

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

(Effective 05/01/2021)

**ATTENTION PROVIDERS:** Due to wholesaler supply issues for non-preferred Adderall IR 30mg tablets, ForwardHealth will suspend the brand before generic status for non-preferred dextroamphetamine-amphetamine immediate release 30mg tablets (generic Adderall IR) for dates of service from January 1, 2021 until further notice. Members that have an approved, current prior authorization request or have been grandfathered for non-preferred Adderall IR 30mg tablets for dates of service on and after January 1, 2021, may receive non-preferred dextroamphetamine-amphetamine immediate release 30mg tablets until further notice.

## 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	Brand Before Generic Drug Refer to topic #20077	Uses specific Drug PA Form - available via STAT-PA or Paper PA process	Uses specific Drug PA Form - available via Paper PA process only	Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937	Monthly Changes to the PDL
--	--	---	--	--	---	----------------------------

- 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 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/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms>

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

(Effective 05/01/2021)

Acne Agents, Topical		
benzoyl peroxide OTC 2.5%, 5%, 10%	SCN	P
clindamycin/benzoyl peroxide (Gen-Duac)		P
clindamycin gel (Gen-Cleocin T)		P
clindamycin solution		P
erythromycin solution		P
sodium sulfacetamide-sulfur cleanser, wash, suspension		P
Differin 0.1% cream, lotion	SCN	P
Differin 0.3% gel pump	SCN	P
Retin-A (not micro)		P
NOTE: Topical federal legend acne drugs not listed are either non-preferred or noncovered.		NP
Alzheimer's Agents		
donepezil 5mg, 10mg		P
donepezil ODT 5mg, 10mg		P
memantine solution, tablet, titration pack*		P
rivastigmine caps		P
Exelon patch		P
donepezil 23mg		NP
galantamine tablets		NP
galantamine ER caps		NP
galantamine solution		NP
memantine ER caps (Gen-Namenda XR)*	DR	NP
rivastigmine patch		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
diclofenac 1% gel (Gen-Voltaren RX)		P
diclofenac sodium 1% gel OTC (Gen-Voltaren OTC)		P
lidocaine 5% ointment		P
lidocaine 5% trans patch		P
diclofenac 1.3% patch (Gen-Flector)		NP

Analgesics/Anesthetics, Topical (cont)		
diclofenac 1.5% solution (Gen-Pennsaid)		NP
Flector		NP
Licart patch	SCN	NP
Pennsaid	SCN	NP
Ztlido	SCN	NP
Analgesics, Miscellaneous		
acetaminophen	SCN	P
acetaminophen chew tab 80mg, 160mg*		P
aspirin	SCN	P
ibuprofen Rx		P
ibuprofen OTC	SCN	P
ibuprofen OTC chew tab 100mg*		P
naproxen Rx		P
naproxen OTC	SCN	P
butalbital/apap		NP
butalbital/apap/caffeine		NP
butalbital/apap/caffeine/codeine		NP
butalbital/asa/caffeine		NP
butalbital/asa/caffeine/codeine		NP
Allzital	SCN	NP
Bupap	SCN	NP
Esgic		NP
* Products are only covered for members 12 years of age or younger		
Analgesics, Opioids Long-Acting		
fentanyl transdermal 12mcg, 25mcg, 50mcg, 75mcg, 100mcg		P
morphine ER tablets		P
tramadol ER tab (Gen-Ultram ER)		P
Butrans transdermal		P
Hysingla ER		P
buprenorphine transdermal		NP
fentanyl transdermal 37.5mcg, 62.5mcg, 87.5mcg		NP
hydrocodone ER tablet (Gen-Hysingla ER)		NP
hydrocodone ER capsule (Gen-Zohydro ER)		NP
hydromorphone ER		NP
methadone tablet, solution		NP
morphine ER capsules		NP

Analgesics, Opioids Long-Acting (cont)		
oxycodone ER		NP
oxymorphone ER		NP
tramadol ER cap (Gen-Conzip)	SCN	NP
tramadol ER tab (Gen-Ryzolt)		NP
Belbuca Film		NP
Conzip	SCN	NP
Kadian		NP
Nucynta ER		NP
Oxycontin		NP
Xtampza ER	SCN	NP
Zohydro ER	SCN	NP
Analgesics, Opioids Short-Acting		
codeine/apap		P
hydromorphone		P
hydrocodone/apap 325mg		P
hydrocodone/ibuprofen		P
morphine		P
oxycodone solution, tablets		P
oxycodone/apap 325mg		P
tramadol 50mg tab		P
tramadol/apap 325mg		P
benzhydrocodone/apap tab		NP
butorphanol spray		NP
codeine		NP
dihydrocodeine/apap/caffeine		NP
levorphanol		NP
hydrocodone/apap*		NP
hydromorphone liquid, suppository		NP
meperidine		NP
oxycodone/apap*		NP
oxycodone/asa		NP
oxycodone capsules, concentrate		NP
oxymorphone		NP
pentazocine/naloxone		NP
tramadol 100mg tab		NP
Dilaudid Liquid		NP
Nalocet	SCN	NP
Nucynta		NP
Oxaydo	SCN	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
Androgenic Agents		
testosterone gel, pump (Gen-Vogelxo)		P
AndroGel gel, pump		P
testosterone gel, pump (Gen-AndroGel)		NP
testosterone gel (Gen-Testim)	SCN	NP
testosterone pump (Gen-Axiron and Fortesta)		NP
Androderm		NP
Fortesta		NP
Natesto nasal spray	SCN	NP
Testim	SCN	NP
Vogelxo		NP
Androgenic Agents, Injectable		
testosterone cypionate*		P
testosterone enanthate*		P
Depo-testosterone*		P
Xyosted		NP
* Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		
Angiotensin Modulators, ACE Inhibitors		
benazepril		P
captopril		P
enalapril		P
enalapril/HCTZ		P
fosinopril		P
lisinopril		P
lisinopril/HCTZ		P
ramipril		P
benazepril/HCTZ		NP
captopril/HCTZ	SCN	NP
fosinopril/HCTZ		NP
moexipril		NP
perindopril		NP
quinapril		NP
quinapril/HCTZ		NP
trandolapril		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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

