

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

(Effective 02/01/2019)

## 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	Uses specific Drug PA Form - available via STAT-PA or Paper PA process	Uses specific Drug PA Form - available via Paper PA process only	Monthly Changes to the PDL	Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937
--	--	--	--	----------------------------	---

- 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. 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/Content/provider/forms/index.htm.spage>

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

(Effective 02/01/2019)

Acne Agents, Topical			
benzoyl peroxide OTC 2.5%	SCN	P	
benzoyl peroxide OTC 5%	SCN	P	
benzoyl peroxide OTC 10%	SCN	P	
clindamycin gel (Gen-Cleocin T)		P	
clindamycin solution		P	
erythromycin solution		P	
Azelex	SCN	P	
Differin 0.1% cream	SCN	P	
Differin 0.1% lotion	SCN	P	
Differin 0.3% gel pump	SCN	P	
Epiduo	SCN	P	
Retin-A (not micro)		P	
NOTE: Topical federal legend acne drugs not listed are either non-preferred or non-covered.			NP
Alzheimer's Agents			
donepezil 5mg		P	
donepezil 10mg		P	
donepezil 5mg ODT		P	
donepezil 10mg ODT		P	
memantine solution *		P	
memantine tablet *		P	
memantine Titr PK *		P	
rivastigmine caps		P	
Exelon patch		P	
donepezil 23mg		NP	
galantamine		NP	
galantamine ER		NP	
galantamine solution		NP	
memantine ER caps *	DR	NP	
rivastigmine patch		NP	
Namenda XR *	DR	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	
lidocaine 5% ointment		P	

Analgesics/Anesthetics, Topical (cont)			
lidocaine 5% trans patch		P	
Voltaren		P	
diclofenac 1% gel		NP	
diclofenac 1.5% soln		NP	
Flector		NP	
Pennsaid	SCN	NP	
Analgesics, Miscellaneous			
acetaminophen	SCN	P	
aspirin	SCN	P	
ibuprofen OTC chewable	SCN	P	
ibuprofen OTC suspension	SCN	P	
ibuprofen OTC tablets	SCN	P	
naproxen OTC	SCN	P	
butalbital/apap		NP	
butalbital/apap/caffeine		NP	
butalb/apap/caffeine/codeine		NP	
butalbital/asa/caffeine		NP	
butalbital/asa/caffeine/codeine		NP	
Bupap	SCN	NP	
Analgesics, Opioids Long-Acting			
fentanyl transdermal 12mcg		P	
fentanyl transdermal 25mcg		P	
fentanyl transdermal 50mcg		P	
fentanyl transdermal 75mcg		P	
fentanyl transdermal 100mcg		P	
morphine ER tablets		P	
tramadol ER tab (Gen-Ultram ER)		P	
Butrans transdermal		P	
Embeda ER		P	
Hysingla ER		P	
buprenorphine transdermal		NP	
fentanyl transdermal 37.5mcg		NP	
fentanyl transdermal 62.5mcg		NP	
fentanyl transdermal 87.5mcg		NP	
hydromorphone ER		NP	
methadone tablet		NP	
methadone solution		NP	
morphine ER capsules		NP	
oxycodone ER		NP	

Analgesics, Opioids Long-Acting (cont)			
oxymorphone ER		NP	
tramadol ER cap (Gen-Conzip)	SCN	NP	
tramadol ER tab (Gen-Ryzolt)		NP	
Arymo ER	SCN	NP	
Belbuca Film		NP	
Conzip	SCN	NP	
Exalgo ER		NP	
Kadian		NP	
Morphabond ER		NP	
Nucynta ER		NP	
Oxycontin		NP	
Xartemis XR		NP	
Xtampza ER	SCN	NP	
Zohydro ER	SCN	NP	
Analgesics, Opioids Short-Acting			
codeine/apap		P	
codeine/asa		P	
hydromorphone		P	
hydrocodone/apap 325mg		P	
hydrocodone/ibuprofen		P	
morphine		P	
oxycodone solution		P	
oxycodone tablets		P	
oxycodone/apap 325mg		P	
tramadol		P	
butorphanol spray		NP	
codeine		NP	
dihydrocodeine/apap/caffeine		NP	
dihydrocodeine/asa/caffeine		NP	
levorphanol		NP	
hydrocodone/apap*		NP	
hydromorphone liquid		NP	
hydromorphone suppositories		NP	
meperidine		NP	
oxycodone/apap*		NP	
oxycodone/asa		NP	
oxycodone capsules		NP	
oxycodone conc		NP	
oxycodone/ibuprofen		NP	
oxymorphone		NP	

Analgesics, Opioids Short-Acting (cont)			
pentazocine/naloxone		NP	
tramadol/apap		NP	
Capital w-codeine		NP	
Dilaudid Liquid		NP	
Ibudone		NP	
Nucynta		NP	
Oxaydo	SCN	NP	
Primlev		NP	
Reprexain	SCN	NP	
Roxybond		NP	
Synalgos-DC		NP	
Vicodin 5/300		NP	
Vicodin 7.5/300		NP	
Vicodin 10/300		NP	
Xodol		NP	
Zamiset		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	
Abstral	SCN	NP	
Fentora		NP	
Lazanda	SCN	NP	
Subsys	SCN	NP	
Androgenic Agents			
Androgel		P	
testosterone gel		NP	
testosterone pump		NP	
Androderm		NP	
Axiron		NP	
Fortesta		NP	
Natesto		NP	
Testim	SCN	NP	
Vogelxo		NP	
Angiotensin Modulators, ACE Inhibitors			
benazepril		P	
captopril		P	
enalapril		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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Angiotensin Modulators, ACE Inhibitors (cont)		
enalapril/HCTZ		P
fosinopril		P
lisinopril		P
lisinopril/HCTZ		P
ramipril		P
benazepril/HCTZ		NP
captopril/HCTZ	SCN	NP
fosinopril/HCTZ		NP
moexipril		NP
moexipril/HCTZ		NP
perindopril		NP
quinapril		NP
quinapril/HCTZ		NP
trandolapril		NP
Epaned *	SCN	NP
Qbrelis solution	SCN	NP
Prestalia	SCN	NP
*Prior Authorization is not required for members 12 years of age and younger.		
Angiotensin Modulators, ARBs and DRIs		
losartan		P
losartan/HCTZ		P
valsartan		P
valsartan/HCTZ		P
candesartan tablets		NP
candesartan/HCTZ		NP
eprosartan mesylate	SCN	NP
irbesartan		NP
irbesartan/HCTZ		NP
olmesartan		NP
olmesartan/HCTZ		NP
telmisartan		NP
telmisartan/HCTZ		NP
Benicar		NP
Benicar/HCTZ		NP
Edarbi		NP
Edarbyclor		NP
Entresto		NP
Micardis		NP

