

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

(Revised 01/01/09)

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		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
Acne Agents		
benprox		P
benzoyl peroxide		P
clindamycin		P
erythromycin		P
tretinoin		P
Azelex		P
Clinac BPO		P
Ery		P
Retin-A micro, Pump		P
Tazorac		P
sulfacetamide		NP

Acne Agents (cont.)		
erythromycin, benzoyl peroxide		NP
Akne-mycin		NP
Atralia		NP
Benzaclin Gel	SCN	NP
Benzamycinpak	SCN	NP
Breze Pads		NP
Clindagel	SCN	NP
Clindareach		NP
Differin	SCN	NP
Duac CS		NP
Evoclin		NP
Inova		NP
Klaron	SCN	NP
Neobenz Micro		NP
Nuox	SCN	NP
Triaz	SCN	NP
Zacare		NP
Zaclir		NP
Ziana		NP
Zoderm		NP
Alzheimer's Agents		
galantamine, hydrobromide		P
Aricept, ODT		P
Namenda		P
Cognex		NP
Exelon, patch		NP
Razadyne ER		NP
Analgesics/Anesthetics, Topical		
Voltaren		P
Lidoderm		P
Flector		NP
Analgesics, Narcotics-Long-Acting		
fentanyl transdermal		P
methadone		P

Analgesics, Narcotics-Long-Acting (cont.)		
morphine ER		P
oxycodone 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 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
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
levetiracetam		P
mephobarbital		P
oxcarbazepine		P
phenobarbital		P
phenytoin		P
primidone		P
valproic acid		P
zonisamide		P
Carbatrol		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 or the ePocrates Web site, 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.)		
Celontin		P
Depakote ER, sprinkle		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra solution		P
Lamictal		P
Lyrica		P
Mebaral	SCN	P
Peganone		P
Topamax		P
Trileptal syrup		P
lamotrigine dispertabs		NP
Keppra XR		NP
Phenytek		NP
Stavzor		NP
Tegretol XR		NP
Antidepressants, Other		
bupropion IR, 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
selfemra		NP
Lexapro		NP
Luvox CR		NP
Pexeva		NP
Prozac Weekly		NP
Antiemetics, Oral		
granisetron HCL		P
ondansetron, oral, solution, ODT		P
Emend		P
dronabinol		NP

Antifungals, Oral		
Anzemet		NP
Cesamet (Oral)		NP
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, 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
Oxistat		NP
Vusion		NP
Xolegel, Duo, Corepak		NP
Antihistamines, Nonsedating		
cetirizine tab, syrup, D		P
loratadine tab, syrup, -D, child		P
fexofenadine (Allegra, susp, -D)		NP
Allegra ODT, syrup		NP
Clarinet, Syrup	SCN	NP
Semprex-D		NP
Xyzal		NP

Antimigraine, Triptans		
sumatriptan (injectable, tablets)	QL	P
Imitrex (nasal spray)	QL	P
Maxalt, MLT	QL	P
Relpax	QL	P
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 (topical)		P
Eurax (topical)		P
Ovide (topical)		P
Lindane (topical)		NP
Antiparkinson's Agents		
benztropine		P
bromocriptine		P
carbidopa/levodopa		P
ropinirole	DR	P
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
finasteride		P
terazosin		P
Avodart		P
Flomax		P
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
Levator		NP
Bladder Relaxant Preparations		
oxybutynin, ER, syrup		P
Detrol LA		P
Enablex		P
Oxytrol		P
Sanctura, XR		P
VesiCare		P
Detrol		NP

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Bone Resorption Suppression		
alendronate		P
Fosamax, solution, -D		P
Miacalcin		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 (neb)		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
nisoldipine		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
Suprax		P
Augmentin XR		NP
Cedax		NP
Lorabid		NP
Panixine		NP
Raniclef		NP
Spectracef		NP
Cytokine and CAM Antagonists		
Enbrel [†]	SCN	P
Humira [†]		P
Kineret [†]		P
Raptiva [†]	SCN	P
Cimzia		NP
[†] 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, Aerobid-M	SCN	P
Azmacort	SCN	P

Glucocorticoids, Inhaled (cont.)			
Flovent HFA			P
Pulmicort Respules			P
Qvar			P
Symbicort			P
Alvesco Inhaler			NP
Asmanex	SCN		NP
Pulmicort Flexhaler			NP
Growth Hormone			
Genotropin [†]			P
Nutropin, AQ [†]	SCN		P
Saizen [†]			P
Tev-Tropin [†]			P
Humatrope			NP
Norditropin			NP
Omnitrope			NP
Serostim			NP
Zorbtive			NP
[†] 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
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			P
Humalog Mix			P
Lantus		SCN	P
Levemir			P
Apidra		SCN	NP



Hypoglycemics, Insulins (cont.)		
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
Duacta		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
Lipotropics, Fibric Acids (con't.)		
Antara		NP
Triglide		NP

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Lipotropics, Other			
Niaspan			P
Zetia			P
Fenoglide			NP
Lipofen			NP
Lovaza			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
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
meloxicam			P
nabumetone			P
naproxen			P
naproxen sodium, DS			P
piroxicam			P
Celebrex*			P
etodolac, XL			NP
fenoprofen (Nalfon)			NP
meclofenamate			NP
mefenamic acid (Ponstel)			NP

NSAIDs (cont.)			
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
Patanol			P
Pataday			P
Zaditor OTC	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
levobunolol			P
metipranolol			P
pilocarpine			P
timolol			P
Alphagan P			P
Azopt			P
Betimol			P
Ibetopic S			P
Combigan			P
Istalol			P
Lumigan			P
Travatan, Z			P
Xalatan			NP
Ophthalmics, NSAIDs			
flurbiprofen			P
Acular, LS, PF			P
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
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

Proton Pump Inhibitors (cont.)			
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
Sonata			NP
Skeletal Muscle Relaxants			
baclofen			P
chlorzoxazone			P
cyclobenzaprine			P
dantrolene sodium			P
methocarbamol			P
tizanidine			P
carisoprodol, compound			NP
orphenadrine, compound			NP
Amrix			NP
Fexmid			NP
Skelaxin			NP
Soma			NP
Zanaflex			NP
Steroids, Topical Low			
desonide			P
hydrocortisone			P
Derma-Smoother-Fs			P
alclometasone dipropionate			NP
Desonate			NP
Verdeso			NP

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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
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-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

Stimulants and Related Agents (cont.)			
Concerta	DR		P
Focalin XR	DR		P
Metadate CD	DR		P
Vyvanse	DR		P
pemoline (Cylert)	DR		NP
Daytrana	DR		NP
Desoxyn	DR	SCN	NP
Liquadd	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		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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