<b>Angiotensin Modulators, ACE Inhibitors (cont)</b>			<b>Antibiotics, Beta-Lactam (cont)</b>			<b>Antibiotics, Macrolides/Ketolidides (cont)</b>			<b>Antibiotics, Topical (cont)</b>		
Epaned *	SCN	NP	ampicillin		P	erythromycin capsule, tablet, granule, suspension		P	gentamicin cream, ointment		NP
Qbrelis solution	SCN	NP	cefactor caps		P	E.E.S. filmtab, granules		P	mupirocin cream		NP
Prestalia	SCN	NP	cefadroxil caps, susp		P	Eryped		P	Centany	SCN	NP
*Prior Authorization is not required for members 12 years of age and younger.			cefdinir		P	Ery-Tab DR		P	Xepi 1% cream	SCN	NP
<b>Angiotensin Modulators, ARBs and DRIs</b>			cefixime capsule	SCN	P	Erythrocin		P	<b>Antibiotics, Vaginal</b>		
irbesartan		P	cefprozil	SCN	P	clarithromycin ER tab		NP	clindamycin		P
irbesartan/HCTZ		P	cefuroxime		P	erythromycin filmtab		NP	Cleocin ovule		P
losartan		P	cephalexin caps, susp		P	<b>Antibiotics, Tetracyclines</b>			Clindesse		P
losartan/HCTZ		P	cephalexin 750mg	SCN	P	doxycycline hyclate capsule		P	Nuversa	SCN	P
olmesartan		P	dicloxacillin		P	doxycycline hyclate 20mg tabs		P	Vandazole		P
olmesartan/HCTZ		P	penicillin		P	doxycycline monohydrate 50mg, 100mg capsules		P	metronidazole		NP
valsartan		P	Suprax chew tab, susp	SCN	P	doxycycline monohydrate tabs		P	<b>Anticoagulants</b>		
valsartan/HCTZ		P	amoxicillin clavulanate XR		NP	minocycline caps		P	enoxaparin		P
Entresto		P	cefaclor susp	SCN	NP	demeclocycline		NP	warfarin		P
aliskiren tabs (Gen-Tekturma)	SCN	NP	cefaclor tab ER		NP	doxycycline hyclate DR		NP	Eliquis		P
candesartan tablets		NP	cefadroxil tablet		NP	doxycycline hyclate tabs		NP	Eliquis Dose Pack		P
candesartan/HCTZ		NP	cefixime suspension		NP	doxycycline monohydrate susp		NP	Pradaxa		P
eprosartan mesylate	SCN	NP	cefopodoxime		NP	doxycycline monohydrate 75mg, 150mg capsules		NP	Xarelto		P
telmisartan		NP	cephalexin tabs		NP	minocycline tabs		NP	Xarelto Dose Pack		P
telmisartan/HCTZ		NP	<b>Antibiotics, GI</b>			minocycline ER (Gen-Solodyn)		NP	fondaparinux		NP
Benicar		NP	metronidazole tablets		P	tetracycline		NP	Arixtra	SCN	NP
Benicar/HCTZ		NP	neomycin		P	Doryx DR		NP	Fragmin		NP
Edarbi		NP	tinidazole		P	Minolira ER	SCN	NP	Savaysa		NP
Edarbyclor		NP	vancomycin capsule		P	Morgidox caps	SCN	NP	<b>Anticonvulsants</b>		
Micardis		NP	Firvanq 50mg/ml	SCN	P	Nuzuira	SCN	NP	carbamazepine chew tabs		P
Micardis/HCTZ		NP	Xifaxan		P	Oracea		NP	clobazam susp, tabs		P
Tekturma		NP	metronidazole capsule		NP	Solodyn ER 55mg, 65mg, 80mg, 105mg, 115mg		NP	clonazepam tablets		P
Tekturma/HCTZ		NP	nitazoxanide tablet (Gen-Alinia)		NP	Vibramycin syrup, suspension		NP	diazepam rectal		P
<b>Angiotensin Modulators, Combination</b>			Dificid tablet, suspension		NP	Ximino ER	SCN	NP	divalproex tablets		P
amlodipine/benazepril		P	Solosec	SCN	NP	<b>Antibiotics, Topical</b>			divalproex ER tablets		P
amlodipine/olmesartan		P	vancomycin 50mg/ml (Gen-Firvanq)	SCN	NP	bacitracin ointment OTC	SCN	P	ethosuximide		P
amlodipine/olmesartan/HCTZ		P	<b>Antibiotics, Inhaled</b>			bacitracin/polymyxin B oint. OTC	SCN	P	gabapentin caps, tabs		P
amlodipine/valsartan		P	Bethkis	SCN	P	mupirocin ointment		P	lamotrigine tablets		P
amlodipine/valsartan/HCTZ		P	Kitabis Pak	SCN	P	neomycin/bacitracin zinc/ polymyxin B oint OTC	SCN	P	lamotrigine dispertabs		P
telmisartan/amlodipine		NP	tobramycin (Gen-Tobi)		NP	neomycin/bacitracin zinc/ polymyxin B/pramoxine oint. OTC	SCN	P	lamotrigine Dose Pk		P
trandolapril/verapamil		NP	tobramycin (Gen-Bethkis)		NP	<b>Antibiotics, Beta-Lactam</b>			lamotrigine ER tablets		P
Tarka		NP	Cayston		NP	amoxicillin		P	levetiracetam solution, tabs		P
<b>Antibiotics, Beta-Lactam</b>			Tobi		NP	amoxicillin clavulanate		P	levetiracetam ER tabs		P
amoxicillin		P	Tobi Podhaler		NP	amoxicillin clavulanate 250mg suspension		P	oxcarbazepine		P
<b>Antibiotics, Macrolides/Ketolidides</b>			<b>Antibiotics, Macrolides/Ketolidides</b>			azithromycin		P	oxcarbazepine suspension		P
clarithromycin susp, tabs		P	azithromycin		P	clarithromycin susp, tabs		P	phenobarbital		P
			clarithromycin susp, tabs		P				phenytoin		P
									pregabalin (Gen-Lyrica)		P

<p>Uses PA/PDL Exemption Form - available via STAT-PA or Paper PA process</p>	<p>Uses PA/DGA Form/Sec. VI Paper PA process only Refer to topic #15937</p>	<p>Brand Before Generic Drug Refer to topic #20077</p>	<p>Uses specific Drug PA Form - available via STAT-PA or Paper PA process</p>	<p>Uses specific Drug PA Form - available via Paper PA process only</p>	<p>Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937</p>	<p>Monthly Changes to the PDL</p>
---	---	--	---	---	--	-----------------------------------

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

(Effective 05/01/2021)

Anticonvulsants (cont)				Anticonvulsants (cont)				Antidepressants, SSRI (cont)				Antiemetics/Antivertigo (cont)			
primidone			P	Oxtellar XR	SCN	NP		fluoxetine 10mg, 20mg, 40mg caps			P	Transderm-Scop	SCN	NP	
topiramate			P	Phenytek	SCN	NP		fluoxetine solution			P	<b>Antiemetics, Cannabinoids</b>			
topiramate sprinkle			P	Qdolo solution	SCN	NP		fluvoxamine			P	dronabinol		NP	
valproic acid			P	Qudexy		NP		paroxetine			P	<b>Antifungals, Oral</b>			
zonisamide			P	Spritam	SCN	NP		sertraline			P	clotrimazole troche		P	
Carbatrol ER			P	Sympazan	DR	SCN	NP	Paxil suspension			P	fluconazole		P	
Celontin			P	Trileptal suspension			NP	fluoxetine 90mg caps			NP	griseofulvin suspension		P	
Depakote sprinkle			P	Trokendi XR	SCN	NP		fluoxetine 10mg,20mg,60mg tabs			NP	griseofulvin ultra-micro tablets		P	
Dilantin 30mg cap			P	Valtoco nasal spray	SCN	NP		fluvoxamine ER			NP	itraconazole		P	
Dilantin Infatab			P	Vigadrone			NP	paroxetine 7.5mg cap (Gen-Brisdelle)			NP	ketococonazole tablets		P	
Felbatol suspension, tablet			P	Vimpat			NP	paroxetine CR (Gen-Paxil CR)	SCN	NP	nystatin		P		
Gabitril	SCN		P	Vimpat solution			NP	Brisdelle	SCN	NP	terbinafine		P		
Lamictal Starter Kits	SCN		P	Xcopri	SCN	NP		Pexeva	SCN	NP	Noxafil		P		
Peganone			P	<b>Antidepressants, Other</b>				Sarafem	SCN	NP	Sporanox (liquid)		P		
Roweepra	SCN		P	bupropion			P	<b>Antiemetics</b>				flucytosine		NP	
Sabril	SCN		P	bupropion SR			P	granisetron			P	griseofulvin micro tablets		NP	
Tegretol tab			P	bupropion XL (Gen-Wellbutrin)			P	metoclopramide			P	itraconazole solution		NP	
Tegretol suspension			P	desvenlafaxine ER (Gen-Pristiq)			P	ondansetron tablet, ODT, sol.			P	posaconazole (Gen-Noxafil)	SCN	NP	
Tegretol XR			P	duloxetine DR 20mg, 30mg, 60mg caps			P	prochlorperazine tablet, suppository			P	voriconazole suspension, tab		NP	
carbamazepine susp, tabs			NP	mirtazapine			P	trimethobenzamide caps			P	Ancobon		NP	
carbamazepine ER caps, tabs			NP	phenelzine			P	Emend capsules			P	Cresemba		NP	
clonazepam ODT			NP	tranylcypromine sulfate			P	aprepitant capsules			NP	Oravig		NP	
divalproex sprinkle			NP	trazodone			P	metoclopramide ODT			NP	Tolsura		NP	
felbamate suspension, tablet			NP	venlafaxine			P	Akynzeo			NP	Vfend		NP	
lamotrigine ODT			NP	venlafaxine ER capsules			P	Emend Powder Packet			NP	<b>Antifungals, Topical</b>			
rufinamide suspension (Gen-Banzel)	DR		NP	Marplan			P	Gimoti nasal			NP	ciclopirox solution		P	
tiagabine			NP	Nardil			P	Sancuso	SCN	NP	clotrimazole OTC	SCN	P		
topiramate ER (Gen-Qudexy)			NP	bupropion XL (Gen-Forfivo XL)	SCN	NP		Varubi	SCN	NP	clotrimazole Rx		P		
vigabatrin			NP	desvenlafaxine ER (No Brand)			NP	Zuplenz			NP	clotrimazole/betamethasone cream		P	
Aptiom	SCN		NP	duloxetine 40mg DR caps			NP	<b>Antiemetics/Antivertigo</b>				ketococonazole cream, shampoo		P	
Banzel	DR		NP	nefazodone			NP	dimenhydrinate OTC	SCN	P	miconazole OTC	SCN	P		
Briviact			NP	venlafaxine ER tablets			NP	meclizine			P	nystatin		P	
Diacomit	DR	SCN	NP	Aplenzin ER			NP	meclizine OTC	SCN	P	tolnaftate OTC	SCN	P		
Epidiolex	DR	SCN	NP	Drizalma sprinkle DR			NP	promethazine tablet, suppository, syrup			P	Alevazol	SCN	P	
Equetro			NP	Emsam			NP	scopolamine patch			P	ciclopirox cream, gel, shampoo, suspension		NP	
Fintepla	DR		NP	Fetzima			NP	Diclegis	SCN	P	clotrimazole/betamethasone lotion		NP		
Fycompa			NP	Forfivo XL			NP	doxylamine succinate / pyridoxine (Gen-Diclegis)			NP	econazole nitrate		NP	
Lamictal ODT	SCN		NP	Trintellix			NP	Bonjesta	SCN	NP	luliconazole cream		NP		
Lamictal ODT Starter Kit	SCN		NP	Viibryd	SCN	NP		<b>Antidepressants, SSRI</b>				ketococonazole foam		NP	
Lamictal XR	SCN		NP	<b>Antidepressants, SSRI</b>				citalopram			P	luliconazole cream		NP	
Lamictal XR Starter Kit	SCN		NP	escitalopram			P	<b>Antidepressants, SSRI</b>				miconazole/zinc/pet ointment	SCN	NP	
Nayzilam nasal spray			NP	<b>Antidepressants, SSRI</b>				escitalopram			P	naftifine cream, gel		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	Brand Before Generic Drug Refer to topic #20077	Uses specific Drug PA Form - available via STAT-PA or Paper PA process	Uses specific Drug PA Form - available via Paper PA process only	Uses PA/DGA Form/Sec. VII Paper PA process only Refer to topic #15937	Monthly Changes to the PDL
--	--	---	--	--	---	----------------------------

