		P
mephobarbital		P
oxcarbazepine		P
phenobarbital		P
phenytoin		P
primidone		P
topiramate		P
valproic acid		P
zonisamide		P
Carbatrol		P
Celontin		P
Depakote ER, sprinkle		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra XR		P
Lamictal Starter Kits		P
Lyrica		P
Mebaral	SCN	P
Peganone		P
Topamax sprinkle		P
Trileptal syrup		P
divalproex ER, sprinkle		NP
Banzel		NP
Phenytek		NP
Stavzor		NP
Tegretol XR		NP
Vimpat		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
Venlafaxine ER		NP
Antidepressants, SSRI		
citalopram		P
fluoxetine		P
fluvoxamine		P
paroxetine		P
sertraline		P
paroxetine CR		NP

Antidepressants, SSRI (cont.)		
selfemra		NP
Lexapro		NP
Luvox CR		NP
Peveva		NP
Prozac Weekly		NP
Antiemetics		
granisetron		P
ondansetron, solution, ODT		P
Emend		P
dronabinol		NP
Anzemet		NP
Cesamet		NP
Sancuso		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
Grifulvin V Tablets		NP
Lamisil granules	DR	NP
Noxafil		NP
Sporanox (liquid)		NP
Antifungals, Topical		
clotrimazole/betamethasone		P
ciclopirox solution		P
econazole nitrate		P
ketoconazole		P
nystatin		P
nystatin/triamcinolone		P
ciclopirox cream, gel, suspension		NP
CNL 8		NP
Ertaczo		NP
Exelderm		NP
Extina		NP
Loprox (shampoo)	SCN	NP
Mentax		NP
Naftin		NP

Antifungals, Topical (cont.)		
Oxistat		NP
Vusion		NP
Xolegel, Duo, Corepak		NP
Antihistamines, Nonsedating		
cetirizine tablets		P
cetirizine D		P
cetirizine syrup		P
loratadine tablets		P
loratadine D		P
loratadine syrup		P
cetirizine rx		NP
fexofenadine		NP
Allegra ODT, syrup		NP
Clarinox, Syrup	SCN	NP
Semprex-D		NP
Xyzal		NP
Antimigraine Agents		
sumatriptan tablets	QL	P
sumatriptan nasal spray	QL	P
sumatriptan injectable	QL	P
Maxalt, MLT	QL	P
Relpax	QL	P
butalbital/apap		NP
butalbital/apap/caffeine		NP
butalbital/apap/caffeine/codeine		NP
butalbital/asa/caffeine		NP
butalbital/asa/caffeine/codeine		NP
Amerge	QL	NP
Axert	QL	NP
Frova	QL	NP
Treximet	QL	NP
Zomig, Nasal, ZMT	QL	NP
QL – Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.		
Antiparasitics, Topical		
permethrin		P
Eurax		P
Ovide		P
Lindane		NP
Antiparkinson's Agents		
benztropine		P
bromocriptine		P
carbidopa/levodopa		P
ropinirole	DR	P

Antiparkinson's Agents (cont.)		
selegiline		P
trihexyphenidyl		P
Kemadrin		P
Stalevo		P
Azilect		NP
Comtan		NP
Mirapex	DR	NP
Neupro		NP
Parcopa		NP
Requip XL	DR	NP
Tasmar		NP
Zelapar		NP
Antipsychotics, Atypical		
clozapine		P
risperidone		P
Geodon		P
Seroquel		P
Abilify		NP
Fazaclo	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
Antivirals, Topical		
Denavir		P
Zovirax Ointment		P
Zovirax Cream		NP
Agents for BPH		
doxazosin		P
terazosin		P
Avodart		P
Flomax		P
Proscar		P
Uroxatral	SCN	P
finasteride		NP
Cardura XL		NP
Rapaflo		NP

