

# BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

(Revised 01/01/2011).

|                                   |  |    |                                                    |    |    |                                                 |    |    |                                            |    |   |
|-----------------------------------|--|----|----------------------------------------------------|----|----|-------------------------------------------------|----|----|--------------------------------------------|----|---|
| <b>ALS Agents</b>                 |  |    | <b>Antidepressants, SSRI</b>                       |    |    | <b>Antipsychotics</b>                           |    |    | <b>Erythropoiesis Stimulating Proteins</b> |    |   |
| Rilutek                           |  | C  | <b>Covered generics available</b>                  |    |    | <b>Covered generics available</b>               |    |    | Aranesp                                    | DR | C |
| <b>Alzheimer's Agents</b>         |  |    | Lexapro                                            |    | GF | Geodon                                          |    | C  | Procrit                                    | DR | C |
| <b>Covered generics available</b> |  |    | Luvox CR                                           |    | GF | Loxitane                                        |    | C  | <b>Glucocorticoids, Inhaled</b>            |    |   |
| Aricept 5mg, 10mg                 |  | C  | Pexeva                                             |    | GF | Moban                                           |    | C  | Advair Diskus                              |    | C |
| Aricept ODT 5mg, ODT 10mg         |  | C  | <b>Antifungals</b>                                 |    |    | Orap                                            |    | C  | Advair HFA                                 |    | C |
| Exelon patch                      |  | C  | Alinia                                             |    | C  | Seroquel                                        |    | C  | Aerobid, M                                 |    | C |
| Namenda                           |  | C  | Tindamax                                           |    | C  | Abilify                                         |    | GF | Azmacort                                   |    | C |
| Cognex                            |  | GF | Vancocin                                           |    | C  | Fazaclo                                         |    | GF | Flovent Diskus                             |    | C |
| <b>Androgenic Agents</b>          |  |    | <b>Antineoplastic, Chemotherapy Related Agents</b> |    |    | Invega, ER                                      |    | GF | Flovent HFA                                |    | C |
| Androderm                         |  | C  | Alkeran                                            |    | C  | Seroquel XR                                     |    | GF | Pulmicort Flexhaler                        |    | C |
| AndroGel                          |  | C  | Ceenu                                              |    | C  | Symbyax                                         |    | GF | Qvar                                       |    | C |
| <b>Anticonvulsants</b>            |  |    | Femara                                             |    | C  | Zyprexa                                         |    | GF | Symbicort                                  |    | C |
| <b>Covered generics available</b> |  |    | Gleevec                                            |    | C  | <b>Antithrombotic Agents</b>                    |    |    | <b>Hepatitis B Agents</b>                  |    |   |
| Carbatrol                         |  | C  | Leukeran                                           |    | C  | Arixtra                                         |    | C  | Baraclude                                  |    | C |
| Celontin                          |  | C  | Lysodren                                           |    | C  | Fragmin                                         |    | C  | Epivir HBV                                 |    | C |
| Diastat                           |  | C  | Matulane                                           |    | C  | <b>Antivirals, Influenza</b>                    |    |    | Hepsera                                    |    | C |
| Equetro                           |  | C  | Mesnex                                             |    | C  | Relenza                                         |    | C  | Tyzeka                                     |    | C |
| Felbatol                          |  | C  | Nexavar                                            |    | C  | Tamiflu                                         |    | C  | <b>Hepatitis C Agents</b>                  |    |   |
| Gabitril                          |  | C  | Revlimid                                           |    | C  | <b>Bronchodilators, Anticholinergic</b>         |    |    | Pegasys                                    | DR | C |
| Keppra XR                         |  | C  | Sprycel                                            |    | C  | <b>Covered generics available</b>               |    |    | Peg-Intron, Redipen                        | DR | C |
| Lamictal Starter Kits             |  | C  | Sutent                                             |    | C  | Atrovent HFA                                    |    | C  | <b>Hyperglycemics</b>                      |    |   |
| Lyrica                            |  | C  | Tarceva                                            |    | C  | Combivent                                       |    | C  | Glucagon Emergency Kit                     |    | C |
| Mebaral                           |  | C  | Tasigna                                            |    | C  | Spiriva                                         | DR | C  | <b>Hyperparathyroid TX Agents</b>          |    |   |
| Peganone                          |  | C  | Temodar                                            |    | C  | <b>Bronchodilators, Beta Agonists</b>           |    |    | Hectorol                                   |    | C |
| Banzel                            |  | GF | Tykerb                                             |    | C  | <b>Covered generics available</b>               |    |    | Zemplar                                    |    | C |
| Phenytek                          |  | GF | Xeloda                                             |    | C  | Foradil                                         |    | C  | <b>Hypoglycemics, Insulins</b>             |    |   |
| Stavzor                           |  | GF | <b>Antiparkinson's Agents</b>                      |    |    | Maxair                                          |    | C  | Humalog Mix                                |    | C |
| <b>Antidepressants, Other</b>     |  |    | <b>Covered generics available</b>                  |    |    | Proair HFA                                      |    | C  | Humalog                                    |    | C |
| Marplan                           |  | C  | Stalevo                                            |    | C  | Serevent                                        |    | C  | Humulin                                    |    | C |
| Nardil                            |  | C  | Azilect                                            |    | GF | Ventolin HFA                                    |    | C  | Lantus                                     |    | C |
| Cymbalta                          |  | GF | Comtan                                             |    | GF | <b>Calcimimetic, Endocrine Agents</b>           |    |    | <b>Hypoglycemics, Thiazolidinediones</b>   |    |   |
| Emsam                             |  | GF | Neupro                                             |    | GF | Sensipar                                        |    | C  | Actoplus MET                               |    | C |
| Pristiq                           |  | GF | Requip XL                                          | DR | GF | <b>Cytokine and CAM Antagonists</b>             |    |    | Actos                                      |    | C |
|                                   |  |    | Tasmar                                             |    | GF | Cimzia                                          | PA | C  | Duetact                                    |    | C |
|                                   |  |    |                                                    |    |    | Enbrel                                          | PA | C  | <b>Immunosuppressant Agents</b>            |    |   |
|                                   |  |    |                                                    |    |    | Humira                                          | PA | C  | <b>Covered generics available</b>          |    |   |
|                                   |  |    |                                                    |    |    | <b>Diabetic Ulcer Preparations, Topical</b>     |    |    | Myfortic                                   |    | C |
|                                   |  |    |                                                    |    |    | Regranex                                        |    | C  | Rapamune                                   |    | C |
|                                   |  |    |                                                    |    |    | <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor</b> |    |    |                                            |    |   |
|                                   |  |    |                                                    |    |    | Janumet                                         |    | C  |                                            |    |   |
|                                   |  |    |                                                    |    |    | Januvia                                         |    | C  |                                            |    |   |
|                                   |  |    |                                                    |    |    | Onglyza                                         |    | 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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(Revised 01/01/2011).