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

(Effective 05/01/2021)

<b>Antifungals, Topical (cont)</b>			<b>Antiparasitics, Topical (cont)</b>			<b>Antipsoriasis, Topical (cont)</b>			<b>Antipsychotics (cont)</b>		
nystatin/triamcinolone		NP	spinosad		NP	Taclonex susp		P	Fanapt*	SCN	NP
oxiconazole cream		NP	Crotan Lotion	SCN	NP	<b>Vectical</b>	SCN	P	Fazaclo*	SCN	NP
tavaborole solution (Gen-Kerydin)		NP	Eurax Lotion	SCN	NP	calcipotriene foam		NP	Nuplazid*	SCN	NP
Bensal HP	SCN	NP	Lindane		NP	calcipotriene/betamethasone dipropionate ointment		NP	Rexulti*		NP
Ertaczo		NP	Sklice		NP	calcipotriene/betamethasone dipropionate susp (Gen-Taclonex)	SCN	NP	Saphris*		NP
Exelderm	SCN	NP	<b>Antiparkinson's Agents</b>			calcitriol oint		NP	Secuado patch*	SCN	NP
Extina	SCN	NP	<b>amantadine</b>		P	tazarotene cream		NP	Symbyax*		NP
Jublia		NP	<b>benztropine</b>		P	Duobrii lotion		NP	Versacloz*	SCN	NP
Kerydin	SCN	NP	<b>bromocriptine</b>		P	Enstilar	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.		
Luzu cream		NP	<b>carbidopa/levodopa</b>		P	Sorilux		NP	<b>Antipsychotics, Injectable</b>		
Mentax	SCN	NP	<b>carbidopa/levodopa ER</b>		P	Tazorac	SCN	NP	<b>fluphenazine decanoate *</b>		P
Naftin	SCN	NP	<b>carbidopa/levodopa ODT</b>		P	<b>Antipsychotics</b>			<b>haloperidol decanoate*</b>		P
Oxistat	SCN	NP	<b>carbidopa/levodopa/entacapone</b>		P	<b>aripiprazole*</b>		P	<b>Abilify Maintena*</b>		P
Vusion	SCN	NP	<b>carbidopa 25mg tab</b>		P	<b>aripiprazole ODT*</b>	SCN	P	<b>Aristada*</b>	SCN	P
<b>NOTE: Sprays and Kits are not covered.</b>			<b>pramipexole</b>		P	<b>amitriptyline/perphenazine*</b>	SCN	P	<b>Aristada Initio ER*</b>	SCN	P
<b>Antihistamines, Minimally Sedating</b>			<b>ropinirole</b>		P	<b>chlorpromazine*</b>		P	<b>Haldol Decanoate*</b>		P
<b>cetirizine syrup, tablets</b>	SCN	P	<b>selegiline</b>		P	<b>clozapine*</b>		P	<b>Invega Sustenna*</b>		P
<b>cetirizine D</b>	SCN	P	<b>trihexyphenidyl</b>		P	<b>fluphenazine*</b>	SCN	P	<b>Invega Trinza*</b>		P
<b>levocetirizine tablets</b>		P	entacapone		NP	<b>haloperidol*</b>		P	<b>Perseris ER*</b>	SCN	P
<b>loratadine syrup, tablets</b>	SCN	P	pramipexole ER		NP	<b>loxapine*</b>		P	<b>Risperdal Consta*</b>		P
<b>loratadine D</b>	SCN	P	rasagiline		NP	<b>olanzapine*</b>		P	<b>Zyprexa Relprevv*</b>		P
desloratadine		NP	ropinirole ER		NP	<b>olanzapine ODT*</b>		P	ziprasidone vial*		NP
desloratadine ODT		NP	tolcapone		NP	<b>perphenazine*</b>		P	*Policy for obtaining provider-administered drugs applies. Refer to topic #5697.		
fexofenadine OTC	SCN	NP	Azilect		NP	<b>pimozide*</b>		P	<b>Antivirals, Influenza</b>		
levocetirizine solution		NP	Comtan		NP	<b>quetiapine*</b>		P	<b>oseltamivir</b>		P
Clarinox		NP	Gocovri ER	SCN	NP	<b>quetiapine fumarate ER*</b>		P	<b>Relenza</b>	SCN	P
Clarinox D		NP	Inbrija	SCN	NP	<b>risperidone*</b>		P	rimantadine		NP
Semprex-D	SCN	NP	Kynmobi film	SCN	NP	<b>thiothixene*</b>	SCN	P	Tamiflu	SCN	NP
<b>Antihypertensives, Sympatholytics</b>			Neupro patches		NP	<b>trifluoperazine*</b>		P	Xofluza		NP
<b>clonidine (oral)</b>		P	Nouriaz tablets	SCN	NP	<b>ziprasidone capsules*</b>		P	<b>Antivirals, Other</b>		
<b>guanfacine</b>		P	Ongentys	SCN	NP	<b>Latuda*</b>	SCN	P	<b>acyclovir</b>		P
<b>methyl dopa</b>		P	Osmolex ER	SCN	NP	<b>Vraylar*</b>	SCN	P	<b>valacyclovir</b>		P
<b>Catapres-TTS</b>		P	Rytary ER	SCN	NP	asenapine (Gen-Saphris)		NP	famciclovir		NP
clonidine trans patch		NP	Stalevo		NP	clozapine ODT*		NP	<b>Antivirals, Topical</b>		
methyl dopa/HCTZ	SCN	NP	Tasmar		NP	molindone tablets*		NP	<b>Zovirax cream, ointment</b>		P
<b>Antiparasitics, Topical</b>			Xadago	SCN	NP	olanzapine/fluoxetine*		NP	acyclovir cream, ointment		NP
<b>permethrin OTC</b>	SCN	P	Zelapar		NP	paliperidone ER tablets*		NP	Denavir	SCN	NP
<b>permethrin Rx</b>		P	<b>Antipsoriasis, Oral</b>			thioridazine*		NP	Xerese		NP
<b>Eurax Cream</b>		P	<b>acitretin</b>		P	Abilify MyCite*		NP			
<b>Natroba</b>		P	methoxsalen		NP	Adasuve*		NP			
ivermectin lotion (Gen-Sklice)		NP	<b>Antipsoriasis, Topical</b>			Caplyta*	SCN	NP			
malathion		NP	<b>calcipotriene cream, ointment, solution</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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

