



BadgerRx Gold Covered Medications

This is an abbreviated list of commonly used brand and generic medications covered for BadgerRx Gold members. This list represents only a portion of the total list of covered medications. You may review the entire medication list at www.badgerxgold.com or discuss your questions with a customer service representative toll-free at 866-809-9382 (8:30am to 5:00pm Central time, M-F).

ACCU-CHEK METERS	*CYMBALTA (QL=2 cap/day)	LEVAQUIN	*RELPAK
ACCU-CHEK TEST STRIPS	*DETROL LA	LEVOTHROID	RETIN A MICRO
(ACTIVE, ADVANTAGE,	diazepam	levothyroxine	risperidone (ODT)
AVIVA, COMPACT, COMPLETE)	diclofenac	LEVOXYL	SANCTURA XR
acetaminophen/codeine	dicloxacillin	LEXAPRO (TS)	SEREVENT
ACIPHEX	DIFFERIN	*LIPITOR	SEROQUEL (TS)
acyclovir	diltiazem	lisinopril (hctz)	SEROQUEL XR
ADDERALL XR	*DIOVAN (TS)	lithium carbonate	SIMCOR
ADVAIR	*DIOVAN HCT	lorazepam	simvastatin
albuterol neb solution	dorzolamide ophth	losartan (hctz)	SINGULAIR
alendronate	dorzolamide/timolol ophth	LOTREL	spironolactone
ALLEGRA (D)	doxazosin	lovastatin	*STALEVO
alprazolam	DUETACT	LOVAZA	*STARLIX
amitriptyline	*ELIDEL	LUMIGAN (QL=2.5ml/Rx)	STRATTERA
amlodipine	*ENABLEX	*LYRICA	SUMATRIPTAN NS
amlodipine/benazepril	enalapril (hctz)	MAXALT (MLT)	(QL=6 spry/Rx, 2 refills/30 days)
amoxicillin	ery-tab	(QL=12 tab/Rx, 3 refills/60 days)	sumatriptan tab
amoxicillin/clavulanate	*ESTRADERM	metformin (er)	(QL=9 tabs/Rx, 2 refills/30 days)
ANTARA	estradiol	methotrexate	sumatriptan inj
ARIMIDEX	*EVISTA	methylphenidate	(QL=4 inj/Rx, 2 refills/30 days)
ATACAND (HCT)	*EXELON (PATCH)	metoprolol (ER)	TEGRETOL XR
atenolol	EXFORGE (HCT)	METROGEL	tamoxifen
AVANDAMET	famotidine	MIACALCIN NASAL	temazepam
AVANDARYL	*FAMVIR	MIRAPEX (TS)	terazosin
AVANDIA (TS)	*FEMARA	MULTAQ	terbinafine
azithromycin	FLOVENT	nabumetone	theophylline
benazepril	fluconazole	naproxen	timolol gel ophth
bupropion sr	fluoxetine	neo/poly/hc otic	timolol mal ophth
buspirone	fluticasone nasal spray	NEXIUM	tobramycin soln
BYETTA	FOSAMAX-D	NIASPAN	*TOVIAZ
BYSTOLIC	FREESTYLE METERS	nifedipine (er)	TRAVATAN (Z) (QL=2.5ml/Rx)
*CADUET	(Flash, Freedom, Lite, Freedom Lite)	NOVOLIN VIAL	trazodone
carbamazepine (er)	FREESTYLE TEST STRIPS	NOVOLOG	tretinoin
carbidopa/levodopa (cr)	furosemide	ORTHO EVRA	triam/hctz
carvedilol	gemfibrozil	ORTHOR TRI-CYCLEN LO	triamcinolone
cefdinir	generic oral contraceptives	oxybutynin(er)	TRICOR
cefuroxime	(Except where noted)	oxycodone/apap	TRILIPIX
*CELEBREX (QL=180 caps)	gentamicin ophth	oxycodone ER (QL=4 tabs/day)	valacyclovir
cephalexin	*GEODON	paroxetine (er)	VENTOLIN HFA
CIPRODEX	glipizide (er)	PATADAY	VERAMYST
ciprofloxacin (er)	glyburide	PATANASE	verapamil
citalopram	hydrochlorothiazide	PATANOL	VESICARE (TS)
clarithromycin	hydrocodone/apap	penicillin vk	VIMPAT (QL = 2 tab/day)
clindamycin	ibuprofen	piroxicam	*VIRACEPT
clobetasol	INNOPRAN XL	pravastatin	*VIVELLE-DOT
clonidine	JANUMET	propoxyphene/apap	*XALATAN (QL=2.5ml/Rx)
*COMBIPATCH	JANUVIA (TS)	propranolol (er)	zolpidem
CONCERTA	LANTUS	PROTONIX (PAK)	ZOMIG
CRESTOR (TS)	LANTUS SOLOSTAR	ranitidine	*ZYPREXA
	*LESCOL (XL)		

KEY: generics = small letters
BRANDS = capital letters
* = Additional discounts may not apply to those individuals who exceed 300% FPL.

QL = Quantity Limits Apply
TS = Tablet Splitting Opportunity

This list is subject to change. Updated 07/01/10