

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

(Revised 03/01/09)

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		
Exelon		P
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
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		P
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

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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.)		
Carbatrol		P
Celontin		P
Depakote ER, sprinkle		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra solution		P
Lamictal, Disper		P
Lamictal Starter Kits		P
Lyrica		P
Mebaral	SCN	P
Peganone		P
Topamax		P
Trileptal syrup		P
divalproex ER		NP
lamotrigine disper		NP
Banzel		NP
Keppra XR		NP
Phenytek		NP
Stavzor		NP
Tegretol XR		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
selfemra		NP
Lexapro		NP
Luvox CR		NP
Pexeva		NP
Prozac Weekly		NP

Antiemetics, Oral		
granisetron HCL		P
ondansetron solution, ODT		P
Emend		P
dronabinol		NP
Anzemet		NP
Cesamet (Oral)		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/betametha sone		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,		P
fexofenadine (Allegra, susp, -D)		NP
Allegra ODT, syrup		NP
Clarinex, 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		P
Eurax		P
Ovide		P
Lindane		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

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Beta Blockers (cont.)		
Coreg CR		NP
Innopran XL		NP
Levitol		NP
Bladder Relaxant Preparations		
oxybutynin, ER, syrup		P
Detrol LA		P
Enablex		P
Oxytrol		P
Sanctura, XR		P
VesiCare		P
Detrol		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 (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
cefepodoxime		P
cephalexin		P
cefprozil		P
cefuroxime		P
Suprax		P
Augmentin XR		NP
Cedax		NP
Lorabid		NP
Panixine		NP
Raniclor		NP
Spectracef		NP
Cytokine and CAM Antagonists		
Enbrel <sup>†</sup>	SCN	P
Humira <sup>†</sup>		P
Kineret <sup>†</sup>		P
Raptiva <sup>†</sup>	SCN	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, Aerobid-M	SCN		P
Azmacort	SCN		P
Flovent HFA			P
Pulmicort Respules			P
Qvar			P
Symbicort			P
Alvesco Inhaler			NP
Asmanex	SCN		NP
Pulmicort Flexhaler			NP
Growth Hormone			
Genotropin <sup>†</sup>			P
Nutropin, AQ <sup>†</sup>	SCN		P
Saizen <sup>†</sup>			P
Tev-Tropin <sup>†</sup>			P
Humatrope			NP
Norditropin			NP
Omnitrope			NP
Serostim			NP
Zorbive			NP
<sup>†</sup> 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 <sup>†</sup>		P
Janumet	QL	P
Januvia	QL	P
Symlin <sup>†</sup> , pen <sup>†</sup>		P
<sup>†</sup> 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
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
Duetact		P
Prandimet		NP
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

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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
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
Altprev			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
fenopropfen (Nalfon)			NP
meclofenamate			NP
mefenamic acid (Ponstel)			NP
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
dorzolamide, w/timolol			P
levobunolol			P
metipranolol			P

Ophthalmics, Glaucoma Agents (cont.)			
pilocarpine			P
timolol			P
Alphagan P			P
Azopt			P
Betimol			P
Betopic 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

Pancreatic Enzymes (con't)			
Ultrase			P
Viokase			P
Pancrecarb MS			NP
Phosphate Binders			
Fosrenol			P
Phoslo		SCN	P
Renagel			P
Eliphos			NP
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
omeprazole, OTC*	DR	SCN	NP
pantoprazole*	DR		NP
Aciphex*	DR		NP
Kapidex	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

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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	QL	NP
Zanaflex		NP
Steroids, Topical Low		
desonide		P
hydrocortisone		P
Derma-Smoothe-Fs		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

Steroids, Topical High (cont.)			
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
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
Apriso ER		NP
Dipentum		NP
Lialda		NP
Pentasa		NP
Rowasa		NP

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