<b>Anxiolytics</b>			<b>Beta Blockers (cont)</b>			<b>Bronchodilators, Beta Agonists</b>			<b>Calcium Channel Blocking Agents (cont)</b>		
alprazolam ER		P	timolol		NP	albuterol		P	verapamil SR capsule		NP
alprazolam intensol, tablet		P	Bystolic	SCN	NP	albuterol ER	SCN	P	verapamil ER PM	SCN	NP
buspirone		P	Coreg CR	SCN	NP	albuterol HFA*		P	verapamil 360mg capsule		NP
chlordiazepoxide		P	Hemangeol	SCN	NP	albuterol neb (2.5mg/0.5ml)		P	Cardizem LA		NP
diazepam solution, tablet		P	Inderal XL		NP	albuterol neb (2.5mg/3ml)		P	Katerzia suspension	SCN	NP
lorazepam intensol, tablet		P	Innopran XL		NP	albuterol neb (100mg/20ml)		P	Matzim LA		NP
alprazolam ODT		NP	Kapsargo sprinkles		NP	albuterol neb low-dose (0.63mg/3ml)		P	Nymalize		NP
clorazepate		NP	Sotylize		NP	albuterol neb low-dose (1.25mg/3ml)		P	<b>COPD Agents</b>		
diazepam intensol		NP	<b>Bile Salts</b>			terbutaline tablets		P	ipratropium nebulizer		P
meprobamate		NP	ursodiol		P	Proair HFA		P	ipratropium/albuterol nebulizer		P
oxazepam		NP	Chenodal	SCN	NP	Serevent	SCN	P	Anoro Ellipta	SCN	P
<b>BPH Agents, Alpha Reductase Inhibitors</b>			Cholbam	SCN	NP	Ventolin HFA	SCN	P	Atrovent HFA		P
dutasteride		P	Ocaliva	SCN	NP	levalbuterol nebulizer		NP	Combivent Respimat		P
finasteride		P	<b>Bladder Relaxant Preparations</b>			levalbuterol HFA		NP	Spiriva		P
dutasteride/tamsulosin	SCN	NP	darifenacin ER		P	metaproterenol		NP	Stiolto Respimat		P
<b>BPH Agents, Andrenergic</b>			oxybutynin tab, ER tab, syrup		P	Arcapta		NP	Bevespi Aerosphere		NP
alfuzosin		P	solifenacin tabs		P	Brovana	SCN	NP	Breztri Aerosphere HFA		NP
tamsulosin		P	Toviaz		P	Perforomist	SCN	NP	Daliresp		NP
terazosin		P	tolterodine		NP	ProAir Digihaler		NP	Duaklir Pressair	SCN	NP
doxazosin		NP	tolterodine ER		NP	ProAir Respiclick		NP	Incruse Ellipta	SCN	NP
silodosin capsule		NP	tropium		NP	Proventil HFA		NP	Lonhala Magnair Kits	SCN	NP
Cardura XL		NP	tropium ER		NP	Striverdi Respimat		NP	Seebri Neohaler		NP
Rapaflo		NP	Detrol		NP	Xopenex HFA	SCN	NP	Spiriva Respimat		NP
<b>Beta Blockers</b>			Detrol LA		NP	* NOTE: Product added temporarily during the public health COVID-19 emergency			Trelegy Ellipta	SCN	NP
atenolol		P	Gelnique		NP	<b>Calcium Channel Blocking Agents</b>			Tudorza Pressair		NP
atenolol/chlorthalidone		P	Gemtesa	SCN	NP	amlodipine		P	Utibron Neohaler		NP
bisoprolol		P	Myrbetriq ER		NP	diltiazem		P	Yupelri	SCN	NP
bisoprolol/HCTZ		P	Oxytrol	SCN	NP	diltiazem ER capsules	SCN	P	<b>Cough and Cold – Narcotic Liquids</b>		
carvedilol		P	Vesicare LS		NP	nifedipine ER		P	guaifenesin/codeine		P
labetalol		P	<b>Bone Resorption Suppression</b>			nifedipine IR		P	phenylephrine/promethazine/codeine		P
metoprolol		P	alendronate		P	nimodipine		P	promethazine/codeine		P
metoprolol ER		P	calcitonin-salmon nasal		P	verapamil tablets		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.		
propranolol		P	ibandronate		P	verapamil ER tablet		P	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.		
propranolol ER		P	Forteo		P	verapamil SR tablet		P	<b>Cytokine and CAM Antagonists</b>		
sotalol		P	alendronate sodium solution	SCN	NP	diltiazem ER tablets	SCN	NP	Enbrel		P
acebutolol		NP	raloxifene		NP	felodipine ER		NP	Humira		P
betaxolol		NP	risedronate		NP	isradipine		NP			
carvedilol ER		NP	teriparatide		NP	nicardipine		NP			
metoprolol/HCTZ		NP	Actonel	SCN	NP	nisoldipine	SCN	NP			
nadolol		NP	Atelvia	SCN	NP	verapamil ER capsule	SCN	NP			
nadolol bendroflumethiazide tabs		NP	Boniva	SCN	NP						
pindolol		NP	Fosamax Plus D		NP						
propranolol/HCTZ	SCN	NP	Tymlos		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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

