

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Effective 12/01/2013

| | | | | | | | | | | | |
|---|--|----|--|----|----|---------------------------------------|----|----|---|----|----|
| ALS Agents | | | Antidepressants, SSRI | | | Antipsychotics | | | Cytokine and CAM Antagonists | | |
| Rilutek | | C | Covered generics available | | | Covered generics available | | | Cimzia | PA | C |
| Alzheimer's Agents | | | Lexapro | | GF | Covered generics available | | | Enbrel | PA | C |
| Covered generics available | | | Luvox CR | | GF | Geodon | | GF | Humira | PA | C |
| Exelon capsules | | C | Pexeva | | GF | Loxitane | | C | Diabetic Ulcer Preparations, Topical | | |
| Exelon patch | | C | Antibiotics, GI | | | Orap | | C | Regranex | | C |
| Namenda* | | C | Alinia | | C | Abilify | | GF | Epinephrine, Self Injected | | |
| *Prior authorization is required for members 44 years of age and younger. | | | Tindamax | | C | Fazaclo | | GF | Epipen | | C |
| Androgenic Agents | | | Vancocin | | C | Invega, ER | | GF | Twinject | | C |
| Androgel | | C | Antineoplastic, Chemotherapy Related Agents | | | Seroquel XR | | GF | Erythropoiesis Stimulating Proteins | | |
| Testim | | C | Covered generics available | | | Symbyax | | GF | Aranesp | | C |
| Anticonvulsants | | | Alkeran | | C | Anticoagulants | | | Procrit | | C |
| Covered generics available | | | Ceenu | | C | Covered generics available | | | Glucocorticoids, Inhaled | | |
| Carbatrol | | C | Gleevec | | C | Fragmin syringe | | C | Advair Diskus | | C |
| Celontin | | C | Leukeran | | C | Lovenox | | C | Advair HFA | | C |
| Depakote Sprinkle | | C | Lysodren | | C | Pradaxa | | C | Aerobid, M | | C |
| Diastat | | C | Matulane | | C | Xarelto | | C | Asmanex | | C |
| Felbatol | | C | Mesnex | | C | Antivirals, Influenza | | | Azmacort | | C |
| Gabitril | | C | Nexavar | | C | Relenza | | C | Dulera | | C |
| Lamictal Starter Kits | | C | Revlimid | | C | Tamiflu | | C | Flovent Diskus | | C |
| Lyrica | | C | Sprycel | | C | Bronchodilators, Beta Agonists | | | Flovent HFA | | C |
| Mebaral | | C | Sutent | | C | Covered generics available | | | Pulmicort Flexhaler | | C |
| Peganone | | C | Tarceva | | C | Foradil | | C | Qvar | | C |
| Tegretol XR | | C | Tasigna | | C | Maxair | | C | Symbicort | | C |
| Trileptal Suspension | | C | Temodar | | C | Proair HFA | | C | Hepatitis B Agents | | |
| Banzel | | GF | Tykerb | | C | Proventil HFA | | C | Baraclude | | C |
| Phenytek | | GF | Xeloda | | C | Calcimimetic, Endocrine Agents | | | Epivir HBV | | C |
| Stavzor | | GF | Antiparkinson's Agents | | | Sensipar | | C | Hepsera | | C |
| Antidepressants, Other | | | Covered generics available | | | Colony Stimulating Factors | | | Tyzeka | | C |
| Covered generics available | | | Stalevo | | C | Colony Stimulating Factors | | | Hepatitis C, Alfa Interferon | | |
| Marplan | | C | Azilect | | GF | Neupogen | | C | Pegasys | | C |
| Nardil | | C | Comtan | | GF | COPD Agents | | | Peg-Intron, Redipen | | C |
| Cymbalta | | C | Neupro | | GF | Covered generics available | | | Hepatitis C, Protease Inhibitors | | |
| Emsam | | GF | Requip XL | DR | GF | Atrovent HFA | | C | Incivek | | PA |
| Pristiq | | GF | Tasmar | | GF | Combivent | | C | Victrelis | | PA |
| | | | | | | Combivent Respimat | | C | Hyperglycemics | | |
| | | | | | | Daliresp | DR | C | Glucagon Emergency Kit | | C |
| | | | | | | Spiriva | | 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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| Hyperparathyroid TX Agents | | | |
|---|----|----|---|
| Hectorol | | | C |
| Zemplar | | | C |
| Hypoglycemics, DPP-4 Inhibitors | | | |
| Janumet | | | C |
| Janumet XR | | | C |
| Januvia | | | C |
| Jentadueto | | | C |
| Juvisync | | | C |
| Tradjenta | | | C |
| Hypoglycemics, Insulins | | | |
| Humalog Mix | | | C |
| Humalog | | | C |
| Humulin | | | C |
| Lantus | | | C |
| Levemir | | | C |
| Immunosuppressant Agents | | | |
| Covered generics available | | | |
| Myfortic | | | C |
| Rapamune | | | C |
| Multiple Sclerosis Agents, Immunomodulators | | | |
| Avonex | | | C |
| Betaseron | | | C |
| Copaxone | | | C |
| Rebif | | | 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 | | | |
| Fosrenol | | | C |
| Renagel | | | C |
| Platelet Aggregation Inhibitors | | | |
| Covered generics available | | | |
| Aggrenox | | | C |
| Plavix 300 mg | | | C |
| Pulmonary Arterial Hypertension | | | |
| Letairis | DR | | C |
| Tracleer | DR | | C |
| Stimulants and Related Agents | | | |
| Covered generics available | | | |
| Adderall | DR | | C |
| Adderall XR | DR | | C |
| Concerta | DR | | C |
| Daytrana | DR | | C |
| Dexedrine Spansules | DR | | C |
| Focalin XR | DR | | C |
| Intuniv | DR | | C |
| Metadate CD | DR | | C |
| Methylin chew tabs | DR | | C |
| Methylin tablets | DR | | C |
| Strattera | DR | | C |
| Vyvanse | DR | | C |
| Desoxyn | DR | | GF |
| Methylin chewable | DR | | GF |
| Methylin solution | DR | | GF |
| Procentra | DR | | GF |
| Ritalin LA | DR | | GF |
| Preferred Brand Name Drugs with Generic Copay/Dispensing Fees | | | |
| Drug Name | Start Date | End Date | |
| Adderall XR | 01/01/2012 | | |
| Depakote Sprinkles | 01/01/2012 | | |

| Preferred Brand Name Drugs with Generic Copay/Dispensing Fees(cont) | | |
|---|------------|----------|
| Drug Name | Start Date | End Date |
| Exelon capsules | 01/01/2012 | |
| Lovenox | 01/01/2012 | |
| Tegretol XR 200mg | 01/01/2012 | |
| Tegretol XR 400mg | 01/01/2012 | |

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