BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

(Revised 02/01/2010).

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
Pexeva		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 Prepararions, 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
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 02/01/2010).

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		C
Lipotropics, Other		
Niacor		C
Niaspan		C
Zetia		C
Multiple Sclerosis Agents		
Avonex	DR	C
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
Trusopt		C
Opioid Dependence Treatment		
Suboxone	PA	C
Subutex	PA	C

Pancreatic Enzymes		
Creon EC, DR		C
Pancrease MT		C
Ultrase		C
Viokase		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
Stimulants and Related Agents		
Covered generics available		
Adderall XR	DR	C
Concerta	DR	C
Daytrana	DR	C
Focalin	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

Key:

C = Covered product

DR = Diagnosis Restriction

GF =Grandfathering for transitioned members only

PA= Prior Authorization Required

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