Cytokine and CAM Antagonists (cont)			Fluoroquinolones (cont)			Glucocorticoids, Inhaled (cont)			Gout Agents (cont)		
<b>Otezla</b>		P	levofloxacin solution		NP	Qvar Redihaler		NP	febuxostat tab (Gen-Uloric)	SCN	NP
Actemra	SCN	NP	moxifloxacin		NP	Trelegy Ellipta	SCN	NP	naproxen suspension		NP
Cosentyx		NP	ofloxacin		NP	Wixela Inhalation	SCN	NP	Colcrys		NP
Cimzia		NP	Baxdela tablet	SCN	NP	<b>Glucocorticoids, Oral</b>			Gloperba solution	SCN	NP
Enspryng	SCN	NP	Cipro suspension		NP	<b>budesonide EC capsule</b>		P	Uloric		NP
Kevzara		NP	<b>GI Motility, Chronic – Constipation</b>			<b>dexamethasone elixir, intensol, solution, tablet</b>		P	<b>Growth Hormone</b>		
Kineret		NP	<b>Amitiza</b>		P	<b>hydrocortisone</b>		P	<b>Genotropin</b>		P
Olumiant		NP	<b>Linzess</b>	SCN	P	<b>methylprednisolone Dose PK</b>		P	<b>Norditropin</b>	SCN	P
Orencia		NP	<b>Movantik</b>		P	<b>methylprednisolone tablet</b>		P	Humatrope		NP
Rinvoq ER		NP	lubiprostone caps (Gen-Amitiza)	SCN	NP	<b>prednisolone solution 5mg/5ml</b>	SCN	P	Nutropin AQ		NP
Siliq		NP	Motegrity		NP	<b>prednisolone solution 15mg/5ml</b>			Omnitrope		NP
Simponi		NP	Relistor tablet		NP	<b>prednisolone sod phosph ODT</b>	SCN	P	Saizen		NP
Skyrizi		NP	Symproic		NP	<b>prednisolone sod phosph solution 25mg/5ml</b>		P	Serostim	SCN	NP
Stelara		NP	Trulance	SCN	NP	<b>prednisone dose pack, intensol, solution, tablet</b>		P	Zomacton	SCN	NP
Taltz		NP	<b>GI Motility, Chronic – Diarrhea</b>			cortisone		NP	Zorbitive	SCN	NP
Tremfya		NP	<b>Lotronex</b>	SCN	P	dexamethasone Dose PK		NP	<b>Headache Agents, Acute Treatment</b>		
Xeljanz		NP	<b>Xifaxan 550mg</b>		P	prednisolone solution 10mg/5ml (Gen-Millipred)		NP	Emgality 100mg*		NP
Xeljanz XR		NP	alosetron		NP	prednisolone solution 20mg/5ml (Gen-Veripred)		NP	Nurtec ODT	SCN	NP
<b>Epinephrine, Self-Injected</b>			Viberzi	SCN	NP	<b>Glucocorticoids, Inhaled</b>			Reyvow		NP
<b>epinephrine (AG EpiPen and AG EpiPen JR)</b>	SCN	P	<b>Glucocorticoids, Inhaled</b>			<b>budesonide respules</b>		P	Ubrelvly	SCN	NP
epinephrine (Gen-EpiPen and EpiPen JR)	SCN	NP	<b>Advair Diskus</b>	SCN	P	<b>Advair HFA</b>	SCN	P	* NOTE: Emgality 100mg strength only for cluster headaches		
epinephrine (Gen-AdrenaClick)		NP	<b>Asmanex</b>		P	<b>Dulera</b>		P	<b>Headache Agents, Preventative Treatment</b>		
EpiPen JR	SCN	NP	<b>Dulera</b>		P	<b>Flovent Diskus</b>	SCN	P	<b>Ajovy</b>		P
EpiPen	SCN	NP	<b>Flovent HFA</b>	SCN	P	<b>Pulmicort Flexhaler</b>		P	<b>Emgality 120mg</b>		P
Symjepi		NP	<b>Symbicort</b>		P	<b>Symbicort</b>		P	Aimovig		NP
<b>Erythropoiesis Stimulating Proteins</b>			budesonide/formoterol (Gen-Symbicort)	SCN	NP	budesonide/formoterol (Gen-Symbicort)	SCN	NP	<b>Headache Agents, Triptans Injectable</b>		
<b>Aranesp</b>		P	fluticasone/salmeterol (Gen-Advair Diskus)	SCN	NP	fluticasone/salmeterol (Gen-Airduo Respiclick)		NP	<b>sumatriptan injectable</b>		P
<b>Retacrit</b>	SCN	P	fluticasone/salmeterol (Gen-Airduo Respiclick)		NP	AirDuo Digihaler		NP	Zembrace	SCN	NP
Epogen		NP	AirDuo Respiclick		NP	Alvesco Inhaler	SCN	NP	<b>Headache Agents, Triptans Non-Injectable</b>		
Mircera	SCN	NP	Alvesco Inhaler	SCN	NP	Armonair Digihaler	SCN	NP	<b>eletriptan</b>		P
Procrit	SCN	NP	Armonair Digihaler	SCN	NP	Arnuity Ellipta	SCN	NP	<b>naratriptan</b>		P
<b>Fibromyalgia</b>			Arnuity Ellipta	SCN	NP	Asmanex HFA		NP	<b>rizatriptan</b>		P
<b>duloxetine DR 20mg, 30mg, 60mg caps</b>		P	Asmanex HFA		NP	Breo Ellipta Inhaler	SCN	NP	<b>sumatriptan tablets</b>		P
<b>pregabalin (Gen-Lyrica)</b>		P	Breo Ellipta Inhaler	SCN	NP	Breztri Aerosphere HFA		NP	<b>Imitrex nasal spray</b>		P
<b>Savella</b>	SCN	P	Breztri Aerosphere HFA		NP	<b>Gout Agents</b>			<b>Zomig nasal spray</b>	SCN	P
duloxetine 40mg DR caps		NP	<b>Fluoroquinolones</b>			<b>allopurinol</b>		P	almotriptan		NP
<b>Fluoroquinolones</b>			<b>ciprofloxacin</b>		P	<b>indomethacin</b>		P	frovatriptan		NP
<b>levofloxacin tablets</b>		P	<b>ciprofloxacin suspension</b>		NP	<b>naproxen Rx</b>		P	sumatriptan nasal spray (Gen-Imitrex nasal spray)		NP
<b>levofloxacin suspension</b>		NP				<b>probenecid</b>		P	sumatriptan/naproxen tablets		NP
						<b>probenecid/colchicine</b>		P	zolmitriptan nasal spray (Gen-Zomig nasal spray)		NP
						<b>Mitigare</b>	SCN	P			
						colchicine capsule (Gen-Mitigare)		NP			
						colchicine tablet (Gen-Colcrys)		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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

Headache Agents, Triptans Non-Injectable (cont)		
zolmitriptan ODT, tablets		NP
Onzetra	SCN	NP
Tosymra nasal spray	SCN	NP
Treximet	SCN	NP
H. Pylori		
lansoprazole/amoxicillin/ clarithromycin		P
<b>Pylera</b>		P
Talicia		NP
Heliidac	SCN	NP
Omeclamox Pak	SCN	NP
Hepatitis B Agents		
entecavir tablet		P
lamivudine	SCN	P
Baraclude solution		P
Epivir HBV	SCN	P
Hepsera		P
adefovir dipivoxal		NP
Vemlidy		NP
Hepatitis C Agents		
sofosbuvir/velpatasvir (Gen-Epclusa)	SCN	P
Epclusa		P
Mavyret		P
ledipasvir/sofosbuvir (Gen-Harvoni)	SCN	NP
Harvoni		NP
Sovaldi		NP
Vosevi		NP
Zepatier		NP
Hepatitis C Agents-Interferon		
Pegasys	SCN	P
Peg-Intron Redipen		P
Hepatitis C Agents-Ribavirin		
ribavirin		P
H2 Antagonists		
cimetidine solution, tablet		P
famotidine tablet		P
famotidine suspension*		NP
nizatidine capsules, solution		NP

Hypoglycemics, Alpha-Glucosidase Inhibitors		
acarbose		P
Glyset		P
miglitol		NP
Hypoglycemics, DPP-4 Inhibitors		
Glyxambi		P
Janumet		P
Janumet XR		P
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		
Byetta		P
Trulicity		P
Victoza	SCN	P
Adlyxin		NP
Bydureon BCise		NP
Rybelsus tablets	SCN	NP
Ozempic	SCN	NP
Hypoglycemics, GLP 1-Combinations		
Soliqua		NP
Xultophy	SCN	NP
Hypoglycemics, Insulins		
Humalog Jr. Kwikpen		P
Humalog Mix		P
Humalog U-100 Cartridge/ Kwikpen/Vial		P
Humulin 70-30		P
Humulin N U-100 Kwikpen/Vial		P
Humulin R U-100 Vial		P
Humulin R U-500 Kwikpen/Vial		P
Novolog Mix	SCN	P
Novolog U-100 Cartridge/Pen/ Vial	SCN	P

Hypoglycemics, Insulins (cont)		
insulin aspart U-100 cartridge/pen/ vial (Gen-Novolog)	SCN	NP
insulin aspart/protamine pen/vial (Gen-Novolog Mix)	SCN	NP
insulin lispro Jr Kwikpen (Gen-Humalog Jr Kwikpen)		NP
insulin lispro mix (Gen-Humalog Mix)		NP
insulin lispro U-100 Kwikpen / Vial (Gen-Humalog Kwikpen/Vial)	SCN	NP
Admelog		NP
Afrezza	SCN	NP
Apidra		NP
Fiasp	SCN	NP
Humalog U-200 Kwikpen		NP
Lyumjev		NP
Novolin	SCN	NP
Hypoglycemics, Insulins Long-Acting		
Lantus		P
Levemir	SCN	P
Basaglar		NP
Semglee	SCN	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-Glucophage)		P
Farxiga		P
Invokamet		P
Invokana		P
Jardiance		P
Welchol		P
Xigduo XR		P
colesevelam (Gen-Welchol)		NP
metformin ER (Gen-Glumetza ER)		NP
metformin ER OSM-tab		NP

Hypoglycemics, Other (cont)		
metformin solution (Gen-Riomet solution)	SCN	NP
Cycloset		NP
Glumetza ER		NP
Invokamet XR		NP
Qtern		NP
Riomet solution		NP
Riomet ER suspension		NP
Segluromet		NP
Steglatro		NP
Steglujan		NP
Synjardy		NP
Synjardy XR		NP
Trijardy XR		NP
Hypoglycemics, Sulfonylureas		
glimepiride		P
glipizide		P
glipizide ER		P
glyburide		P
glyburide/metformin		P
glipizide/metformin		NP
tolbutamide	SCN	NP
Hypoglycemics, Symlin		
Symlin		P
Hypoglycemics, Thiazolidinediones		
pioglitazone		P
pioglitazone-glimepiride		NP
pioglitazone-metformin		NP
Actoplus MET		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 5% cream		P
imiquimod 3.75% cream		NP
Zyclara		NP
Intranasal Rhinitis Agents		
azelastine (Gen-Astelin)		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

