

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
Cosopt		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

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.spag>

DR = Diagnosis Restriction

GF = Grandfathering for transitioned members only

PA = Prior Authorization Required