

# BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Effective 11/01/2013

<b>ALS Agents</b>			<b>Antidepressants, SSRI</b>			<b>Antipsychotics</b>			<b>Cytokine and CAM Antagonists</b>		
Rilutek		C	<b>Covered generics available</b>			<b>Covered generics available</b>			Cimzia	PA	C
<b>Alzheimer's Agents</b>			Lexapro		GF	<b>Covered generics available</b>			Enbrel	PA	C
<b>Covered generics available</b>			Luvox CR		GF	Geodon		GF	Humira	PA	C
Exelon capsules		C	Pexeva		GF	Loxitane		C	<b>Diabetic Ulcer Preparations, Topical</b>		
Exelon patch		C	<b>Antibiotics, GI</b>			Orap		C	Regranex		C
Namenda*		C	Alinia		C	Abilify		GF	<b>Epinephrine, Self Injected</b>		
*Prior authorization is required for members 44 years of age and younger.			Tindamax		C	Fazaclo		GF	Epipen		C
<b>Androgenic Agents</b>			Vancocin		C	Invega, ER		GF	Twinject		C
Androgel		C	<b>Antineoplastic, Chemotherapy Related Agents</b>			Seroquel XR		GF	<b>Erythropoiesis Stimulating Proteins</b>		
Testim		C	<b>Covered generics available</b>			Symbyax		GF	Aranesp		C
<b>Anticonvulsants</b>			Alkeran		C	<b>Anticoagulants</b>			Procrit		C
<b>Covered generics available</b>			Ceenu		C	<b>Covered generics available</b>			<b>Glucocorticoids, Inhaled</b>		
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	<b>Antivirals, Influenza</b>			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	<b>Bronchodilators, Beta Agonists</b>			Flovent HFA		C
Mebaral		C	Sutent		C	<b>Covered generics available</b>			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	<b>Hepatitis B Agents</b>		
Banzel		GF	Tykerb		C	Proventil HFA		C	Baraclude		C
Phenytek		GF	Xeloda		C	<b>Calcimimetic, Endocrine Agents</b>			Epivir HBV		C
Stavzor		GF	<b>Antiparkinson's Agents</b>			Sensipar		C	Hepsera		C
<b>Antidepressants, Other</b>			<b>Covered generics available</b>			<b>Colony Stimulating Factors</b>			Tyzeka		C
<b>Covered generics available</b>			Stalevo		C	<b>Colony Stimulating Factors</b>			<b>Hepatitis C, Alfa Interferon</b>		
Marplan		C	Azilect		GF	Neupogen		C	Pegasys		C
Nardil		C	Comtan		GF	<b>COPD Agents</b>			Peg-Intron, Redipen		C
Cymbalta		C	Neupro		GF	<b>Covered generics available</b>			<b>Hepatitis C, Protease Inhibitors</b>		
Emsam		GF	Requip XL	DR	GF	Atrovent HFA		C	Incivek		PA C
Pristiq		GF	Tasmar		GF	Combivent		C	Victrelis		PA C
						Combivent Respimat		C	<b>Hyperglycemics</b>		
						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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Effective 11/01/2013

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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