

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

(Revised 08/01/08)

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 (Mavik)		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
Lexxel		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
erythromycin, benzoyl peroxide		NP

Acne Agents (cont.)		
sulfacetamide		NP
Akne-mycin		NP
Atralia		NP
Benzaclin Gel	SCN	NP
Benzamycinpak	SCN	NP
Clindagel	SCN	NP
Ciindareach		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		
Aricept, ODT		P
Exelon		P
Namenda		P
Cognex		NP
Exelon patch		NP
Razadyne, ER		NP
Analgesics, Narcotics-Long-Acting		
fantanyl transdermal		P
methadone		P
morphine 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
fantanyl buccal.		NP
mepiridine		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
Androgenic Agents		
Androderm		P
Androgel		P
Testim		NP
Antibiotics, GI		
metronidazole		P
neomycin		P



Antibiotics, GI (cont.)		
Alinia		P
Tindamax		P
Vancocin HCL		P
Flagyl ER		NP
Xifaxan		NP
Anticoagulants, Injectables		
Arixtra		P
Fragmin		P
Lovenox	SCN	P
Innohep		NP
Anticonvulsants		
carbamazepine		P
clonazepam		P
ethosuximide		P
gabapentin		P
mephobarbital		P
oxcarbazepine		P
phenobarbital		P
phenytoin		P
primidone		P
valproic acid		P
zonisamide		P
Carbatrol		P
Celontin		P
Depakote, ER, sprinkle		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra		P
Lamictal		P
Lyrice		P
Mebaral	SCN	P
Peganone		P
Topamax		P
lamotrigine dispers tabs		NP

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<http://dhfs.wisconsin.gov/medicaid4/forms/index.htm>

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 [dhfs.wisconsin.gov/medicaid/pharmacy/index.htm](http://dhfs.wisconsin.gov/medicaid/pharmacy/index.htm) 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.)		
Phenytek		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
Wellbutrin XL*		NP
* Prior authorization is not required for recipients 18 and younger.		
Antidepressants, SSRI		
citalopram		P
fluoxetine		P
fluvoxamine		P
paroxetine		P
sertraline		P
paroxetine CR		NP
selfemra		NP
Lexapro		NP
Luvox CR		NP
Pexeva		NP
Prozac Weekly		NP
Antiemetics, Oral		
granisetron HCL		P
ondansetron, oral, solution		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

Antifungals, Oral (cont.)		
Vfend		P
Ancobon		NP
Grifulvin V Tablets		NP
Lamisil granules	DR	NP
Noxafil		NP
Sporanox (liquid)		NP
Antifungals, Topical		
clotrimazole/betamethasone		P
ciclopirox (gel, liquid)		P
econazole nitrate		P
ketoconazole		P
nystatin, nystatin/triamcinolone		P
ciclopirox cream, suspension		NP
CNL 8		NP
Ertaczo		NP
Exelderm		NP
Extina		NP
Loprox (shampoo)	SCN	NP
Mentax		NP
Naftin		NP
Oxistat		NP
Vusion		NP
Xolegel, Duo, Corepak		NP
Antihistamines, Nonsedating		
cetirizine tab, syrup, D		P
loratadine tab, syrup, -D, child		P
fexofenadine (Allegra, susp, -D)		NP
Allegra ODT, syrup		NP
Clarinet, Clarinet Syrup	SCN	NP
Semprex-D		NP
Xyzal		NP
Zyrtec tab, -D		NP
Antimigraine, Triptans		
Imitrex	QL	P
Maxalt, MLT	QL	P
Relpax	QL	P
Amerge	QL	NP
Axert	QL	NP
Frova	QL	NP
Treximet	QL	NP

Antimigraine, Triptans (cont.)		
Zomig, Nasal, ZMT	QL	NP
QL – Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.		
Antiparkinson's Agents		
benztropine		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
Tasmart		NP
Zelapar		NP
Antipsychotics, Atypical		
clozapine		P
risperidone		P
Geodon		P
Seroquel		P
Abilify		NP
Fazaclor	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
Agents for BPH		
doxazosin		P
finasteride		P
terazosin		P
Avodart		P
Flomax		P