Angiotensin Modulators, ARBs and DRIs (cont)		
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		P
telmisartan/amlodipine		NP
trandolapril/verapamil		NP
Amturide		NP
Byvalson		NP
Tarka		NP
Tekamlo		NP
Twynsta		NP
Antibiotics, Beta-Lactam		
amoxicillin		P
amoxicillin clavulanate		P
amoxicillin clav 250mg susp		P
ampicillin		P
cefaclor caps		P
cefadroxil capsule		P
cefadroxil susp		P
cefdinir		P
cephalexin caps		P
cephalexin 750mg	SCN	P
cephalexin susp		P
cefprozil	SCN	P
cefuroxime		P
dicloxacillin		P
penicillin		P
Augmentin 125 suspension		P
Ceftin 125 suspension	SCN	P
Ceftin 250 suspension	SCN	P
Suprax capsules	SCN	P
Suprax chew tab	SCN	P
Suprax tab	SCN	P
Suprax suspension	SCN	P

Antibiotics, Beta-Lactam (cont)		
amoxicillin clavulanate XR		NP
amoxicillin ER 775mg tab	SCN	NP
cefaclor susp	SCN	NP
cefaclor tab ER		NP
cefadroxil tablet		NP
cefixime suspension		NP
cefepodoxime		NP
cephalexin tabs		NP
Daxbia	SCN	NP
Moxatag ER	SCN	NP
Spectracef		NP
Antibiotics, GI		
metronidazole tablets		P
neomycin		P
tinidazole		P
vancomycin		P
Xifaxan		P
metronidazole capsule		NP
Dificid		NP
Firvanq	SCN	NP
Flagyl ER		NP
Solosec	SCN	NP
Antibiotics, Inhaled		
Bethkis	SCN	P
Kitabis Pak	SCN	P
tobramycin		NP
Cayston		NP
Tobi		NP
Tobi Podhaler		NP
Antibiotics, Macrolides/Ketolides		
azithromycin		P
clarithromycin susp		P
clarithromycin tab		P
erythromycin cap/tab		P
erythromycin granules		P
E.E.S. Granules		P
E.E.S. Filmtab		P
Eryped		P
Ery-Tab EC		P
Erythrocin		P

Antibiotics, Macrolides/Ketolides (cont)		
PCE		
clarithromycin ER tab		NP
erythromycin filmtab		NP
Ketek		NP
Zmax		NP
Antibiotics, Tetracyclines		
doxycycline hyclate 20mg		P
doxycycline monohydrate 50mg capsules		P
doxycycline monohydrate 100mg capsules		P
doxycycline monohydrate tablets		P
minocycline capsules		P
demeclocycline		NP
doxycycline hyclate DR		NP
doxycycline hyclate		NP
doxycycline monohydrate suspension		NP
doxycycline monohydrate 75mg capsules		NP
doxycycline monohydrate 150mg capsules		NP
minocycline tablets		NP
minocycline ER		NP
tetracycline		NP
Doryx DR		NP
Morgidox capsule	SCN	NP
Oracea		NP
Solodyn 55mg		NP
Solodyn 65mg		NP
Solodyn 80mg		NP
Solodyn 105mg		NP
Solodyn 115mg		NP
Vibramycin Syr/Susp		NP
Ximino ER	SCN	NP
Antibiotics, Topical		
bacitracin oint. OTC	SCN	P
bacitracin/polymyxin B oint. OTC	SCN	P
mupirocin ointment		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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Antibiotics, Topical (cont)		
neomycin/bacitracin/zinc/ polymyxin B oint OTC	SCN	P
neomycin/bacitracin/zinc/ polymyxin B/pramoxine oint. OTC	SCN	P
gentamicin cream		NP
gentamicin oint		NP
mupirocin cream		NP
Bactroban nasal	SCN	NP
Centany	SCN	NP
Antibiotics, Vaginal		
clindamycin		P
metronidazole		P
Cleocin ovule		P
Clindesse		P
Vandazole		P
Nuversa	SCN	NP
Anticoagulants		
enoxaparin		P
warfarin		P
Eliquis		P
Eliquis Dose Pack		P
Pradaxa		P
Xarelto		P
Xarelto Dose Pack		P
fondaparinux		NP
Arixtra	SCN	NP
Fragmin		NP
Savaysa		NP
Anticonvulsants		
carbamazepine chew tabs		P
carbamazepine ER cap		P
carbamazepine ER tab		P
clonazepam tablets		P
diazepam rectal		P
divalproex		P
divalproex ER		P
divalproex sprinkles		P
ethosuximide		P
felbamate		P

Anticonvulsants (cont)		
gabapentin		P
lamotrigine		P
lamotrigine dispertabs		P
levetiracetam		P
levetiracetam solution		P
levetiracetam ER		P
oxcarbazepine		P
oxcarbazepine suspension		P
phenobarbital		P
phenytoin		P
primidone		P
topiramate		P
topiramate sprinkle		P
valproic acid		P
zonisamide		P
Celontin		P
Dilantin 30mg cap		P
Dilantin Infatab		P
Gabitril		P
Lamictal Starter Kits	SCN	P
Lyrica		P
Peganone		P
Roweepra	SCN	P
Roweepra XR	SCN	P
Tegretol tab		P
Tegretol suspension		P
carbamazepine suspension		NP
carbamazepine tab		NP
clobazam		NP
clonazepam ODT		NP
lamotrigine ER		NP
lamotrigine ODT		NP
tiagabine		NP
topiramate ER		NP
vigabatrin pwrdr pk		NP
Aptiom	SCN	NP
Banzel		NP
Briviact		NP
Epidiolex	SCN	NP
Equetro		NP

Anticonvulsants (cont)		
Felbatol		NP
Fycompa		NP
Lamictal ODT	SCN	NP
Lamictal ODT Starter Kit	SCN	NP
Lamictal XR	SCN	NP
Lamictal XR Starter Kit	SCN	NP
Onfi	SCN	NP
Oxtellar XR	SCN	NP
Phenytek	SCN	NP
Qudexy		NP
Sabril	SCN	NP
Spritam	SCN	NP
Trileptal suspension		NP
Trokendi XR	SCN	NP
Vimpat		NP
Vimpat solution		NP
Antidepressants, Other		
bupropion		P
bupropion SR		P
bupropion XL		P
(Gen-Wellbutrin)		P
desvenlafaxine ER		P
(Gen-Pristiq)		P
duloxetine 20mg DR caps		P
duloxetine 30mg DR caps		P
duloxetine 60mg DR caps		P
mirtazapine		P
phenelzine		P
tranylcypromine sulfate		P
trazodone		P
venlafaxine		P
venlafaxine ER capsules		P
Marplan		P
Nardil		P
bupropion XL		NP
(Gen-Forfivo XL)	SCN	NP
desvenlafaxine ER (No Brand)		NP
desvenlafaxine fumarate ER		NP
desvenlafaxine ER		NP
(Gen-Khedeza)		NP
duloxetine 40mg DR caps		NP

