

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

(Effective 07/01/2011).

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

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