Brand Before  
Generic Drug  
Refer to topic #20077

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

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

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

Monthly Changes  
to the PDL



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

(Effective 05/01/2021)

<b>Intranasal Rhinitis Agents (cont)</b>			<b>Lipotropics, Fibrin Acids (cont)</b>			<b>Multiple Sclerosis Agents, Immunomodulators (cont)</b>			<b>NSAIDs (cont)</b>			
fluticasone RX		P	Fenoglide		NP	Avonex		P	ketorolac		P	
ipratropium		P	Lipofen	SCN	NP	Betaseron		P	meloxicam tablets		P	
Beconase AQ	SCN	P	<b>Lipotropics, Niacin</b>			Copaxone 20mg, 40mg		P	nabumetone		P	
azelastine (Gen-Astepro)		NP	niacin ER tabs (RX)		P	Gilenya		P	naproxen Rx		P	
azelastine/fluticasone (Gen-Dymista)		NP	<b>Lipotropics, Omega-3 Acids</b>			Rebif	SCN	P	naproxen DS Rx		P	
flunisolide		NP	omega-3 acid ethyl esters		P	Tecfidera	SCN	P	naproxen OTC	SCN	P	
mometasone furoate spray*		NP	icosapent ethyl (Gen-Vascepa)		NP	dimethyl fumarate DR capsule (Gen-Tecfidera)	SCN	NP	sulindac		P	
olopatadine nasal spray		NP	Vascepa	SCN	NP	glatiramer	SCN	NP	diclofenac sodium/misoprostol tablet		NP	
Astepro		NP	<b>Lipotropics, Other</b>			Bafiertam DR capsule	SCN	NP	diclofenac solution		NP	
Dymista		NP	atorvastatin		P	Extavia		NP	diflunisal		NP	
Omnaris	SCN	NP	ezetimibe		P	Glatopa		NP	etodolac		NP	
Qnasl		NP	lovastatin		P	Kesimpta		NP	etodolac XL		NP	
Xhance	SCN	NP	pravastatin		P	Mavenclad	SCN	NP	fenoprofen	SCN	NP	
Zetonna	SCN	NP	rosuvastatin		P	Mayzent		NP	indomethacin ER		NP	
*Prior Authorization not required for members 6 years of age and younger.			simvastatin		P	Plegridy	SCN	NP	ketoprofen		NP	
<b>Leukotriene Modifiers</b>			amlodipine/atorvastatin		NP	Ponvory		NP	ketoprofen ER caps	SCN	NP	
montelukast chew tab, tablets		P	ezetimibe/simvastatin		NP	Vumerity DR capsule	SCN	NP	ketorolac nasal spray (Gen-Sprix)	SCN	NP	
montelukast granules		NP	fluvastatin		NP	Zeposia capsule		NP	meclofenamate	SCN	NP	
zafirlukast		NP	fluvastatin ER		NP	<b>Multiple Sclerosis Agents, Other</b>			mefenamic acid		NP	
zileuton ER		NP	Altoprev	SCN	NP	dalfampridine ER	DR	SCN	P	meloxicam capsule (Gen-Vivlodex)	SCN	NP
Zyflo	SCN	NP	Caduet		NP	<b>Neuropathic Pain</b>			naproxen CR		NP	
<b>Lipotropics, ACL Inhibitors</b>			Ezallor sprinkles		NP	duloxetine DR 20mg, 30mg, 60mg caps		P	naproxen/esomeprazole DR (Gen-Vimovo)		NP	
Nexletol	SCN	NP	Lescol XL		NP	gabapentin		P	naproxen EC	SCN	NP	
Nexlizet	SCN	NP	Livalo	SCN	NP	pregabalin (Gen-Lyrica)		P	naproxen sodium Rx		NP	
<b>Lipotropics, Apo-B Inhibitors</b>			Vytorin		NP	duloxetine 40mg DR caps		NP	naproxen suspension	SCN	NP	
Juxtapid	SCN	NP	Zypitamag	SCN	NP	Drizalma sprinkle DR		NP	oxaprozin		NP	
<b>Lipotropics, Bile Acid Sequestrants</b>			<b>Lipotropics, PCSK9 Inhibitors</b>			Gralise	DR	SCN	piroxicam		NP	
cholestyramine		P	Praluent		NP	Horizant	DR	NP	tolmetin		NP	
colestipol tablet		P	Repatha		NP	Lyrica CR	DR	NP	Cambia	SCN	NP	
Welchol		P	<b>Methotrexate</b>			<b>NSAIDs</b>			Duexis	SCN	NP	
colesevelam (Gen-Welchol)		NP	methotrexate tablet		P	celecoxib cap		P	Indocin suppository, suspension	SCN	NP	
colestipol granules		NP	methotrexate PF vial		P	diclofenac potassium		P	Nalfon	SCN	NP	
Colestid granules		NP	methotrexate vial		P	diclofenac sodium		P	Naprelan CR		NP	
<b>Lipotropics, Fibrin Acids</b>			Otrexup Auto Injector	SCN	NP	diclofenac ER		P	Relafen DS	SCN	NP	
fenofibrate tab (Gen-Tricor)		P	Rasuvo Auto Injector		NP	flurbiprofen		P	Sprix	SCN	NP	
fenofibric acid (Gen-Trilipix)		P	Reditrex	SCN	NP	ibuprofen Rx		P	Tivorbex	SCN	NP	
gemfibrozil		P	Trexall tablet	SCN	NP	ibuprofen OTC chew tab 100mg*		P	Vimovo	SCN	NP	
fenofibrate (Gen-Antara, Fenoglide, Lipofen, Lofibra)		NP	<b>Movement Disorders</b>			ibuprofen OTC	SCN	P	Vivlodex	SCN	NP	
fenofibric acid (Gen-Fibracor)		NP	tetrabenazine	DR	P	indomethacin caps		P	Qmiiz	SCN	NP	
Antara	SCN	NP	Austedo	DR	P	<b>Multiple Sclerosis Agents, Immunomodulators</b>			Zipsor	SCN	NP	
			Ingrezza	DR	SCN	Aubagio		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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