Antidepressants, Other (cont)		
nefazodone		NP
venlafaxine ER tablets		NP
Aplenzin ER		NP
Emsam		NP
Fetzima		NP
Forfivo XL		NP
Khedeza ER tablets	SCN	NP
Trintellix		NP
Viibryd	SCN	NP
Antidepressants, SSRI		
citalopram		P
escitalopram		P
fluoxetine 10mg, 20mg, 40mg caps		P
fluoxetine solution		P
fluvoxamine		P
paroxetine		P
sertraline		P
Paxil suspension		P
fluoxetine 90mg caps		NP
fluoxetine 10mg, 20mg, 60mg tablets		NP
fluvoxamine ER		NP
paroxetine 7.5mg cap (Gen-Brisdelle)		NP
paroxetine CR	SCN	NP
Brisdelle	SCN	NP
Pexeva	SCN	NP
Sarafem	SCN	NP
Antiemetics		
granisetron		P
metoclopramide		P
ondansetron		P
ondansetron ODT		P
ondansetron solution		P
prochlorperazine		P
prochlorperazine suppository		P
trimethobenzamide caps		P
Emend Capsules		P
aprepitant capsules		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

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

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

Monthly Changes  
to the PDL

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

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

(Effective 02/01/2019)

Antiemetics (cont)		
metoclopramide ODT		NP
Akynzeo		NP
Anzemet		NP
Emend Powder Packet		NP
Sancuso	SCN	NP
Varubi	SCN	NP
Zuplenz		NP
Antiemetics/Antivertigo		
dimenhydrinate OTC	SCN	P
meclizine		P
meclizine OTC	SCN	P
promethazine		P
promethazine supp		P
promethazine syrup		P
Diclegis	SCN	P
Transderm-Scop	SCN	P
scopolamine patch		NP
Bonjesta	SCN	NP
Antiemetics, Cannabinoids		
dronabinol		NP
Cesamet		NP
Syndros	SCN	NP
Antifungals, Oral		
clotrimazole troche		P
fluconazole		P
griseofulvin suspension		P
griseofulvin ultramicro tabs		P
itraconazole		P
ketoconazole tablets		P
nystatin		P
terbinafine		P
Sporanox (liquid)		P
flucytosine		NP
griseofulvin microsize tablets		NP
itraconazole solution		NP
voriconazole 50mg		NP
voriconazole 200mg		NP
voriconazole suspension		NP
Ancobon		NP
Cresemba		NP

Antifungals, Oral (cont)			
Grifulvin V Tablets			NP
Noxafil			NP
Onmel	DR	SCN	NP
Oravig			NP
Tolsura			NP
Vfend			NP
Antifungals, Topical			
ciclopirox solution			P
clotrimazole OTC		SCN	P
clotrimazole Rx			P
clotrimazole/betamethasone cream			P
ketoconazole cream			P
ketoconazole shampoo			P
miconazole OTC		SCN	P
nystatin			P
tolnaftate OTC		SCN	P
Alevazol		SCN	P
ciclopirox cream			NP
ciclopirox gel			NP
ciclopirox shampoo			NP
ciclopirox suspension			NP
clotrimazole/betamethasone lotion			NP
econazole nitrate			NP
ketoconazole foam			NP
luliconazole cream			NP
miconazole/zinc/pet oint		SCN	NP
naftifine			NP
nystatin/triamcinolone			NP
oxiconazole cream			NP
Bensal HP		SCN	NP
Ertaczo			NP
Exelderm		SCN	NP
Extina		SCN	NP
Jublia			NP
Kerydin		SCN	NP
Luzu cream			NP
Mentax		SCN	NP
Naftin		SCN	NP

Antifungals, Topical (cont)		
Oxistat	SCN	NP
Vusion	SCN	NP
NOTE: Sprays and Kits are not covered.		
Antihistamines, Minimally Sedating		
cetirizine syrup	SCN	P
cetirizine tablets	SCN	P
cetirizine D	SCN	P
loratadine tablets	SCN	P
loratadine D	SCN	P
loratadine syrup	SCN	P
desloratadine		NP
desloratadine ODT		NP
fexofenadine OTC	SCN	NP
levocetirizine		NP
Clarinx		NP
Clarinx D		NP
Clarinx Syrup		NP
Semprex-D	SCN	NP
Antihypertensives, Sympatholytics		
clonidine (oral)		P
guanfacine		P
methyldopa		P
Catapres-TTS		P
clonidine trans patch		NP
methyldopa/HCTZ	SCN	NP
Antiparasitics, Topical		
permethrin OTC	SCN	P
permethrin Rx		P
Eurax Cream		P
Natroba		P
Sklice		P
malathion		NP
spinosad		NP
Crotan Lotion	SCN	NP
Eurax Lotion	SCN	NP
Lindane		NP
Antiparkinson's Agents		
amantadine		P
benztropine		P
bromocriptine		P

Antiparkinson's Agents (cont)		
carbidopa/levodopa		P
carbidopa/levodopa ER		P
carbidopa/levodopa ODT		P
carbidopa/levodopa/entacapone		P
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
Gocovri ER	SCN	NP
Neupro patches		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		P
calcitrene		P
Taclonex susp		P
Vectical	SCN	P
calcipotriene/betamethasone dipropionate oint		NP
calcitriol oint		NP
Enstilar	SCN	NP
Sorilux		NP
Antipsychotics		
aripiprazole*		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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Antipsychotics (cont)		
aripiprazole ODT*	SCN	P
amitriptyline/perphenazine*	SCN	P
chlorpromazine*		P
clozapine*		P
fluphenazine*	SCN	P
haloperidol*		P
loxapine*		P
olanzapine*		P
olanzapine ODT*		P
perphenazine*		P
pimozide*		P
quetiapine*		P
quetiapine fumarate ER*		P
risperidone*		P
thiothixene*	SCN	P
trifluoperazine*		P
ziprasidone capsules*		P
Latuda*	SCN	P
clozapine ODT*		NP
molindone tablets*		NP
olanzapine/fluoxetine*		NP
paliperidone tablets*		NP
thioridazine*		NP
Adasuve*		NP
Fanapt*	SCN	NP
Fazaclo*	SCN	NP
Invega*		NP
Nuplazid*	SCN	NP
Rexulti*		NP
Saphris*		NP
Symbyax*		NP
Versacloz*	SCN	NP
Vraylar*	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

Antipsychotics, Injectable (cont)		
Abilify Maintena*		P
Aristada*	SCN	P
Aristada Initio ER*	SCN	P
Haldol Decanoate*		P
Invega Sustenna*		P
Invega Trinza*		P
Risperdal Consta*		P
Zyprexa Relprevv*		P
Perseris ER*	SCN	NP
*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		
Antivirals, Influenza		
rimantadine		P
Relenza	SCN	P
Tamiflu	SCN	P
oseltamivir phosphate caps		NP
oseltamivir suspension		NP
Xofluza		NP
Antivirals, Other		
acyclovir		P
valacyclovir		P
famciclovir		NP
Sitavig	SCN	NP
Antivirals, Topical		
Zovirax Cream		P
Zovirax Ointment		P
acyclovir ointment		NP
Denavir	SCN	NP
Xerese		NP
Anxiolytics		
alprazolam ER		P
alprazolam intensol		P
alprazolam tablet		P
bupirone		P
chlordiazepoxide		P
clorazepate		P
diazepam solution		P
diazepam tablet		P
lorazepam intensol		P
lorazepam tablet		P

