

BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Effective 04/01/2013

| | | | | | | | | | | | |
|---|--|----|--|----|----|---------------------------------------|--|--|---|----|---|
| ALS Agents | | | Antidepressants, SSRI | | | Antipsychotics | | | Cytokine and CAM Antagonists(cont) | | |
| Rilutek | | C | Covered generics available | | | Covered generics available | | | Humira | PA | C |
| Alzheimer's Agents | | | Lexapro | | GF | Geodon | | | Diabetic Ulcer Preparations, Topical | | |
| Covered generics available | | | Antidepressants, SSRI(cont) | | | Loxitane | | | Regranex | | |
| Exelon capsules | | C | Luvox CR | | GF | Orap | | | Epinephrine, Self Injected | | |
| Exelon patch | | C | Pexeva | | GF | Abilify | | | Epipen | | |
| Namenda* | | C | Antibiotics, GI | | | Fazaclo | | | Twinject | | |
| *Prior authorization is required for members 44 years of age and younger. | | | Alinia | | | Invega, ER | | | Erythropoiesis Stimulating Proteins | | |
| Androgenic Agents | | | Tindamax | | | Seroquel XR | | | Aranesp | | |
| Androderm | | C | Vancocin | | | Symbyax | | | Procrit | | |
| Androgel | | C | Antineoplastic, Chemotherapy Related Agents | | | Anticoagulants | | | Glucocorticoids, Inhaled | | |
| Testim | | C | Covered generics available | | | Covered generics available | | | Advair Diskus | | |
| Anticonvulsants | | | Alkeran | | C | Fragmin syringe | | | Advair HFA | | |
| Covered generics available | | | Ceenu | | C | Lovenox | | | Aerobid, M | | |
| Carbatrol | | C | Gleevec | | C | Xarelto | | | Asmanex | | |
| Celontin | | C | Leukeran | | C | Antivirals, Influenza | | | Azmacort | | |
| Depakote Sprinkle | | C | Lysodren | | C | Relenza | | | Dulera | | |
| Diastat | | C | Matulane | | C | Tamiflu | | | Flovent Diskus | | |
| Felbatol | | C | Mesnex | | C | Bronchodilators, Beta Agonists | | | Flovent HFA | | |
| Gabitril | | C | Nexavar | | C | Covered generics available | | | Pulmicort Flexhaler | | |
| Lamictal Starter Kits | | C | Revlimid | | C | Foradil | | | Qvar | | |
| Lyrica | | C | Sprycel | | C | Maxair | | | Symbicort | | |
| Mebaral | | C | Sutent | | C | Proair HFA | | | Hepatitis B Agents | | |
| Peganone | | C | Tarceva | | C | Proventil HFA | | | Baraclude | | |
| Tegretol XR | | C | Tasigna | | C | Calcimimetic, Endocrine Agents | | | Epivir HBV | | |
| Trileptal Suspension | | C | Temodar | | C | Sensipar | | | Hepsera | | |
| Banzel | | GF | Tykerb | | C | Colony Stimulating Factors | | | Tyzeka | | |
| Phenytek | | GF | Xeloda | | C | Neupogen | | | Hepatitis C, Alfa Interferon | | |
| Stavzor | | GF | Antiparkinson's Agents | | | COPD Agents | | | Pegasys | | |
| Antidepressants, Other | | | Covered generics available | | | Covered generics available | | | Peg-Intron, Redipen | | |
| Covered generics available | | | Stalevo | | C | Atrovent HFA | | | Hepatitis C, Protease Inhibitors | | |
| Marplan | | C | Azilect | | GF | Combivent | | | Incivek | | |
| Nardil | | C | Comtan | | GF | Combivent Respimat | | | Victrelis | | |
| Cymbalta | | C | Neupro | | GF | Daliresp | | | Hyperglycemics | | |
| Emsam | | GF | Requip XL | DR | GF | Spiriva | | | Glucagon Emergency Kit | | |
| Pristiq | | GF | Tasmar | | GF | Cytokine and CAM Antagonists | | | Hyperparathyroid TX Agents | | |
| | | | | | | Cimzia | | | Hectorol | | |
| | | | | | | Enbrel | | | Zemplar | | |

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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| Hypoglycemics, DPP-4 Inhibitors | | | |
|---|----|----|---|
| Janumet | | | C |
| Hypoglycemics, DPP-4 Inhibitors(cont) | | | |
| Januvia | | | C |
| Jentadueto | | | C |
| Kombiglyze XR | | | C |
| Onglyza | | | C |
| Tradjenta | | | C |
| Hypoglycemics, Insulins | | | |
| Humalog Mix | | | C |
| Humalog | | | C |
| Humulin | | | C |
| Lantus | | | C |
| Hypoglycemics, Thiazolidinediones | | | |
| Actoplus Met | | | C |
| Duetact | | | 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 | | | |
| Eliphos | | | C |

| Phosphate Binders(cont) | | | |
|---|------------|----------|----|
| Fosrenol | | | C |
| Renagel | | | C |
| Platelet Aggregation Inhibitors | | | |
| Covered generics available | | | |
| Aggrenox | | | C |
| Plavix 300 mg | | | C |
| Pulmonary Arterial Hypertension | | | |
| Adcirca | DR | | C |
| 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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