| Leukocyte (WBC)                       |    |   |
|---------------------------------------|----|---|
| Stimulants                            |    |   |
| Neulasta                              | DR | C |
| Neupogen                              | DR | C |
| Leukotriene Modifiers                 |    |   |
| Accolate                              |    | C |
| Singulair                             | DR | C |
| Multiple Sclerosis Agents             |    |   |
| Betaseron                             | DR | C |
| Copaxone                              | DR | C |
| Rebif                                 | DR | C |
| Ophthalmics, Glaucoma -Prostaglandins |    |   |
| Covered generics available            |    |   |
| Travatan Z                            |    | C |
| Xalatan                               |    | C |
| Opioid Dependency Agents              |    |   |
| buprenorphine                         | PA | C |
| Suboxone Film                         | PA | C |
| Pancreatic Enzymes                    |    |   |
| Covered generics available            |    |   |
| Zenpep                                |    | C |
| Pancreaze                             |    | C |
| Phosphate Binders                     |    |   |
| Fosrenol                              |    | C |
| Renagel                               |    | C |
| Platelet Aggregation Inhibitors       |    |   |
| Covered generics available            |    |   |
| Aggrenox                              |    | C |
| Plavix                                |    | C |

| Pulmonary Arterial Hypertension |    |    |
|---------------------------------|----|----|
| Letairis                        | DR | C  |
| Revatio                         | DR | C  |
| Tracleer                        | DR | C  |
| Stimulants and Related Agents   |    |    |
| Covered generics available      |    |    |
| Concerta                        | DR | C  |
| Daytrana                        | DR | C  |
| Focalin XR                      | DR | C  |
| Metadate CD                     | DR | C  |
| Methylin tablets                | DR | C  |
| Provigil                        | PA | C  |
| Vyvanse                         | DR | C  |
| Desoxyn                         | DR | GF |
| Methylin chewable               | DR | GF |
| Methylin solution               | DR | GF |
| Procentra                       | DR | GF |
| Ritalin LA                      | DR | GF |

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