Anxiolytics (cont)		
alprazolam ODT		NP
diazepam intensol		NP
meprobamate		NP
oxazepam		NP
BPH Agents, Alpha Reductase Inhibitors		
dutasteride		P
finasteride		P
dutasteride/tamsulosin	SCN	NP
BPH Agents , Andrenergic		
alfuzosin		P
tamsulosin		P
terazosin		P
doxazosin		NP
silodosin capsule		NP
Cardura XL		NP
Rapafla		NP
Beta Blockers		
atenolol		P
atenolol/chlorthalidone		P
bisoprolol		P
bisoprolol/HCTZ		P
carvedilol		P
labetalol		P
metoprolol		P
metoprolol ER		P
propranolol		P
propranolol ER		P
sotalol		P
acebutolol		NP
betaxolol		NP
carvedilol ER		NP
metoprolol/HCTZ		NP
nadolol		NP
nadolol bendroflumethiazide		NP
pindolol		NP
propranolol/HCTZ	SCN	NP
timolol		NP
Bystolic	SCN	NP
Coreg CR	SCN	NP
Dutoprol	SCN	NP

Beta Blockers (cont)		
Hemangeol	SCN	NP
Inderal XL		NP
Innopran XL		NP
Kapsargo sprinkles		NP
Levitol		NP
Lopressor HCT		NP
Sotylize		NP
Bile Salts		
ursodiol		P
Chenodal	SCN	NP
Cholbam	SCN	NP
Ocaliva	SCN	NP
Bladder Relaxant Preparations		
oxybutynin		P
oxybutynin ER		P
oxybutynin syrup		P
Enablex	SCN	P
Toviaz		P
VesiCare		P
darifenacin ER		NP
tolterodine		NP
tolterodine ER		NP
tropium		NP
tropium ER		NP
Detrol, LA		NP
Gelnique		NP
Myrbetriq ER		NP
Oxytrol		NP
Bone Resorption Suppression		
alendronate		P
calcitonin-salmon nasal		P
alendronate sod solution	SCN	NP
etidronate		NP
ibandronate		NP
raloxifene		NP
risedronate		NP
Actonel	SCN	NP
Atelvia	SCN	NP
Binosto	SCN	NP
Boniva	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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Bone Resorption Suppression (cont)		
Forteo		NP
Fosamax Plus D		NP
Tymlos		NP
Bronchodilators, Beta Agonists		
albuterol		P
albuterol ER	SCN	P
albuterol (2.5mg/0.5ml)		P
albuterol (2.5mg/3ml)		P
albuterol (100mg/20ml)		P
albuterol nebulizer low-dose (0.63mg/3ml)		P
albuterol nebulizer low-dose (1.25mg/3ml)		P
terbutaline tablets		P
Proair HFA		P
Proventil HFA		P
Serevent	SCN	P
levalbuterol nebulizer		NP
levalbuterol HFA		NP
metaproterenol		NP
Arcapta		NP
Brovana	SCN	NP
Perforomist	SCN	NP
ProAir Respiclick		NP
Striverdi Respimat		NP
Ventolin HFA	SCN	NP
Xopenex HFA	SCN	NP
Calcium Channel Blocking Agents		
amlodipine		P
diltiazem		P
diltiazem ER capsules	SCN	P
nifedipine ER		P
nifedipine IR		P
nimodipine		P
verapamil tablets		P
verapamil ER tablet		P
verapamil SR tablet		P
diltiazem ER tablets	SCN	NP
felodipine ER		NP
isradipine		NP

Calcium Channel Blocking Agents (cont)		
nifedipine		NP
nisoldipine	SCN	NP
verapamil ER capsule	SCN	NP
verapamil SR capsule		NP
verapamil ER PM	SCN	NP
verapamil 360mg capsule		NP
Cardizem LA		NP
Matzim LA		NP
Nymalize solution		NP
COPD Agents		
ipratropium nebulizer		P
ipratropium / albuterol neb		P
Atrovent HFA		P
Bevespi Aerosphere		P
Combivent Respimat		P
Spiriva		P
Stiolto Respimat		P
Anoro Ellipta	SCN	NP
Daliresp		NP
Incruse Ellipta	SCN	NP
Lonhala Magnair Kits	SCN	NP
Seebri Neohaler		NP
Spiriva Respimat		NP
Tudorza Pressair		NP
Utibron Neohaler		NP
Yupeli	SCN	NP
Cough and Cold – Narcotic Liquids		
guaifenesin/codeine		P
phenylephrine/promethazine/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
Otezla		P
Actemra	SCN	NP
Cosentyx		NP
Cimzia		NP
Kevzara		NP
Kineret		NP
Olumiant		NP
Orencia		NP
Siliq		NP
Simponi		NP
Stelara		NP
Taltz		NP
Tremfya		NP
Xeljanz		NP
Xeljanz XR		NP
Epinephrine, Self Injected		
epinephrine auto inject (Gen-EpiPen)		P
epinephrine 0.15 MG (AG EpiPen JR)	SCN	P
epinephrine 0.3 MG (AG EpiPen)	SCN	P
epinephrine 0.15 MG (AG Adrenaclick)**		P
epinephrine 0.3 MG (AG Adrenaclick)**		P
EpiPen JR 0.15 MG**	SCN	P
EpiPen 0.3 MG **	SCN	P
** Products added as preferred temporarily due to shortage		
Erythropoiesis Stimulating Proteins		
Aranesp		P
Procrit		P
Retacrit	SCN	P
Epogen		NP
Mircera	SCN	NP
Fibromyalgia		
duloxetine 20mg DR caps		P
duloxetine 30mg DR caps		P

