

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Revised 9/13/2011 (Effective 09/01/2011).

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

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Revised 9/13/2011 (Effective 09/01/2011).

Multiple Sclerosis Agents (cont)			
Rebif	DR		C
Ophthalmics, Glaucoma -Prostaglandins			
Covered generics available			
Travatan Z			C
Opioid Dependency Agents			
buprenorphine	DR	PA	C
Suboxone Film	DR	PA	C
Pancreatic Enzymes			
Covered generics available			
Zenpep			C
Phosphate Binders			
Covered generics available			
Eliphos			C
Fosrenol			C
Renagel			C
Platelet Aggregation Inhibitors			
Covered generics available			
Aggrenox			C
Plavix			C
Pulmonary Arterial Hypertension			
Adcirca	DR		C
Letairis	DR		C
Tracleer	DR		C
Ventavis	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

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.spage>