

# BadgerCare Plus Core Plan Brand Name Drugs - Quick Reference

Effective 02/01/2013

<b>ALS Agents</b>			<b>Antidepressants, SSRI</b>			<b>Antipsychotics</b>			<b>Cytokine and CAM Antagonists(cont)</b>				
Rilutek		C	<b>Covered generics available</b>			<b>Covered generics available</b>			Humira	PA	C		
<b>Alzheimer's Agents</b>			Lexapro		GF	<b>Geodon</b>			<b>Diabetic Ulcer Preparations, Topical</b>				
<b>Covered generics available</b>			<b>Antidepressants, SSRI(cont)</b>			<b>Antipsychotics(cont)</b>			Regranex				
Exelon capsules		C	Luvox CR		GF	<b>Loxitane</b>			<b>Epinephrine, Self Injected</b>				
Exelon patch		C	Pexeva		GF	<b>Orap</b>			Epipen				
Namenda*		C	<b>Antibiotics, GI</b>			Abilify			Twinject				
*Prior authorization is required for members 44 years of age and younger.			<b>Alinia</b>			Fazaclo			<b>Erythropoiesis Stimulating Proteins</b>				
<b>Androgenic Agents</b>			<b>Tindamax</b>			Invega, ER			Aranesp				
Androderm		C	<b>Vancocin</b>			Seroquel XR			Procrit				
AndroGel		C	<b>Antineoplastic, Chemotherapy Related Agents</b>			Symbyax			<b>Glucocorticoids, Inhaled</b>				
Testim		C	<b>Covered generics available</b>			<b>Anticoagulants</b>			Advair Diskus				
<b>Anticonvulsants</b>			Alkeran		C	<b>Covered generics available</b>			Advair HFA				
<b>Covered generics available</b>			Ceenu		C	Fragmin syringe			Aerobid, M				
Carbatrol		C	Gleevec		C	Lovenox			Asmanex				
Celontin		C	Leukeran		C	Xarelto			DR	C	Azmacort		
Depakote Sprinkle		C	Lysodren		C	<b>Antivirals, Influenza</b>			Dulera				
Diastat		C	Matulane		C	Relenza				C	Flovent Diskus		
Felbatol		C	Mesnex		C	Tamiflu				C	Flovent HFA		
Gabitril		C	Nexavar		C	<b>Bronchodilators, Beta Agonists</b>			Pulmicort Flexhaler				
Lamictal Starter Kits		C	Revlimid		C	<b>Covered generics available</b>			Qvar				
Lyrica		C	Sprycel		C	Foradil				C	Symbicort		
Mebaral		C	Sutent		C	Maxair				C	<b>Hepatitis B Agents</b>		
Peganone		C	Tarceva		C	Proair HFA				C	Baraclude		
Tegretol XR		C	Tasigna		C	Proventil HFA				C	Epivir HBV		
Trileptal Suspension		C	Temodar		C	<b>Calcimimetic, Endocrine Agents</b>			Hepsera				
Banzel		GF	Tykerb		C	Sensipar				C	Tyzeka		
Phenytek		GF	Xeloda		C	<b>Colony Stimulating Factors</b>			<b>Hepatitis C, Alfa Interferon</b>				
Stavzor		GF	<b>Antiparkinson's Agents</b>			Neupogen				C	Pegasys		
<b>Antidepressants, Other</b>			<b>Covered generics available</b>			<b>COPD Agents</b>			Peg-Intron, Redipen				
<b>Covered generics available</b>			Stalevo		C	<b>Covered generics available</b>			<b>Hepatitis C, Protease Inhibitors</b>				
Marplan		C	Azilect		GF	Atrovent HFA				C	Incivek		
Nardil		C	Comtan		GF	Combivent				C	Victrelis		
Cymbalta		C	Neupro		GF	Daliresp			DR	C	<b>Hyperglycemics</b>		
Emsam		GF	Requip XL	DR	GF	Spiriva				C	Glucagon Emergency Kit		
Pristiq		GF	Tasmar		GF	<b>Cytokine and CAM Antagonists</b>			<b>Hyperparathyroid TX Agents</b>				
						Cimzia			PA	C	Hectorol		
						Enbrel			PA	C	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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Effective 02/01/2013

Hypoglycemics, DPP-4 Inhibitors			
Janumet			C
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
Fosrenol			C

Phosphate Binders(cont)			
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		
Exelon capsules	01/01/2012		

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

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