Fibromyalgia (cont)		
duloxetine 60mg DR caps		P
Lyrica		P
Savella	SCN	P
duloxetine 40mg DR caps		NP
Fluoroquinolones		
ciprofloxacin		P
levofloxacin tablets		P
ciprofloxacin suspension		NP
ciprofloxacin ER	SCN	NP
levofloxacin solution		NP
moxifloxacin		NP
ofloxacin		NP
Avelox		NP
Baxdela tablet	SCN	NP
Cipro suspension		NP
GI Motility, Chronic-Constipation		
Amitiza		P
Linzess	SCN	P
Movantik		P
Relistor tablet		NP
Symproic		NP
Trulance	SCN	NP
GI Motility, Chronic-Diarrhea		
Lotronex	SCN	P
Xifaxan 550mg		P
alosetron		NP
Viberzi	SCN	NP
Glucocorticoids, Inhaled		
Advair Diskus	SCN	P
Advair HFA	SCN	P
Asmanex		P
Dulera		P
Flovent HFA	SCN	P
Pulmicort Flexhaler		P
Pulmicort Respules		P
Symbicort		P
budesonide respules		NP
fluticasone/salmeterol		NP
Aerospan HFA Inhaler		NP
AirDuo Respiclick		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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Glucocorticoids, Inhaled (cont)		
Alvesco Inhaler	SCN	NP
Armonair Respiclick		NP
Arnuity Ellipta	SCN	NP
Asmanex HFA		NP
Breo Ellipta Inhaler	SCN	NP
Flovent Diskus	SCN	NP
Qvar Redihaler		NP
Trelegy Ellipta	SCN	NP
Glucocorticoids, Oral		
budesonide EC capsule		P
dexamethasone elixir		P
dexamethasone intensol		P
dexamethasone solution		P
dexamethasone tablet		P
hydrocortisone		P
methylprednisolone Dose PK		P
methylprednisolone tablet		P
prednisolone sod phosphate solution 5mg/5ml		P
prednisolone sod phosphate solution 15mg/5ml		P
prednisolone sod phosphate solution 25mg/5ml		P
prednisone intensol		P
prednisone solution		P
prednisone Dose PK		P
prednisone tablet		P
Orapred ODT	SCN	P
cortisone		NP
dexamethasone Dose PK		NP
prednisolone sod phosphate ODT	SCN	NP
prednisolone sod phosphate solution 10mg/5ml		NP
prednisolone sod phosphate solution 20mg/5ml		NP
Decadron	SCN	NP
Dexpak		NP
Emflaza	SCN	NP
Medrol tablet		NP
Millipred Dose Pack	SCN	NP

Glucocorticoids, Oral (cont)		
Millipred solution	SCN	NP
Millipred tablet	SCN	NP
Rayos tablet DR	SCN	NP
TaperDex	SCN	NP
Gout Agents		
allopurinol		P
colchicine capsule		P
indomethacin		P
naproxen Rx		P
Probenecid		P
Probenecid/colchicine		P
colchicine tablet		NP
naproxen suspension		NP
Colcrys		NP
Duzallo	SCN	NP
Mitigare	SCN	NP
Uloric		NP
Zurampic	SCN	NP
Growth Hormone		
Genotropin		P
Norditropin	SCN	P
Humatrope		NP
Nutropin AQ		NP
Omnitrope		NP
Saizen		NP
Serostim	SCN	NP
Zomacton	SCN	NP
Zorbtive	SCN	NP
H2 Antagonists		
cimetidine solution		P
cimetidine tablet		P
famotidine tablet		P
ranitidine syrup		P
ranitidine tablet		P
famotidine suspension*		NP
nizatidine capsules		NP
nizatidine solution		NP
ranitidine capsules		NP

\*Prior Authorization not required for members 18 years of age and younger.

Hepatitis B Agents		
entecavir tablet		P
lamivudine	SCN	P
Baraclude solution		P
Epivir HBV Soln	SCN	P
Hepsera		
adefovir dipivoxal		NP
Vemlidy		NP
Hepatitis C Agents		
Epclusa		P
Harvoni		P
Mavyret		P
Zepatier		P
ledipasvir/sofosbuvir	SCN	NP
sofosbuvir/velpatasvir	SCN	NP
Daklinza		NP
Sovaldi		NP
Technivie		NP
Vosevi		NP
Hepatitis C Agents-Interferon		
Pegasys	SCN	P
Peg-Intron Redipen		P
Hepatitis C Agents-Ribavirin		
ribavirin		P
Moderiba		NP
Rebetol Solution		NP
Ribapak		NP
H. Pylori		
lansoprazole/amoxicillin/clarithromycin		P
Pylera		P
Omeclamox Pak	SCN	NP
Hypoglycemics, Alpha-Glucosidase Inhibitors		
acarbose		P
Glyset		P
miglitol		NP
Hypoglycemics, DPP-4 Inhibitors		
Glyxambi		P
Janumet		P
Janumet XR		P

Hypoglycemics, DPP-4 Inhibitors (cont)		
Januvia		P
Jentadueto		P
Tradjenta		P
alogliptin		NP
alogliptin/metformin		NP
alogliptin/pioglitazone		NP
Jentadueto XR		NP
Kazano		NP
Kombiglyze XR		NP
Nesina		NP
Onglyza		NP
Oseni		NP
Hypoglycemics, GLP 1		
Bydureon Pen		P
Byetta		P
Trulicity		P
Victoza	SCN	P
Adlyxin		NP
Bydureon BCise		NP
Ozempic	SCN	NP
Tanzeum	SCN	NP
Hypoglycemics, GLP 1-Combinations		
Soliqua		NP
Xultophy	SCN	NP
Hypoglycemics, Insulins		
Humalog Mix		P
Humalog U-100 Cart/Kwikpen/Vial		P
Humulin 70-30		P
Humulin N U-100 Kwikpen/Vial		P
Humulin R U-100 Vial		P
Humulin R U-500 Vial		P
Novolog	SCN	P
Admelog		NP
Afrezza	SCN	NP
Apidra		NP
Fiasp	SCN	NP
Humalog Jr. Kwikpen		NP
Humalog U-200 Kwikpen		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

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

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

Monthly Changes to the PDL

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



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

(Effective 02/01/2019)

Hypoglycemics, Insulins (cont)		
Humulin R U-500 Kwikpen		NP
Novolin	SCN	NP
Hypoglycemics, Insulins Long-Acting		
Lantus		P
Levemir	SCN	P
Basaglar		NP
Toujeo Solostar		NP
Toujeo Max Solostar		NP
Tresiba Flextouch	SCN	NP
Tresiba vial	SCN	NP
Hypoglycemics, Meglitinides		
repaglinide		P
nateglinide		NP
repaglinide/metformin		NP
Hypoglycemics, Other		
metformin		P
metformin ER (Gen-Glucoophage ER)		P
Farxiga		P
Invokana		P
Jardiance		P
Welchol		P
colesevelam		NP
metformin ER (Gen-Glumetza ER)		NP
metformin ER OSM-tab		NP
Cycloset		NP
Glumetza ER		NP
Invokamet		NP
Invokamet XR		NP
Qtern		NP
Riomet	SCN	NP
Segluromet		NP
Steglatro		NP
Steglujan		NP
Synjardy		NP
Synjardy XR		NP
Xigduo XR		NP
Hypoglycemics, Sulfonylureas		
glimepiride		P