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Beta Blockers		
acebutolol		P
atenolol		P
bisoprolol		P
carvedilol		P
labetalol		P
metoprolol succinate		P
metoprolol tartrate		P
nadolol		P
pindolol		P
propranolol		P
propranolol ER		P
propranolol LA		P
sotalol		P
timolol		P
betaxolol		NP
Bystolic		NP
Cartrol		NP
Coreg CR		NP
Innopran XL		NP
Levatol		NP
Bladder Relaxant Preparations		
oxybutynin		P
oxybutynin syrup		P
Detrol LA		P
Oxytrol		P
VesiCare		P
oxybutynin ER		NP
Detrol		NP
Enablex		NP
Sanctura, XR		NP
Toviaz		NP
Bone Resorption Suppression		
alendronate		P
calcitonin-salmon nasal		P
Fosamax solution, D		P
etidronate		NP
Actonel		NP
Boniva		NP
Evista		NP
Fortical		NP
Bronchodilators, Anticholinergic		
ipratropium nebulizer		P
Atrovent HFA		P
Combivent		P
Spiriva		P
ipratropium/albuterol		NP

Bronchodilators, Beta Agonists		
albuterol, sulfate ER		P
metaproterenol (oral)		P
terbutaline		P
Foradil		P
Maxair		P
Proair HFA		P
Proventil HFA	SCN	P
Serevent		P
Ventolin HFA		P
Xopenex HFA		P
metaproterenol (inhalation)		NP
Alupent		NP
Brovana		NP
Perforomist		NP
Xopenex		NP
Calcium Channel Blocking Agents		
amlodipine		P
diltiazem, ER		P
felodipine		P
nicardipine		P
nifedipine, ER		P
nimodipine		P
verapamil, ER, SR		P
Dynacirc CR		P
isradipine		NP
nisoldipine		NP
Cardene SR		NP
Cardizem LA		NP
Covera-HS		NP
Sular		NP
Cephalosporin and Related Agents		
amoxicillin/ clavulanate		P
amox tr-potassium clav 600		P
cefactor		P
cefadroxil		P
cefdinir		P
cefprozil		P
cefuroxime		P
Suprax		P
Augmentin XR		NP
Cedax		NP

Cephalosporin and Related Agents (cont.)		
Lorabid		NP
Panixine		NP
Raniclor		NP
Spectracef		NP
Cough and Cold Products-Narcotic		
chlorpheniramine/ phenylephrine/ dihydrocodeine		P
phenylephrine / promethazine/ codeine		P
pseudoephedrine/ chlorpheniramine/ dihydrocodeine		P
guaifenesin/ codeine		P
guaifenesin / pseudoephedrine / dihydrocodeine		P
promethazine/ codeine/		P
brompheniramine/ pseudoephedrine / dihydrocodeine		P
brompheniramine / phenylephrine / dihydrocodeine		P
brompheniramine / pseudoephedrine/ codeine		P
phenylephrine/ codeine		NP
pyrilamine maleate/ phenylephrine/ codeine		NP
pseudoephedrine / codeine		NP
phenylephrine/ dihydrocodeine		NP
phenylephrine/ guaifenesin/ codeine		NP
pseudoephedrine/ guaifenesin/ codeine		NP
brompheniramine/ codeine		NP



Cough and Cold Products-Narcotic (cont.)		
hydrocodone/ homatropine		NP
diphenhydramine/ phenylephrine/ codeine		NP
guaifenesin/ dihydrocodeine		NP
dexchlorpheniramine/ phenylephrine/ codeine		NP
pyrilamine maleate/ codeine		NP
chlorpheniramine/ codeine		NP
Tussionex		NP
Cytokine and CAM Antagonists		
Enbrel <sup>†</sup>	SCN	P
Humira <sup>†</sup>		P
Kineret <sup>†</sup>		P
Cimzia		NP
<sup>†</sup> Preferred agents that require clinical prior authorization.		
Erythropoiesis Stimulating Proteins		
Aranesp	DR	P
Procrit	DR	P
Epogen	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		
budesonide		P
Advair, HFA		P
Aerobid	SCN	P
Aerobid M	SCN	P
Azmacort	SCN	P
Flovent HFA		P
Pulmicort Respules		P