Agents for BPH (cont.)		
Uroxatral	SCN	P
Cardura XL		NP
Beta Blockers		
acebutolol		P
atenolol		P
betaxolol		P
bisoprolol		P
carvedilol		P
labetalol		P
metoprolol, succinate		P
nadolol		P
pindolol		P
propranolol, LA		P
sotalol		P
timolol		P
Bystolic		NP
Cartrol		NP
Coreg CR		NP
Innopran XL		NP
Levatol		NP
Bladder Relaxant Preparations		
oxybutynin, ER		P
Detrol LA		P
Enablex		P
Oxytrol		P
Sanctura, XR		P
VesiCare		P
Detrol		NP
Bone Resorption Suppression		
alendronate		P
Fosamax Plus D		P
Miacalcin		P
etidronate		NP
Actonel, with Calcium		NP
Boniva		NP
Evista		NP
Fortical		NP
Bronchodilators, Anticholinergic		
ipratropium/albuterol		P
Atrovent, HFA		P
Combivent		P
Spiriva		P
Bronchodilators, Beta Agonists		
albuterol, sulfate ER		P
metaproterenol (oral)		P
terbutaline		P
Maxair		P

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Bronchodilators, Beta Agonists (cont.)		
Proventil HFA	SCN	P
Serevent		P
Ventolin HFA		P
Xopenex HFA		P
metaproterenol (inhalation)		NP
Albuterol HFA		NP
Alupent		NP
Brovana		NP
Foradil		NP
Xopenex		NP
Calcium Channel Blocking Agents		
amlodipine		P
diltiazem, ER		P
felodipine ER		P
nifedipine		P
nifedipine, ER		P
nimodipine		P
verapamil, ER, SR		P
Cardizem LA		P
isradipine (Dynacirc, CR)		NP
Cardene SR		NP
Covera-HS		NP
Sular		NP
Cephalosporin and Related Agents		
amoxicillin/ clavulanate		P
amox tr-potassium clav 600		P
cefaclor		P
cefadroxil		P
cefdinir		P
cefpodoxime		P
cephalexin		P
cefprozil		P
cefuroxime		P
Cedax		P
Spectracef		P
Suprax		P
Augmentin XR		NP
Lorabid		NP
Panixine		NP
Raniclor		NP
Cytokine and CAM Antagonists		
Enbrel <sup>†</sup>	SCN	P
Humira <sup>†</sup>		P
Kineret <sup>†</sup>		P

Cytokine and CAM Antagonists (cont.)		
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		
Advair, HFA		P
Aerobid, Aerobid-M	SCN	P
Asmanex	SCN	P
Azmacort	SCN	P
Flovent, HFA		P
Pulmicort Respules		P
Qvar		P
Pulmicort Flexhaler		NP
Symbicort		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
Zorbtive		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
Ribasphere			NP
Hypoglycemics, Adjunct Therapy			
Byetta <sup>†</sup>			P
Janumet <sup>†</sup>		QL	P
Januvia <sup>†</sup>		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
Intranasal Rhinitis Agents			
flunisolide			P
fluticasone			P
ipratropium			P
Astelin			P
Nasacort AQ		SCN	P
Beconase AQ			NP
Nasarel			NP
Nasonex		SCN	NP
Omnaris			NP
Patanase			NP



Intranasal Rhinitis Agents (cont.)			
Rhinocort Aqua		NP	
Veramyst		NP	
Leukotriene Modifiers			
Accolate		P	
Singulair		P	
Zyflo		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 (Omacor)		NP	
Lipotropics, Statins			
lovastatin		P	
pravastatin		P	
simvastatin		P	
Lescol, XL		P	
Lipitor		P	
Vytorin		P	
Advicor		NP	
Altoprev		NP	
Caduet		NP	
Crestor		NP	
Simcor		NP	
Macrolides/Ketolides			
azithromycin		P	
clarithromycin		P	
erythromycin		P	
clarithromycin ER		NP	
Ketek	SCN	NP	
Zmax		NP	
Multiple Sclerosis Agents			
Avonex	DR	SCN	P
Betaseron	DR		P
Copaxone	DR	SCN	P
Rebif	DR		P

