

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Effective 03/01/2014

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	Latuda		C	Enbrel	PA	C
Covered generics available			Luvox CR		GF	Loxitane		C	Humira	PA	C
Exelon capsules		C	Pexeva		GF	Orap		C	Diabetic Ulcer Preparations, Topical		
Exelon patch		C	Antibiotics, GI			Abilify		GF	Regranex		C
Namenda*		C	Alinia		C	Fazaclo		GF	Epinephrine, Self Injected		
*Prior authorization is required for members 44 years of age and younger.			Tindamax		C	Geodon		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	Pulmicort Respules		C
Tegretol XR		C	Tasigna		C	Maxair		C	Qvar		C
Trileptal Suspension		C	Temodar		C	Proair HFA		C	Symbicort		C
Banzel		GF	Tykerb		C	Proventil HFA		C	Hepatitis B Agents		
Phenytek		GF	Xeloda		C	Calcimimetic, Endocrine Agents			Baraclude		C
Stavzor		GF	Antiparkinson's Agents			Sensipar		C	Epivir HBV		C
Antidepressants, Other			Covered generics available			Colony Stimulating Factors			Hepsera		C
Covered generics available			Lodosyn		C	Neupogen		C	Tyzeka		C
Marplan		C	Stalevo		C	COPD Agents			Hepatitis C, Alfa Interferon		
Nardil		C	Azilect		GF	Covered generics available			Pegasys		C
Cymbalta		C	Comtan		GF	Atrovent HFA		C	Peg-Intron, Redipen		C
Emsam		GF	Neupro		GF	Combivent		C	Hepatitis C, Protease Inhibitors		
Pristiq		GF	Requip XL	DR	GF	Combivent Respimat		C	Incivek		PA C
			Tasmar		GF	Daliresp	DR	C	Victrelis		PA C
						Spiriva		C	Hyperglycemics		
									Glucagon Emergency Kit		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
Rebif Rebiodose			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
Daytrana	DR		C
Dexedrine Spansules	DR		C
Focalin XR	DR		C
Intuniv			C
Metadate CD	DR		C
Methylin chew tabs	DR		C
Methylin tablets	DR		C
Procentra	DR		C
Qullivant XR	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	01/01/2014		
Adderall XR	01/01/2012		

Preferred Brand Name Drugs with Generic Copay/Dispensing Fees(cont)		
Drug Name	Start Date	End Date
Dexedrine Spansules	01/01/2014	
Depakote Sprinkles	01/01/2012	
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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