

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

(Revised 08/01/2010).

ALS Agents			
Rilutek			C
Alzheimer's Agents			
Covered generics available			
Aricept, ODT			C
Exelon Oral, Patch			C
Namenda			C
Cognex			GF
Anaphylaxis Therapy Agents			
Epipen	QL		C
Androgenic Agents			
Androderm			C
Androgel			C
Anticoagulants, Injectables			
Arixtra			C
Fragmin			C
Lovenox			C
Anticonvulsants			
Covered generics available			
Carbatrol			C
Celontin			C
Diastat			C
Equetro			C
Felbatol			C
Gabitril			C
Keppra XR			C
Lamictal Starter Kits			C
Lyrica			C
Mebaral			C
Peganone			C
Banzel			GF
Phenytek			GF
Stavzor			GF
Antidepressants, Other			
Covered generics available			
Effexor XR			C
Marplan			C
Nardil			C
Parnate			C
Antidepressants, Other (cont.)			
Cymbalta			GF
Emsam			GF
Pristiq			GF
Antidepressants, SSRI			
Covered generics available			
Lexapro			GF
Luvox CR			GF
Peveva			GF
Prozac Weekly			GF
Antiinfectives			
Alinia			C
Tindamax			C
Vancocin			C
Antineoplastic, Chemotherapy Related Agents			
Alkeran			C
Ceenu			C
Femara			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			
Requip XL		DR	C
Stalevo			C
Antiparkinson's Agents (cont.)			
Azilect			GF
Comtan			GF
Neupro			GF
Tasmar			GF
Antipsychotics			
Covered generics available			
Geodon			C
Loxitane			C
Moban			C
Orap			C
Seroquel			C
Abilify			GF
Fazaclo			GF
Invega, ER			GF
Seroquel XR			GF
Symbyax			GF
Zyprexa			GF
Antivirals, Influenza			
Relenza			C
Tamiflu			C
Bronchodilators, Anticholinergic			
Covered generics available			
Atrovent HFA			C
Combivent			C
Spiriva		DR	C
Bronchodilators, Beta Agonists			
Covered generics available			
Foradil			C
Proair HFA			C
Serevent			C
Ventolin HFA			C
Calcimimetic, Endocrine Agents			
Sensipar			C
Cytokine and CAM Antagonists			
Cimzia		PA	C
Enbrel		PA	C
Humira		PA	C
Kineret		PA	C
Diabetic Ulcer Preparations, Topical			
Regranex			C
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor			
Janumet	QL		C
Januvia	QL		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	QL		C
Hyperparathyroid TX Agents			
Hectorol			C
Zemplar			C
Hypoglycemics, Insulins			
Covered generics available			
Humalog Mix			C
Humalog			C
Humulin			C
Lantus			C
Hypoglycemics, Thiazolidinediones			
Actoplus MET			C
Actos			C
Avandamet			C
Avandaryl			C

Key:

C = Covered product

QL = Quantity Limits

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>

DR = Diagnosis Restriction

GF = Grandfathering for transitioned members only

PA = Prior Authorization Required

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Hypoglycemics, Thiazolidinediones (cont.)		
Avandia		C
Duetact		C
Immunosuppressant Agents		
Covered generics available		
Myfortic		C
Rapamune		C
Leukocyte (WBC) Stimulants		
Neulasta	DR	C
Neupogen	DR	C
Leukotriene Modifiers		
Accolate		C
Singulair	DR	C
Multiple Sclerosis Agents		
Betaseron	DR	C
Copaxone	DR	C
Rebif	DR	C
Ophthalmics, Glaucoma Agents		
Covered generics available		
Alphagan P		C
Azopt		C
Betimol		C
Betoptic S		C
Combigan		C
Istalol		C
Lumigan 2.5ml, 5.0ml		C
Travatan, Z		C
Opioid Dependency Agents		
buprenorphine	PA	C
Suboxone	PA	C
Pancreatic Enzymes		
Creon EC, DR		C
Zenpep		C
Pancreaze		C
Phosphate Binders		
Fosrenol		C
Renagel		C

Platelet Aggregation Inhibitors		
Covered generics available		
Aggrenox		C
Plavix		C
Pulmonary Arterial Hypertension		
Letairis	DR	C
Revatio	DR	C
Tracleer	DR	C
Stimulants and Related Agents		
Covered generics available		
Adderall XR	DR	C
Concerta	DR	C
Daytrana	DR	C
Focalin XR	DR	C
Metadate CD	DR	C
Methylin	DR	C
Provigil	PA QL	C
Vyvanse	DR	C
Desoxyn	DR	GF
Procentra	DR	GF
Ritalin LA	DR	GF

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