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NSAIDs		
diclofenac, potassium, XL		P
flurbiprofen		P
ibuprofen		P
indomethacin, SR		P
ketoprofen		P
ketorolac		P
meclofenamate		P
meloxicam		P
nabumetone		P
naproxen		P
naproxen sodium, DS		P
piroxicam		P
Celebrex*		P
etodolac, XL		NP
fenoprofen (Nalfon)		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
Zaditor OTC	SCN	P
ketotifen		NP
Alamast		NP
Alocril		NP
Alomide		NP
Alrex		NP
Elestat		NP
Emadine		NP
Patanol		NP
Pataday		NP
Optivar		NP
Ophthalmics, Fluoroquinolones		
bacitracin/polymyxin		P
ciprofloxacin solution		P
erythromycin		P
gentamicin		P
ofloxacin		P

Ophthalmics, Fluoroquinolones (cont.)		
polymyxin/trimethoprim		P
sulfacetamide		P
tobramycin		P
triple antibiotic		P
Vigamox		P
Zymar		P
Ciloxan Ointment		NP
Iquix		NP
Quixin		NP
Ophthalmics, Glaucoma Agents		
betaxolol		P
brimonidine		P
carteolol		P
dipivefrin		P
levobunolol		P
metipranolol		P
pilocarpine		P
timolol		P
Alphagan P		P
Azopt		P
Betimol		P
Betopic S		P
Cosopt		P
Istalol		P
Lumigan		P
Travatan, Z		P
Trusopt		P
Xalatan		P
Combigan		NP
Ophthalmics, NSAIDs		
diclofenac		P
flurbiprofen		P
Acular, LS, PF		P
Nevanac		P
Xibrom		P
Otics, Fluoroquinolones		
ofloxacin (drops)		P
Ciprodex		P
Floxin (singles)		P
Cipro HC		NP
Phosphate Binders		
Fosrenol		P
Phoslo	SCN	P
Renagel		P
Renvela		NP

Platelet Aggregation Inhibitors			
dipyridamole			P
ticlopidine			P
Aggrenox			P
Plavix			P
Proton Pump Inhibitors			
Nexium, susp.	DR		P
Prevacid (caps, SoluTab, susp)	DR		P
Prilosec OTC	DR	SCN	P
omeprazole, OTC*	DR	SCN	NP
pantoprazole*	DR		NP
Aciphex*	DR		NP
Prilosec 40 mg*	DR		NP
Zegerid*	DR		NP
* Requires the prior use and failure of Nexium, Prevacid and Prilosec OTC.			
Sedative Hypnotics			
chloral hydrate			P
estazolam			P
flurazepam			P
temazepam			P
zolpidem			P
Rozerem			P
triazolam			NP
zaleplon			NP
Ambien CR		SCN	NP
Doral			NP
Lunesta			NP
Restoril			NP
Sonata			NP
Skeletal Muscle Relaxants			
baclofen			P
chlorzoxazone			P
cyclobenzaprine			P
dantrolene sodium			P
methocarbamol			P
tizanidine			P
carisoprodol, compound			NP
orphenadrine, compound			NP
Amrix			NP
Fexmid			NP
Skelaxin			NP
Soma			NP
Zanaflex			NP



Stimulants and Related Agents			
Ampheta-mine salt combo	DR		P
Dextroampeta-mine	DR		P
methylphenidate, ER	DR		P
Adderall XR	DR		P
Concerta	DR		P
Focalin, XR	DR		P
Metadate CD	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
Vyvanse	DR		NP
* Prior authorization is not required for recipients 18 and older.			
Topical, Anti-Infectives			
mupirocin ointment	DR		P
Altabax	DR		NP
Bactroban cream	DR		NP
Topical Immunomodulators			
Elidel			NP
Protopic	SCN		NP
Clinical PA required for Elidel & Protopic.			
Ulcerative Colitis			
balsalazide			P
mesalamine			P
sulfasalazine			P
Asacol			P
Canasa			P
Dipentum			NP
Lialda			NP
Pentasa			NP

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