

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

(Revised 02/01/2011).

ALS Agents			Antineoplastic, Chemotherapy Related Agents			Antipsychotics (cont)			Glucocorticoids, Inhaled (cont)		
Rilutek		C	Alkeran		C	Symbyax		GF	Pulmicort Flexhaler		C
Alzheimer's Agents			Ceenu		C	Zyprexa		GF	Qvar		C
Covered generics available			Femara		C	Antithrombotic Agents			Symbicort		C
Exelon patch		C	Gleevec		C	Arixtra		C	Hepatitis B Agents		
Namenda		C	Leukeran		C	Fragmin		C	Baraclude		C
Cognex		GF	Lysodren		C	Antivirals, Influenza			Epivir HBV		C
Androgenic Agents			Matulane		C	Relenza		C	Hepsera		C
Androderm		C	Mesnex		C	Tamiflu		C	Tyzeka		C
Androgel		C	Nexavar		C	Bronchodilators, Anticholinergic			Hepatitis C Agents		
Anticonvulsants			Revlimid		C	Covered generics available			Pegasys	DR	C
Covered generics available			Sprycel		C	Atrovent HFA		C	Peg-Intron, Redipen	DR	C
Carbatrol		C	Sutent		C	Combivent		C	Hyperglycemics		
Celontin		C	Tarceva		C	Spiriva	DR	C	Glucagon Emergency Kit		C
Diastat		C	Tasigna		C	Bronchodilators, Beta Agonists			Hyperparathyroid TX Agents		
Equetro		C	Temodar		C	Covered generics available			Hectorol		C
Felbatol		C	Tykerb		C	Foradil		C	Zemplar		C
Gabitril		C	Xeloda		C	Maxair		C	Hypoglycemics, Insulins		
Keppra XR		C	Antiparkinson's Agents			Proair HFA		C	Humalog Mix		C
Lamictal Starter Kits		C	Covered generics available			Serevent		C	Humalog		C
Lyrica		C	Stalevo		C	Ventolin HFA		C	Humulin		C
Mebaral		C	Azilect		GF	Calcimimetic, Endocrine Agents			Lantus		C
Peganone		C	Comtan		GF	Sensipar		C	Hypoglycemics, Thiazolidinediones		
Banzel		GF	Neupro		GF	Cytokine and CAM Antagonists			Actoplus MET		C
Phenytek		GF	Requip XL	DR	GF	Cimzia	PA	C	Actos		C
Stavzor		GF	Tasmar		GF	Enbrel	PA	C	Duetact		C
Antidepressants, Other			Antipsychotics			Humira	PA	C	Immunosuppressant Agents		
Covered generics available			Covered generics available			Diabetic Ulcer Preparations, Topical			Covered generics available		
Marplan		C	Covered generics available			Regranex		C	Myfortic		C
Nardil		C	Geodon		C	Dipeptidyl Peptidase-4 (DPP-4) Inhibitor			Rapamune		C
Cymbalta		GF	Loxitane		C	Janumet		C	Leukocyte (WBC) Stimulants		
Emsam		GF	Moban		C	Januvia		C	Neulasta	DR	C
Pristiq		GF	Orap		C	Onglyza		C	Neupogen	DR	C
Antidepressants, SSRI			Seroquel		C	Erythropoiesis Stimulating Proteins			Leukotriene Modifiers		
Covered generics available			Abilify		GF	Aranesp	DR	C	Accolate		C
Lexapro		GF	Fazaclo		GF	Procrit	DR	C	Singularair	DR	C
Luvox CR		GF	Invega, ER		GF	Glucocorticoids, Inhaled			Multiple Sclerosis Agents		
Pexeva		GF	Seroquel XR		GF	Advair Diskus		C	Betaseron	DR	C
Antiinfectives						Advair HFA		C	Copaxone	DR	C
Alinia		C				Aerobid, M		C	Rebif	DR	C
Tindamax		C				Azmacort		C			
Vancocin		C				Flovent Diskus		C			
						Flovent HFA		C			

Key:

C = Covered product

DR = Diagnosis Restriction

GF = Grandfathering for transitioned members only

PA = Prior Authorization Required

A complete list of covered generic and a limited number of over the counter NDCs can be found at: <https://www.forwardhealth.wi.gov/WIPortal/Content/provider/medicaid/pharmacy/resources.htm.spag>

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Ophthalmics, Glaucoma -Prostaglandins			
Covered generics available			
Travatan Z			C
Xalatan			C
Opioid Dependency Agents			
buprenorphine	DR	PA	C
Suboxone Film	DR	PA	C
Pancreatic Enzymes			
Covered generics available			
Zenpep			C
Pancreaze			C
Phosphate Binders			
Fosrenol			C
Renagel			C
Platelet Aggregation Inhibitors			
Covered generics available			
Aggrenox			C
Plavix			C
FPulmonary Arterial Hypertension			
Letairis	DR		C
Revatio	DR		C
Tracleer	DR		C
Stimulants and Related Agents			
Covered generics available			
Concerta	DR		C
Daytrana	DR		C
Focalin XR	DR		C
Metadate CD	DR		C
Methylin tablets	DR		C
Provigil	PA		C
Vyvanse	DR		C
Desoxyn	DR		GF
Methylin chewable	DR		GF
Methylin solution	DR		GF
Procentra	DR		GF
Ritalin LA	DR		GF

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