Hypoglycemics, Sulfonylureas (cont)		
glipizide		P
glipizide ER		P
glyburide		P
glyburide/metformin		P
chlorpropamide	SCN	NP
glipizide/metformin		NP
tolazamide	SCN	NP
tolbutamide	SCN	NP
Hypoglycemics, Symlin		
Symlin		P
Hypoglycemics, Thiazolidinediones		
pioglitazone		P
pioglitazone-glimepiride		NP
pioglitazone-metformin		NP
Actoplus MET		NP
Actoplus MET XR		NP
Avandia	SCN	NP
Immunomodulators, Atopic Dermatitis		
Elidel		P
Protopic	SCN	P
pimecrolimus cream	SCN	NP
tacrolimus		NP
Dupixent		NP
Eucrisa 2%	SCN	NP
Immunomodulators, Topical		
imiquimod		P
Syclara		NP
Intranasal Rhinitis Agents		
azelastine (Gen-Astelin)		P
fluticasone RX		P
ipratropium		P
olopatadine		P
Beconase AQ	SCN	P
azelastine (Gen-Astepro)		NP
flunisolide		NP
mometasone furoate spray*		NP
Astepro		NP
Dymista		NP
Nasonex*		NP
Omnaaris	SCN	NP

Intranasal Rhinitis Agents (cont)		
Qnasl		NP
Xhance	SCN	NP
Zetonna	SCN	NP
*Prior Authorization not required for members 6 years of age and younger.		
Leukotriene Modifiers		
montelukast chewable		P
montelukast tablet		P
montelukast granules		NP
zafirlukast		NP
zileuton ER		NP
Zyflo	SCN	NP
Lipotropics, Apo-B Inhibitors		
Juxtapid	SCN	NP
Kynamro	SCN	NP
Lipotropics, Bile Acid Sequestrants		
cholestyramine		P
colestipol tablet		P
Welchol		P
colesevelam		NP
colestipol granules		NP
Colestid granules		NP
Lipotropics, Fibric Acids		
fenofibrate tab (Gen-Tricor)		P
fenofibric acid (Gen-Trilipix)		P
gemfibrozil		P
fenofibrate (Gen-Antara)		NP
fenofibrate (Gen-Fenoglide)		NP
fenofibrate (Gen-Lipofen)		NP
fenofibrate (Gen-Lofibra)		NP
fenofibrate (Gen-Triglide)	SCN	NP
fenofibric acid (Gen-Fibrocor)		NP
Antara	SCN	NP
Fenoglide		NP
Fibrocor	SCN	NP
Lipofen	SCN	NP
Triglide	SCN	NP
Lipotropics, Niacin		
niacin ER tabs (RX)		P
Niacor		P

Lipotropics, Omega-3 Acids			
omega-3 acid ethyl esters		DAPO	P
Vascepa	SCN	DAPO	NP
Lipotropics, Other			
atorvastatin			P
ezetimibe			P
lovastatin			P
pravastatin			P
rosuvastatin			P
simvastatin			P
amlodipine/atorvastatin			NP
ezetimibe/simvastatin			NP
fluvastatin			NP
fluvastatin ER			NP
Altoprev	SCN		NP
Caduet			NP
Lescol XL			NP
Livalo	SCN		NP
Vytorin			NP
Zypitamag	SCN		NP
Lipotropics, PCSK9 Inhibitors			
Praluent			NP
Repatha			NP
Methotrexate			
methotrexate tablet			P
methotrexate PF vial			P
methotrexate vial			P
Otrexup Auto Injector	SCN		NP
Rasuvo Auto Injector			NP
Trexall tablet	SCN		NP
Migraine Agents, CGRP Antagonists			
Aimovig			NP
Ajovy	SCN		NP
Emgality			NP
Migraine Agents, Other			
rizatriptan			P
sumatriptan nasal spray			P
sumatriptan tablets			P
Relpax			P
almotriptan			NP
eletriptan			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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Migraine Agents, Other (cont)			
frovatriptan			NP
naratriptan			NP
sumatriptan/naproxen tablets			NP
zolmitriptan tablets			NP
zolmitriptan ODT			NP
Cambia	SCN		NP
Onzetra	SCN		NP
Treximet	SCN		NP
Zomig Nasal Spray	SCN		NP
Migraine Agents, Injectable			
sumatriptan injectable			P
Sumavel			NP
Zembrace	SCN		NP
Multiple Sclerosis Agents, Immunomodulators			
Aubagio			P
Avonex			P
Betaseron			P
Copaxone 20mg			P
Copaxone 40mg			P
Gilenya			P
Rebif	SCN		P
Rebif Rebidose	SCN		P
glatiramer	SCN		NP
Extavia			NP
Glatopa			NP
Plegridy	SCN		NP
Tecfidera	SCN		NP
Multiple Sclerosis Agents, Other			
dalfampridine ER	SCN		NP
Ampyra ER	SCN		NP
Neuropathic Pain			
duloxetine 20mg DR caps			P
duloxetine 30mg DR caps			P
duloxetine 60mg DR caps			P
gabapentin			P
Lyrica			P
duloxetine 40mg DR caps			NP
Gralise	SCN	DR	NP
Horizant		DR	NP

Neuropathic Pain (cont)			
Lyrica CR			NP
NSAIDs			
celecoxib cap			P
diclofenac potassium			P
diclofenac sodium			P
diclofenac ER			P
flurbiprofen			P
ibuprofen Rx			P
ibuprofen OTC	SCN		P
indomethacin			P
ketoprofen			P
ketorolac			P
meloxicam tablets			P
nabumetone			P
naproxen Rx			P
naproxen DS Rx			P
naproxen OTC	SCN		P
sulindac			P
diclofenac sodium/misoprostol			NP
diclofenac solution			NP
diflunisal			NP
etodolac			NP
etodolac XL			NP
fenoprofen	SCN		NP
indomethacin ER			NP
ketoprofen ER	SCN		NP
meclizemate	SCN		NP
mefenamic acid			NP
naproxen CR			NP
naproxen sodium Rx			NP
naproxen suspension	SCN		NP
oxaprozin			NP
piroxicam			NP
tolmetin			NP
Duexis	SCN		NP
Indocin suppository	SCN		NP
Indocin suspension	SCN		NP
Nalfon	SCN		NP
Naprelan CR			NP
Sprix	SCN		NP

NSAIDs (cont)			
Tivorbex	SCN		NP
Vimovo	SCN		NP
Vivlodex	SCN		NP
Zipsor	SCN		NP
Zorvolex	SCN		NP
Ophthalmics, Allergic Conjunctivitis			
cromolyn			P
ketorolac 0.5%			P
ketotifen OTC	SCN		P
olopatadine 0.1% drops (Gen-Patanol)			P
Alway OTC	SCN		P
Alrex			P
Pazeo			P
azelastine			NP
epinastine			NP
olopatadine 0.2% drops (Gen-Pataday)			NP
Alocril			NP
Alomide			NP
Bepreve			NP
Emadine			NP
Lastacaft			NP
Pataday			NP
Ophthalmics, Antibacterial			
cyprofloxacin solution			P
erythromycin			P
gentamicin			P
moxifloxacin (Gen-Vigamox)			P
ofloxacin			P
polymyxin/trimethoprim			P
sulfacetamide oint			P
sulfacetamide solution			P
tobramycin			P
Ciloxan ointment			P
Moxeza			P
Tobrex ointment			P
bacitracin			NP
bacitracin/polymyxin			NP