<b>NSAIDs (cont)</b>				<b>Ophthalmics, Antibacterial (cont)</b>				<b>Ophthalmics, Anti-Inflammatory / Immunomodulator</b>				<b>Ophthalmics, Glaucoma-Prostaglandins (cont)</b>			
Zorvolex		SCN	NP	Natacyn			NP	<b>Restasis</b>		SCN	P	Vyzulta solution			NP
* Products are only covered for members 12 years of age or younger				Zymaxid			NP	Cequa solution			NP	Xelpros			NP
<b>Ophthalmics, Allergic Conjunctivitis</b>				<b>Ophthalmics, Antibiotic-Steroid Combinations</b>								<b>Opioid Dependency Agents-Buprenorphine</b>			
<b>cromolyn</b>				<b>neomycin/polymyxin/ dexamethasone</b>								<b>buprenorphine/ naloxone tab</b>			
												DR			
<b>ketorolac 0.5%</b>												P			
<b>ketotifen OTC</b>												DR			
												SCN			
<b>olopatadine 0.1% (Gen-Patanol)</b>												DR			
												SCN			
<b>Alaway OTC</b>												DR			
												SCN			
<b>Alrex</b>												DR			
												SCN			
<b>Pazeo</b>												DR			
												SCN			
<b>azelastine</b>												DR			
												NP			
<b>epinastine</b>												DR			
												NP			
<b>olopatadine 0.2% (Gen-Pataday)</b>												DR			
												NP			
<b>Alocril</b>												DR			
												NP			
<b>Alomide</b>												DR			
												NP			
<b>Bepreve</b>												DR			
												NP			
<b>Lastacaft</b>												DR			
												SCN			
<b>Zerviate drops</b>												DR			
												NP			
<b>Ophthalmics, Antibacterial</b>				<b>Ophthalmics, Anti-Inflammatories</b>				<b>Ophthalmics, Glaucoma-Other</b>				<b>Opioid Dependency Agents-Rescue Agent</b>			
<b>ciprofloxacin solution</b>				<b>dexamethasone</b>				<b>brimonidine 0.2%</b>				<b>naloxone syringe</b>			
												P			
<b>erythromycin</b>				<b>diclofenac eye drop</b>				<b>dorzolamide</b>				<b>naloxone vial</b>			
												P			
<b>gentamicin drops</b>				<b>fluorometholone</b>				<b>dorzolamide w/timolol</b>				<b>Narcan spray</b>			
												SCN			
<b>moxifloxacin (Gen-Vigamox)</b>				<b>flurbiprofen</b>				<b>pilocarpine</b>				P			
												P			
<b>ofloxacin</b>				<b>ketorolac LS 0.4%</b>				<b>Alphagan P 0.15%</b>				DR			
												P			
<b>polymyxin/trimethoprim</b>				<b>prednisolone acetate</b>				<b>Azopt 1%</b>				DR			
												P			
<b>sulfacetamide solution</b>				<b>Durezol</b>				<b>Combigan</b>				DR			
												P			
<b>tobramycin</b>				<b>Flarex</b>				<b>Isopto Carpine 2%</b>				DR			
												P			
<b>Ciloxan ointment</b>				<b>FML Forte</b>				<b>Rhopressa</b>				DR			
												SCN			
<b>Tobrex ointment</b>				<b>Ilevro</b>				<b>Rocklatan</b>				DR			
												P			
<b>bacitracin</b>				<b>Lotemax suspension</b>				<b>Simbrinza</b>				DR			
												NP			
<b>bacitracin/polymyxin</b>				<b>Maxidex</b>				<b>apraclonidine</b>				DR			
												NP			
<b>gatifloxacin</b>				<b>Pred Mild</b>				<b>brimonidine tartrate 0.15%</b>				DR			
												NP			
<b>levofloxacin</b>				<b>bromfenac</b>				<b>brinzolamide 1% drops (Gen-Azopt)</b>				DR			
												NP			
<b>moxifloxacin (Gen-Moxeza)</b>				<b>loteprednol (Gen-Lotemax)</b>				<b>Alphagan P 0.1%</b>				DR			
												NP			
<b>neomycin/bacitracin/polymyxin ointment</b>				<b>omnipred</b>				<b>Cosopt PF</b>				DR			
												NP			
<b>neomycin/polymyxin/gramicidin</b>				<b>prednisolone sodium phosphate</b>				<b>lpidine</b>				DR			
												NP			
<b>sulfacetamide ointment</b>				<b>Acuvail</b>				<b>Ophthalmics, Glaucoma-Prostaglandins</b>				DR			
												P			
<b>triple antibiotic</b>				<b>Bromsite</b>				<b>latanoprost</b>				DR			
												P			
<b>Azasite</b>				<b>FML Liquifilm</b>				<b>Travatan Z</b>				DR			
												P			
<b>Besivance</b>				<b>FML S.O.P.</b>				<b>bimatoprost 0.03% 2.5ml, 5ml</b>				DR			
												NP			
<b>Moxeza</b>				<b>Inveltys</b>				<b>bimatoprost 0.03% 7.5ml</b>				DR			
												NP			
				<b>Lotemax</b>				<b>travoprost (Gen-Travatan Z)</b>				DR			
												NP			
				<b>Nevanac</b>				<b>Lumigan 0.01% 2.5ml, 5ml</b>				DR			
												NP			
				<b>Prolensa</b>				<b>Lumigan 0.01% 7.5ml</b>				DR			
												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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

<b>Otics, Anti-Infectives &amp; Anesthetics</b>			<b>Prenatal Vitamins (cont)</b>			<b>Pulmonary Arterial Hypertension (cont)</b>			<b>Skeletal Muscle Relaxants (cont)</b>		
acetic acid		P	Purefe OB plus capsule	SCN	P	bosentan tablet		NP	metaxalone		NP
acetic acid HC		NP	Purefe plus capsule	SCN	P	(Gen-Tracleer tablet)			orphenadrine		NP
<b>Pancreatic Enzymes</b>			SE-Natal 19 chewable tablet	SCN	P	sildenafil suspension	DR	SCN	tizanidine capsule		NP
Zenpep DR	SCN	P	SE-Natal 19 tablet	SCN	P	Adempas			Amrix		NP
Creon DR		NP	Taron-C DHA capsule	SCN	P	Alyq		DR	Fexmid		NP
Pancreaze DR		NP	Thrivite 19 tablet	SCN	P	Orenitram ER		SCN	Lorzone	SCN	NP
Pertzye DR 4,000*		NP	Thrivite RX tablet	SCN	P	Revatio suspension	DR		Metaxall	SCN	NP
Pertzye DR 8,000, 16,000, 24,000		NP	Tricare Prenatal tablet	SCN	P	Tracleer suspension			Norgesic Forte tablet	SCN	NP
Viokace		NP	Trinatal RX 1 tablet	SCN	P	Tyvaso		SCN	Ozobax solution	SCN	NP
*Prior Authorization not required for members 1 year of age and younger.			Virt-C DHA softgel	SCN	P	Upravi			Soma		NP
<b>Phosphate Binders</b>			Virt-PN DHA softgel	SCN	P	Ventavis			<b>Steroids, Topical Low</b>		
calcium acetate 667mg capsules, tablets		P	Vol-Plus tablet	SCN	P	<b>Sedative Hypnotics</b>			hydrocortisone		P
Phoslyra	SCN	P	Zatean-PN DHA capsule	SCN	P	estazolam		P	hydrocortisone OTC	SCN	P
Renagel		P	NOTE: Prenatal Vitamins listed are covered legend and OTC by active ingredient. Prenatal Vitamins not listed are either non-preferred or non-covered.			esopiclone		P	Derma-Smoothe-FS	SCN	P
lanthanum carbonate		NP	<b>Proton Pump Inhibitors</b>			melatonin tablets		P	Scalpicin 1% liquid	SCN	P
sevelamer (Gen-Renagel)		NP	esomeprazole magnesium		P	temazepam 15mg, 30mg		P	alclometasone dipropionate cream, ointment		NP
sevelamer (Gen-Renvela)		NP	lansoprazole DR RX		P	triazolam		P	desonide cream, ointment, lotion		NP
Auryxia	SCN	NP	omeprazole DR RX		P	zaleplon		P	fluocinolone oil		NP
Fosrenol		NP	pantoprazole		P	zolpidem		P	hydrocortisone acetate/urea		NP
Magnebind		NP	Nexium DR packet		P	Rozerem		P	hydrocortisone/min oil/pet oint		NP
Renvela		NP	Prilosec suspension		P	doxepin tablet (Gen-Silenor)	SCN	NP	Capex Shampoo	SCN	NP
Velphoro	SCN	NP	Protonix suspension		P	flurazepam		SCN	Desonate		NP
<b>Platelet Aggregation Inhibitors</b>			esomeprazole DR packet (Gen-Nexium DR packet)	SCN	NP	ramelteon tab (Gen-Rozerem)		NP	Texacort	SCN	NP
aspirin	SCN	P	esomeprazole strontium		NP	temazepam 7.5mg, 22.5mg		NP	<b>Steroids, Topical Medium</b>		
aspirin/dipyridamole		P	lansoprazole ODT solutab (Gen-Prevacid solutab)		NP	zolpidem ER		NP	fluticasone cream, ointment		P
clopidogrel		P	omeprazole-bicarb RX		NP	zolpidem SL		NP	mometasone furoate		P
dipyridamole		P	pantoprazole suspension (Gen-Protonix suspension)		NP	Belsomra		NP	betamethasone valerate foam		NP
prasugrel		P	rabeprazole		NP	Dayvigo		NP	clocortolone		NP
Brilinta		P	Dexilant DR 30mg, 60mg		NP	Edluar		NP	flurandrenolide lotion, cream		NP
Yosprala	SCN	NP	Prevacid Solutab		NP	Intermezzo		NP	flurandrenolide ointment	SCN	NP
Zontivity		NP	Zegerid		NP	Silenor		NP	fluticasone lotion		NP
<b>Prenatal Vitamins</b>			<b>Pulmonary Arterial Hypertension</b>			<b>Skeletal Muscle Relaxants</b>			fluocinolone cream	SCN	NP
prenatal vitamin plus low iron	SCN	P	ambrisentan tablet		P	baclofen		P	fluocinolone solution, ointment		NP
Completenate tablet chew	SCN	P	sildenafil tablet	DR	P	chlorzoxazone 500mg tablet		P	hydrocortisone butyrate cream, ointment, lotion, solution		NP
Elite-OB caplet	SCN	P	tadalafil tablet	DR	SCN	cyclobenzaprine tablet		P	hydrocortisone valerate		NP
Folivane-OB capsule	SCN	P	Opsumit		P	dantrolene sodium		P	prednicarbate cream	SCN	NP
M-Natal Plus tablet	SCN	P	Tracleer tablet		P	methocarbamol		P	prednicarbate ointment		NP
PNV 29-1 tablet	SCN	P				tizanidine tablet		P	Beser lotion	SCN	NP
Preplus CA-FE 27mg-FA 1mg tablet	SCN	P				carisoprodol		NP	Cloderm		NP
Pretab 29mg-1mg tablet	SCN	P				carisoprodol compound		NP	Cordran Tape		NP
						chlorzoxazone 375mg, 750mg tabs		NP	Cutivate lotion	SCN	NP
						cyclobenzaprine 7.5mg tablet		NP			
						cyclobenzaprine ER capsule		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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL

