

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

(Revised 07/01/09)

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/CCB Comb.		
Azor		P
Exforge, HCTZ		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, HCTZ	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, ER			P
Aricept, ODT			P
Exelon			P
Namenda			P
Cognex			NP
Exelon patch			NP
Razadyne liquid			NP

Analgesics/Anesthetics, Topical		
Voltaren		P
Lidoderm		P
Flector		NP
Analgesics, Narcotics-Long-Acting		
methadone		P
morphine ER		P
Duragesic		P
Kadian		P
Oxycontin		P
fentanyl transdermal		NP
oxycodone ER		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		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
Vancozin 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

## Key:

All lowercase letters = generic product


Leading capital letter = brand name product


DR = Diagnosis Restriction

P = Preferred product

NP = Non-preferred product (requires PA)

QL = Quantity Limits

 = uses non-standard PA/PDL Form

 = Recent Changes to the PDL

<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.

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

(Revised 07/01/09)

Anticonvulsants (cont.)		
levetiracetam, solution		P
mephobarbital		P
oxcarbazepine		P
phenobarbital		P
phenytoin		P
primidone		P
topiramate, sprinkle		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
Trileptal syrup		P
carbamazepine XR		NP
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
Aplenzin		NP
Cymbalta		NP
Emsam	SCN	NP
Pristiq		NP
Venlafaxine ER		NP
Antidepressants, SSRI		
citalopram		P
fluoxetine		P
fluvoxamine		P
paroxetine		P
sertraline		P

Antidepressants, SSRI (cont.)		
paroxetine CR		NP
selfemra		NP
Lexapro		NP
Luvox CR		NP
Pexeva		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

Antifungals, Topical (cont.)		
Naftin		NP
Oxistat		NP
Vusion		NP
Xolegel, Duo, Corepak		NP
Antihistamines, Nonsedating		
cetirizine tablets	SCN	P
cetirizine D	SCN	P
cetirizine syrup	SCN	P
loratadine tablets	SCN	P
loratadine D	SCN	P
loratadine syrup	SCN	P
cetirizine rx		NP
fexofenadine		NP
Allegra ODT, syrup		NP
Clarinx, 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
malathion		NP
Lindane		NP
Antiparkinson's Agents		
benztropine		P
bromocriptine		P

Antiparkinson's Agents (cont.)		
carbidopa/levodopa, ODT		P
ropinirole	DR	P
selegiline		P
trihexyphenidyl		P
Stalevo		P
Azilect		NP
Comtan		NP
Mirapex	DR	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

## 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

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

(Revised 07/01/09)

Agents for BPH (cont.)		
Cardura XL		NP
Rapaflo		NP
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
Levotal		NP
Bladder Relaxant Preparations		
oxybutynin, syrup		P
Detrol LA		P
Oxytrol		P
VesiCare		P
oxybutynin ER		NP
Detrol		NP
Enablex		NP
Gelnique		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

Bronchodilators, Anticholinergic (cont.)		
ipratropium/albuterol		NP
Bronchodilators, Beta Agonists		
albuterol, sulfate ER		P
terbutaline		P
Foradil		P
Maxair		P
Proair HFA		P
Proventil HFA	SCN	P
Serevent		P
Ventolin HFA		P
Xopenex HFA		P
Alupent		NP
Brovana		NP
Performist		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
cefaclor		P
cefadroxil		P
cefdinir		P
cefpodoxime		P
cephalexin		P
cefprozil		P
cefuroxime		P
Suprax		P
Augmentin XR		NP
Cedax		NP
Lorabid		NP

Cephalosporin and Related Agents (cont.)		
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
brompheniramin / 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
hydrocodone/ homatropine		NP

Cough and Cold Products-Narcotic (cont.)		
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
Simponi		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
Qvar		P
Symbicort		P

## 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

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

(Revised 07/01/09)

Glucocorticoids, Inhaled (cont.)			
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
Zorbitive			NP
† Preferred agents that require clinical prior authorization.			
H. Pylori Treatment			
Helidiac	DR		P
Prevpac	DR		NP
Pylera	DR		NP
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
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
Lantus	SCN		P
Levemir			P
Apidra	SCN		NP

Hypoglycemics, Insulins (cont.)			
Novolin	SCN		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
Omnanis			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

Lipotropics, Other (cont.)			
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
fenoprofen			NP
meclofenamate			NP
oxaprozin			NP

NSAIDs (cont.)			
sulindac			NP
tolmetin, DS			NP
Ponstel			NP
Arthrotec			NP
Prevacid Naprapac			NP
*Celebrex requires clinical prior authorization			
Ophthalmics, Allergic Conjunctivitis			
cromolyn			P
ketotifen OTC			P
Alaway	SCN		P
Patanol			P
Pataday			P
Zaditor	SCN		P
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
Nevanac			P
Xibrom			P
diclofenac			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

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

(Revised 07/01/09)

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
Besivance			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
Aggrenox			P
Plavix			P
Proton Pump Inhibitors			
omeprazole	DR		P
omeprazole OTC	DR	SCN	P

Proton Pump Inhibitors (cont.)			
Prevacid caps	DR		P
Prevacid SoluTab	DR		P
Prevacid susp	DR		P
pantoprazole	DR		NP
Aciphex	DR		NP
Kapidex	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

Steroids, Topical Low (cont.)			
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
Momexin			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-Smoothe-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

Stimulants and Related Agents (cont.)			
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
dextroamphetamine / amphetamine ER	DR		NP
Daytrana	DR		NP
Desoxyn	DR	SCN	NP
Liquadd	DR		NP
Nuvigil	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
Altanax	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