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Glucocorticoids, Inhaled (cont.)			
Qvar		P	
Symbicort		P	
Alvesco Inhaler		NP	
Asmanex	SCN	NP	
Pulmicort Flexhaler		NP	
Growth Hormone			
Genotropin†		P	
Norditropin†		P	
Nutropin, AQ†	SCN	P	
Humatrope		NP	
Omnitrope		NP	
Saizen		NP	
Serostim		NP	
Tev-Tropin		NP	
Zorbtive		NP	
† Preferred agents that require clinical prior authorization.			
H. Pylori Treatment			
Helidiac	DR	P	
Prevpac	DR	NP	
Pylera	DR	NP	
Hepatitis B Agents			
Baraclade		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
Ribasphere	DR	NP	
Hypoglycemics, Adjunct Therapy			
Byetta†		P	
Janumet	QL	P	
Januvia	QL	P	
Symlin†, pen†		P	
† Preferred agents that require clinical prior authorization.			
QL – Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.			
Hypoglycemics, Insulins			
Humulin		P	
Humalog Mix		P	
Humalog		P	

Hypoglycemics, Insulins (cont.)		
Lantus	SCN	P
Levemir		P
Apidra	SCN	NP
Novolin		NP
Novolog		NP
Novolog Mix		NP
Hypoglycemics, Meglitinides		
Prandin		P
Starlix		P
Prandimet		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
Astepro		NP
Beconase AQ		NP
Nasarel		NP
Nasonex	SCN	NP
Omnaris		NP
Patanase		NP
Rhinocort Aqua		NP
Veramyst		NP
Leukotriene Modifiers		
Accolate		P
Singulair		P
Zyflo CR		NP
Lipotropics, Bile Acid Sequestrants		
cholestyramine		P
colestipol		P
Welchol		NP
Lipotropics, Fibric Acids		
fenofibrate		P
gemfibrozil		P
Tricor		P
Antara		NP
Triglide		NP
TriLipix		NP

Lipotropics, Other			
Niaspan		P	
Zetia		P	
Fenoglide		NP	
Lipofen		NP	
Lovaza		NP	
Lipotropics, Statins			
lovastatin		P	
pravastatin		P	
simvastatin		P	
Caduet		P	
Lescol, XL		P	
Lipitor		P	
Simcor		P	
Vytorin		P	
Advicor		NP	
Altoprev		NP	
Crestor		NP	
Macrolides/Ketolides			
azithromycin		P	
clarithromycin		P	
erythromycin		P	
clarithromycin ER		NP	
Ketek	SCN	NP	
Zmax		NP	
Multiple Sclerosis Agents			
Avonex	DR	SCN	P
Betaseron	DR		P
Copaxone	DR	SCN	P
Rebif	DR		P
NSAIDs			
diclofenac potassium		P	
diclofenac sodium		P	
diclofenac ER		P	
flurbiprofen		P	
ibuprofen		P	
indomethacin, SR		P	
ketoprofen		P	
ketorolac		P	
meloxicam		P	
nabumetone		P	
naproxen		P	
naproxen DS		P	
naproxen sodium		P	
piroxicam		P	
Celebrex*		P	
etodolac, XL		NP	



NSAIDs (cont.)		
fenoprofen		NP
meclofenamate		NP
oxaprozin		NP
sulindac		NP
tolmetin, DS		NP
Ponstel		NP
Arthrotec		NP
Prevacid Naprapac		NP
*Celebrex requires clinical prior authorization		
Ophthalmics, Allergic Conjunctivitis		
cromolyn		P
Alaway	SCN	P
Patanol		P
Pataday		P
Zaditor	SCN	P
ketotifen		NP
Acular		NP
Alamast		NP
Alocril		NP
Alomide		NP
Alrex		NP
Elestat		NP
Emadine		NP
Optivar		NP
Ophthalmics, Glaucoma Agents		
betaxolol		P
brimonidine		P
carteolol		P
dipivefrin		P
dorzolamide, w/timolol		P
levobunolol		P
metipranolol		P
pilocarpine		P
timolol		P
Alphagan P		P
Azopt		P
Betimol		P
Betoptic S		P
Combigan		P
Istalol		P
Lumigan		P
Travatan, Z		P
Xalatan		NP
Ophthalmics, NSAIDs		
flurbiprofen		P
Acular LS, PF		P