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

(Effective 05/01/2021)

Steroids, Topical Medium (cont)		
Dermatop		NP
Luxiq	SCN	NP
Pandel	SCN	NP
Synalar	SCN	NP
Steroids, Topical High		
<b>betamethasone valerate</b>		<b>P</b>
<b>triamcinolone acetonide</b>		<b>P</b>
amcinonide		NP
betamethasone dipropionate		NP
desoximetasone		NP
diflorasone diacetate		NP
fluocinonide		NP
halcinonide cream (Gen-Halog)	SCN	NP
triamcinolone aerosol spray		NP
Diprolene ointment		NP
Halog cream, ointment, solution		NP
Kenalog aerosol spray		NP
Sernivo 0.05% spray	SCN	NP
Topicort 0.05% ointment		NP
Topicort 0.25% spray		NP
Trianex	SCN	NP
Steroids, Topical Very High		
<b>clobetasol cream, ointment, solution, gel, emollient</b>		<b>P</b>
<b>halobetasol propionate cream, ointment</b>		<b>P</b>
<b>Clobex lotion, shampoo</b>	<b>SCN</b>	<b>P</b>
betamethasone dipropionate augmented		NP
clobetasol foam, lotion, shampoo, spray		NP
halobetasol propionate foam		NP
Apexicon E	SCN	NP
Bryhali lotion		NP
Clobex spray	SCN	NP
Impeklo lotion	SCN	NP
Lexette foam		NP
Olux-E	SCN	NP
Ultravate lotion	SCN	NP
Stimulants		
<b>dexmethylphenidate</b>	<b>DR</b>	<b>P</b>
<b>methylphenidate tab (Gen-Ritalin)</b>	<b>DR</b>	<b>P</b>

Stimulants (cont)			
<b>methylphenidate CD</b>	<b>DR</b>		<b>P</b>
<b>methylphenidate chew tab (Gen-Methylin chew)</b>	<b>DR</b>		<b>P</b>
<b>methylphenidate ER tab (Gen-Metadate ER and Methylin ER)</b>	<b>DR</b>		<b>P</b>
<b>methylphenidate LA caps (Gen-Ritalin LA)</b>	<b>DR</b>		<b>P</b>
<b>methylphenidate solution (Gen-Methylin solution)</b>	<b>DR</b>		<b>P</b>
<b>Aptensio XR</b>	<b>DR</b>		<b>P</b>
<b>Concerta</b>	<b>DR</b>		<b>P</b>
<b>Daytrana</b>	<b>DR</b>	<b>SCN</b>	<b>P</b>
<b>Focalin</b>	<b>DR</b>		<b>P</b>
<b>Focalin XR</b>	<b>DR</b>		<b>P</b>
<b>Methylin solution</b>	<b>DR</b>	<b>SCN</b>	<b>P</b>
<b>Quillichew ER</b>	<b>DR</b>	<b>SCN</b>	<b>P</b>
<b>Quillivant XR</b>	<b>DR</b>	<b>SCN</b>	<b>P</b>
<b>Vyvanse</b>	<b>DR</b>		<b>P</b>
<b>Vyvanse chewable</b>	<b>DR</b>		<b>P</b>
amphetamine ER susp (Gen-Adzenys ER susp)	DR	SCN	NP
dextroamphetamine-amphetamine*	DR		NP
dextroamphetamine-amphetamine ER	DR		NP
amphetamine sulfate (Gen-Evekeo)*	DR		NP
dexmethylphenidate ER caps	DR		NP
dextroamphetamine*	DR		NP
dextroamphetamine ER	DR		NP
dextroamphetamine solution*	DR	SCN	NP
methylphenidate ER caps (Gen-Aptensio XR)	DR		NP
methylphenidate ER tablet (Gen-Concerta)	DR		NP
methylphenidate ER 72mg tab (Gen-Relexxii)	DR	SCN	NP
methamphetamine	DR		NP
Adderall	DR	SCN	NP

Stimulants (cont)			
Adderall XR	DR		NP
Adhansia XR	DR	SCN	NP
Adzenys ER susp	DR	SCN	NP
Adzenys XR ODT	DR	SCN	NP
Cotempla XR	DR	SCN	NP
Dexedrine*	DR	SCN	NP
Dyanavel XR	DR	SCN	NP
Evekeo*	DR		NP
Evekeo ODT*	DR		NP
Jornay PM	DR	SCN	NP
Mydayis ER	DR		NP
Relexxii ER	DR	SCN	NP
Ritalin LA	DR		NP
Zenzedi*	DR		NP
*Prior Authorization not required for members 6 years of age and younger.			
Stimulants, Related Agents			
atomoxetine			<b>P</b>
clonidine ER			<b>P</b>
guanfacine ER			<b>P</b>
Stimulants, Related Agents – Wake Promoting			
armodafinil			<b>P</b>
modafinil			<b>P</b>
Sunosi	SCN		NP
Ulcerative Colitis			
balsalazide			<b>P</b>
sulfasalazine			<b>P</b>
Apriso			<b>P</b>
Azulfidine			<b>P</b>
Canasa			<b>P</b>
Lialda			<b>P</b>
<b>Rowasa Kits</b>		<b>SCN</b>	<b>P</b>
<b>Uceris ER</b>			<b>P</b>
budesonide ER tablet (Gen-Uceris ER)			NP
mesalamine DR capsule (Gen-Delzicol)			NP
mesalamine DR tablet (Gen-Lialda)			NP
mesalamine ER caps (Gen-Apriso)	SCN		NP
mesalamine kits	SCN		NP
mesalamine rectal			NP
Asacol HD			NP

Ulcerative Colitis (cont)		
Delzicol		NP
Dipentum		NP
Pentasa		NP
Uceris foam		NP

Brand Name Drugs with Generic Copay	
Drug Name	Start Date
Adderall	01/01/2021
Adderall XR	01/01/2021
Alphagan P 0.15%	01/01/2012
Carbatrol ER	01/01/2021
Catapres-TTS	01/01/2014
Concerta	01/01/2018
Depakote sprinkle	01/01/2021
Differin 0.1% cream	01/01/2012
Differin 0.3% gel pump	02/01/2017
Felbatol suspension	01/01/2021
Felbatol tablet	01/01/2021
Humalog Jr Kwikpen	05/01/2020
Humalog Mix	05/01/2020
Humalog U-100 Kwikpen/Vial	07/01/2019
Mitigare	01/01/2021
Novolog Mix	01/01/2020
Novolog U-100 Pen/Vial	01/01/2020
Retin-A (not micro)	07/01/2016
Suboxone film	07/01/2020
Tegretol suspension	01/01/2016
Tegretol tablet	01/01/2016
Tegretol XR	01/01/2021
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

Brand Before Generic Drug Refer to topic #20077

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

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

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

Monthly Changes to the PDL