Ophthalmics, Antibacterial (cont)			
gatifloxacin			NP
levofloxacin			NP
neomycin/bacitracin/polymyxin ointment			NP
neomycin/polymyxin/gramicidin			NP
triple antibiotic			NP
Azasite			NP
Besivance			NP
Natacyn			NP
Zymaxid			NP
Ophthalmics, Antibiotic-Steroid Combinations			
neomycin/polymyxin/dexamethasone			P
sulfacetamide/prednisolone			P
Blephamide	SCN		P
Pred-G ointment			P
Pred-G drops			P
Tobradex suspension			P
Tobradex ointment			P
neomycin/bacitracin/poly/Hc			NP
tobramycin/dexamethasone			NP
neomycin/polymyxin/Hc			NP
Blephamide S.O.P.	SCN		NP
Tobradex ST			NP
Zylet			NP
Ophthalmics, Anti-Inflammatories			
dexamethasone			P
fluorometholone			P
flurbiprofen			P
ketorolac LS 0.4%			P
prednisolone acetate			P
prednisolone sod phosphate			P
Durezol			P
Flarex			P
FML Forte			P
FML S.O.P.	SCN		P
Ilevro			P
Lotemax solution			P
Maxidex			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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Ophthalmics, Anti-Inflammatories (cont)		
<b>Pred Mild</b>	SCN	P
bromfenac		NP
diclofenac		NP
omnipred		NP
Acuvail		NP
Bromsite		NP
FML Liquifilm		NP
Lotemax gel		NP
Lotemax ointment		NP
Nevanac		NP
Prolensa		NP
Ophthalmics, Anti-Inflammatory / Immunomodulator		
<b>Restasis</b>	SCN	P
Cequa soluuiion		NP
Restasis Multidose	SCN	NP
Xiidra		NP
Ophthalmics, Glaucoma-Beta Blockers		
<b>carteolol</b>		P
<b>levobunolol</b>		P
<b>timolol (Gen-Timoptic/XE)</b>		P
<b>Betoptic S</b>		P
betaxolol		NP
Istalol		NP
timolol (Gen-Istalol)		NP
Timoptic OcuDose		NP
Ophthalmics, Glaucoma-Other		
<b>brimonidine 0.2%</b>		P
<b>dorzolamide</b>		P
<b>dorzolamide w/timolol</b>		P
<b>pilocarpine</b>		P
<b>Alphagan P 0.15%</b>	SCN	P
<b>Azopt</b>		P
<b>Combigan</b>	SCN	P
<b>Isopto Carpine 2%</b>		P
<b>Simbrinza</b>		P
apraclonidine		NP
brimonidine tartrate 0.15%		NP
Alphagan P 0.1%	SCN	NP

Ophthalmics, Glaucoma-Other (cont)			
Cosopt PF			NP
Iopidine			NP
Rhopressa	SCN		NP
Ophthalmics, Glaucoma-Prostaglandins			
<b>latanoprost</b>			P
<b>Travatan Z</b>			P
bimatoprost 0.03% 2.5ml			NP
bimatoprost 0.03% 5ml			NP
bimatoprost 0.03% 7.5ml			NP
Lumigan 0.01% 2.5ml	SCN		NP
Lumigan 0.01% 5ml	SCN		NP
Lumigan 0.01% 7.5ml	SCN		NP
Vyzulta solution			NP
Xelpros			NP
Zioptan			NP
Opioid Dependency Agents-Buprenorphine			
<b>Suboxone Film</b>	DR	SCN	P
<b>Zubsolv</b>	DR	SCN	P
buprenorphine tabs (without naloxone)	DR		NP
buprenorphine/naloxone film	DR		NP
buprenorphine/naloxone tab	DR		NP
Bunavail	DR	SCN	NP
Sublocade*	DR	SCN	NP
*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.			
Opioid Dependency Agents-Rescue Agent			
<b>naloxone syringe</b>			P
<b>naloxone vial</b>			P
<b>Narcan spray</b>		SCN	P
Opioid Dependency Agents-methadone			
<b>methadone dispersible tab</b>	DR		P
<b>methadone concentrate</b>	DR		P
Opioid Dependency and Alcohol Abuse / Dependency Agents			
<b>naltrexone tab</b>	DR		P

Opioid Dependency and Alcohol Abuse / Dependency Agents (cont)			
<b>Vivitrol injection*</b>	DR	SCN	P
*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.			
Otics, Antibiotics			
<b>neomycin/polymyxin/HC</b>			P
<b>ofloxacin</b>			P
<b>Cipro HC</b>			P
<b>Coly-mycin S</b>			P
ciprofloxacin		SCN	NP
Ciprodex*			NP
Otovel			NP
*Prior Authorization not required for members 6 years of age and younger.			
Otics, Anti-Infectives & Anesthetics			
<b>acetic acid</b>			P
acetic acid HC			NP
Pancreatic Enzymes			
<b>Zenpep DR</b>		SCN	P
Creon DR			NP
Pancreaze DR			NP
Pertzye DR 4,000*			NP
Pertzye DR 8,000			NP
Pertzye DR 16,000			NP
Pertzye DR 24,000			NP
Viokace			NP
*Prior Authorization not required for members 1 year of age and younger.			
Phosphate Binders			
<b>calcium acetate 667mg caps</b>			P
<b>calcium acetate 667mg tabs</b>			P
<b>Phoslyra</b>		SCN	P
<b>Renagel</b>			P
lanthanum carbonate			NP
sevelamer powder pack			NP
sevelamer tab			NP
Auryxia		SCN	NP
Eliphos		SCN	NP
Fosrenol			NP
Magnebind			NP

Phosphate Binders (cont)		
Renvela		NP
Velphoro	SCN	NP
Platelet Aggregation Inhibitors		
<b>aspirin</b>	SCN	P
<b>clopidogrel</b>		P
<b>dipyridamole</b>		P
<b>Aggrenox</b>		P
<b>Brilinta</b>		P
aspirin/dipyridamole		NP
ticlopidine		NP
Effient		NP
prasugrel		NP
Yosprala	SCN	NP
Zontivity		NP
Prenatal Vitamins		
<b>prenatal vitamin + low iron</b>	SCN	P
<b>Completenate tablet chew</b>	SCN	P
<b>Elite-OB caplet</b>	SCN	P
<b>Folivane-OB capsule</b>	SCN	P
<b>PNV 29-1 tablet</b>	SCN	P
<b>Preplus CA-FE 27mg-FA 1mg tab</b>	SCN	P
<b>Pretab 29mg-1mg tablet</b>	SCN	P
<b>SE-Natal 19 chewable tablet</b>	SCN	P
<b>SE-Natal 19 tablet</b>	SCN	P
<b>Taron-C DHA capsule</b>	SCN	P
<b>Thrivite 19 tablet</b>	SCN	P
<b>Trinatal RX 1 tablet</b>	SCN	P
<b>Virt-PN DHA softgel</b>	SCN	P
<b>Vol-Nate tablet</b>	SCN	P
<b>Vol-Plus tablet</b>	SCN	P
<b>Vol-Tab RX tablet</b>	SCN	P
<b>Zatean-PN DHA capsule</b>	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		
<b>esomeprazole magnesium</b>		P
<b>lansoprazole DR</b>		P
<b>omeprazole RX</b>		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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