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Ophthalmics, NSAIDs (cont.)		
Nevanac		P
Xibrom		P
diclofenac		NP
Ophthalmics, Antibacterial		
bacitracin/polymyxin		P
ciprofloxacin solution		P
gentamicin		P
ofloxacin		P
polymyxin/trimethoprim		P
sulfacetamide		P
tobramycin		P
triple antibiotic		P
erythromycin		P
Iquix		P
Vigamox		P
Zymar		P
Azasite		NP
Ciloxan Ointment		NP
Quixin		NP
Otics, Fluoroquinolones		
ofloxacin (drops)		P
Ciprodex		P
Floxin (singles)		P
Cipro HC		NP
Pancreatic Enzymes		
dygase		P
lapase		P
pancrelipase		P
Creon		P
Lipram		P
Pancrease Mt		P
Ultrase		P
Viokase		P
Pancrecarb MS		NP
Phosphate Binders		
Fosrenol		P
Phoslo	SCN	P
Renagel		P
calcium acetate		NP
Eliphos		NP
Renvela		NP
Platelet Aggregation Inhibitors		
dipyridamole		P
ticlopidine		P

Platelet Aggregation Inhibitors (cont.)		
Aggrenox		P
Plavix		P
Proton Pump Inhibitors		
omeprazole	DR	P
omeprazole OTC	DR	P
Prevacid caps	DR	P
Prevacid SoluTab	DR	P
Prevacid susp	DR	P
pantoprazole	DR	NP
Aciphex	DR	NP
Kapindex	DR	NP
Nexium, susp.	DR	NP
Zegerid	DR	NP
Pulmonary Arterial Hypertension		
Letairis	DR	P
Revatio	DR	P
Tracleer	DR	NP
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
Sonata		NP
Skeletal Muscle Relaxants		
baclofen		P
chlorzoxazone		P
cyclobenzaprine		P
dantrolene sodium		P
methocarbamol		P
tizanidine		P
carisoprodol		NP
carisoprodol compound		NP
orphenadrine		NP
orphenadrine compound		NP
Amrix		NP
Fexmid		NP
Skelaxin		NP
Soma	QL	NP

Steroids, Topical Low		
desonide		P
hydrocortisone		P
alclometasone dipropionate		NP
Desonate		NP
Verdeso		NP
Steroids, Topical Medium		
hydrocortisone butyrate		P
hydrocortisone valerate		P
fluticasone propionate		P
mometasone furoate		P
Locoid Lipocream		P
Luxiq		P
prednicarbate		NP
Cordran		NP
Cloderm		NP
Cordran Tape		NP
Steroids, Topical High		
betamethasone dipropionate		P
betamethasone valerate		P
diflorasone diacetate		P
fluocinolone acetonide		P
fluocinonide		P
fluocinonide -e		P
fluocinonide emollient		P
triamcinolone acetonide		P
Capex Shampoo		P
Derma-Smothe-FS		P
amcinonide		NP
desoximetasone		NP
Halog		NP
Vanos		NP
Steroids, Topical Very High		
clobetasol emollient		P
clobetasol propionate		P
halobetasol propionate		P
Clobex		NP
Olux-E		NP
Olux-E Pack		NP

Stimulants and Related Agents			
amphetamine salt combo	DR		P
dexmethylphenidate	DR		P
dextroamphetamine	DR		P
methylphenidate, ER	DR		P
Adderall XR	DR		P
Concerta	DR		P
Focalin	DR		P
Focalin XR	DR		P
Metadate CD	DR		P
Vyvanse	DR		P
Daytrana	DR		NP
Desoxyn	DR	SCN	NP
Liquadd	DR		NP
Procentra	DR		NP
Provigil	DR		NP
Ritalin LA	DR		NP
Strattera*	DR		NP
* Prior authorization is not required for recipients 18 and older.			
Topical, Anti-Infectives			
mupirocin ointment	DR	QL	P
Altabax	DR	QL	NP
Bactroban cream	DR	QL	NP
Centany	DR	QL	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
Apriso ER			NP
Dipentum			NP
Lialda			NP
Pentasa			NP
Rowasa			NP

**Key:**

All lowercase letters = generic product  
 Leading capital letter = brand name product

P = Preferred product  
 NP = Non-preferred product (requires PA)

QL = Quantity Limits  
 DR = Diagnosis Restriction

  = uses non-standard PA/PDL Form  
  = Recent Changes to the PDL