Proton Pump Inhibitors (cont)			
pantoprazole			P
Nexium Packet			P
Prilosec suspension			P
Protonix suspension			P
esomeprazole strontium			NP
lansoprazole ODT (solutab)			NP
omeprazole-bicarb RX			NP
rabeprazole			NP
Aciphex Sprinkle DR caps	SCN		NP
Dexilant DR 30mg			NP
Dexilant DR 60mg			NP
Prevacid Solutab			NP
Zegerid			NP
Pulmonary Arterial Hypertension			
sildenafil	DR		P
Adcirca	DR	SCN	P
Letairis			P
Tracleer tablet			P
tadalafil tablet		SCN	NP
Adempas			NP
Opsumit			NP
Orenitram ER		SCN	NP
Revatio suspension	DR		NP
Tracleer suspension			NP
Tyvaso		SCN	NP
Uptravi			NP
Ventavis			NP
Sedative Hypnotics			
estazolam			P
eszopiclone			P
temazepam 15mg			P
temazepam 30mg			P
triazolam			P
zaleplon			P
zolpidem			P
Rozerem			P
flurazepam	SCN		NP
temazepam 7.5mg			NP
temazepam 22.5mg			NP
zolpidem ER			NP

Sedative Hypnotics (cont)			
zolpidem SL			NP
Belsomra			NP
Edluar			NP
Intermezzo			NP
Silenor			NP
Zolpimist	SCN		NP
Skeletal Muscle Relaxants			
baclofen			P
chlorzoxazone			P
cyclobenzaprine			P
dantrolene sodium			P
methocarbamol			P
tizanidine tablets			P
carisoprodol			NP
carisoprodol compound			NP
cyclobenzaprine 7.5mg tablet			NP
metaxalone			NP
orphenadrine			NP
tizanidine capsules			NP
Amrix			NP
Dantrium			NP
Fexmid			NP
Lorzone	SCN		NP
Metaxall	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			NP
alclometasone dipropionate oint			NP
desonide cream/oint/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
Texacort	SCN		NP
Steroids, Topical Medium			
fluticasone cream/ointment			P
mometasone furoate			P
betamethasone valerate foam			NP
clocortolone			NP
flurandrenolide lotion/cream			NP
flurandrenolide ointment	SCN		NP
fluticasone lotion			NP
fluocinolone acetonide cream	SCN		NP
fluocinolone 0.01% soln/oint			NP
hydrocortisone butyrate lipid cream			NP
hydrocortisone butyrate			NP
hydrocortisone butyrate lotion	SCN		NP
hydrocortisone valerate			NP
prednicarbate cream	SCN		NP
prednicarbate ointment			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
fluocinonide-e			NP
Diprolene ointment			NP
Halog	SCN		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/oint/solution/gel/emollient			P
halobetasol propionate			P
Clobex Lotion	SCN		P
Clobex Shampoo	SCN		P
betamethasone dipropionate aug			NP
clobetasol foam			NP
clobetasol lotion			NP
clobetasol shampoo			NP
clobetasol spray			NP
Apexicon E	SCN		NP
Bryhali lotion			NP
Clobex spray	SCN		NP
Lexette foam			NP
Olux-E	SCN		NP
Ultravate lotion	SCN		NP
Stimulants			
dexamethylphenidate	DR		P
methylphenidate tab	DR		P
methylphenidate CD	DR		P
methylphenidate chew tab	DR		P
methylphenidate ER tab (Gen-Metadate ER)	DR		P
methylphenidate ER capsule	DR		P
methylphenidate solution	DR		P
Aptensio XR	DR		P
Concerta	DR		P
Daytrana	SCN	DR	P
Focalin	DR		P
Focalin XR	DR		P
Metadate ER tablet	DR		P
Methylin solution	SCN	DR	P
Quillichew XR	SCN	DR	P
Quillivant XR	SCN	DR	P
Vyvanse*	DR		P
Vyvanse chewable*	DR		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

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

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

Monthly Changes to the PDL

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

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

(Effective 02/01/2019)

<b>Stimulants (cont)</b>			
amphetamine salt combo*		DR	NP
amphetamine salt combo ER		DR	NP
amphetamine sulfate (Gen-Evekeo)*		DR	NP
dexmethylphenidate ER capsule		DR	NP
dextroamphetamine *		DR	NP
dextroamphetamine ER		DR	NP
dextroamphetamine solution*	SCN	DR	NP
methylphenidate ER tablet (Gen-Concerta)		DR	NP
methylphenidate ER 72mg tab	SCN	DR	NP
methamphetamine		DR	NP
Adderall XR		DR	NP
Adzenys ER susp	SCN	DR	NP
Adzenys XR ODT	SCN	DR	NP
Cotempla XR	SCN	DR	NP
Dexedrine*	SCN	DR	NP
Dyanavel XR	SCN	DR	NP
Evekeo*		DR	NP
Mydayis ER		DR	NP
Procentra*	SCN	DR	NP
Relexxii ER	SCN	DR	NP
Ritalin LA		DR	NP
Zenzedi*		DR	NP
* PA required for the treatment of Binge Eating Disorder (BED). Use Sec VI of the PA/DGA (Refer to topic #15937)			
*Prior Authorization not required for members 6 years of age and younger.			
<b>Stimulants-Related Agents</b>			
atomoxetine			P
clonidine ER tab			P
guanfacine ER			P
Kapvay	SCN		P
armodafinil			NP
modafinil			NP
<b>Ulcerative Colitis</b>			
balsalazide			P

<b>Ulcerative Colitis (cont)</b>		
sulfasalazine		P
Apriso		P
Canasa		P
Lialda		P
Rowasa Kits	SCN	P
budesonide ER tablet		NP
mesalamine tabs		NP
mesalamine kits	SCN	NP
Asacol HD		NP
Delzicol		NP
Dipentum		NP
Giazo		NP
Pentasa		NP
Uceris		NP

<b>Brand Name Drugs with Generic Copay</b>	
Drug Name	Start Date
Adderall XR	01/01/2012
Alphagan P 0.15%	01/01/2012
Catapres -TTS	01/01/2014
Concerta	01/01/2018
Differin 0.1% Cream	01/01/2012
Differin 0.3% gel pump	02/01/2017
Pulmicort respules	01/01/2016
Retin-A (not micro)	07/01/2016
Tegretol tablet	01/01/2016
Tegretol suspension	01/01/2016
Tobradex suspension	01/01/2012

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

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

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

Monthly Changes to the PDL

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