

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
May 5, 2021

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Ward Brown, M.D.	Yes
2	Catherine Decker, Pharm. D.	Yes
3	Kevin Izard, M.D.	Yes
4	Steve Maike, RPh	Yes
5	William E. Raduege, M.D.	Yes
6	Robert Rohloff, M.D.	Yes – joined the virtual meeting at 10:00 am
7	Alicia Walker, Pharm. D.	No
8	Michael Witkovsky, M.D.	Yes

****This meeting is traditionally in-person, but was held via webinar on May 5, 2021, given COVID***

MAY 2021 THERAPEUTIC DRUG CLASSES

ACNE AGENTS, TOPICAL
ANALGESICS, MISCELLANEOUS
ANALGESICS, NARCOTICS LONG
ANALGESICS, NARCOTICS SHORT
ANDROGENIC AGENTS (INJECTABLE, ORAL, TOPICAL)
ANGIOTENSIN MODULATOR COMBINATIONS
ANGIOTENSIN MODULATORS
ANTIBIOTICS, GI
ANTIBIOTICS, INHALED
ANTIBIOTICS, TOPICAL
ANTIBIOTICS, VAGINAL
ANTICOAGULANTS
ANTIEMETIC/ANTIVERTIGO AGENTS
ANTIFUNGALS, ORAL
ANTIFUNGALS, TOPICAL
ANTIMIGRAINE AGENTS AND TRIPTANS (ALL HEADACHE AGENTS DRUG CLASSES)
ANTIPARASITICS, TOPICAL
ANTIVIRALS, ORAL
ANTIVIRALS, TOPICAL
BETA BLOCKERS
BLADDER RELAXANT PREPARATIONS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS
BPH TREATMENTS
CALCIUM CHANNEL BLOCKERS
CEPHALOSPORINS AND RELATED AGENTS (ANTIBIOTICS, BETA-LACTAM)
FLUOROQUINOLONES, ORAL
GI MOTILITY, CHRONIC
GLUCAGON AGENTS – *Potential New Class*
GROWTH HORMONE
H. PYLORI TREATMENT
HEPATITIS B AGENTS
HEPATITIS C AGENTS
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS
HYPOGLYCEMICS, MEGLITINIDES
HYPOGLYCEMICS, OTHER (METFORMINS AND SGLT2)
HYPOGLYCEMICS, SULFONYLUREAS
HYPOGLYCEMICS, TZD
LIPOTROPICS, OTHER
LIPOTROPICS, STATINS
MACROLIDES/KETOLIDES
MULTIPLE SCLEROSIS AGENTS
OPIATE DEPENDENCY
PAH AGENTS, ORAL AND INHALED
PANCREATIC ENZYMES
PENICILLINS
PHOSPHATE BINDERS
PLATELET AGGREGATION INHIBITORS
PRENATAL VITAMINS
PROTON PUMP INHIBITORS
SKELETAL MUSCLE RELAXANTS
TETRACYCLINES
ULCERATIVE COLITIS AGENTS

Recommendations Summary:

The following drug classes presented for review had no recommended changes since the May 6, 2020, Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

Drug Classes included in the Committee block vote:

- Analgesics, Miscellaneous
 - Analgesics, Narcotics Long
 - Analgesics, Narcotics Short
 - Androgenic Agents
 - Androgenic Agents, Injectable
 - Angiotensin Modulators Combinations
 - Angiotensin Modulators
 - Antibiotics, Topical
 - Antibiotics, Vaginal
 - Anticoagulants
 - Antifungals, Oral
 - Antivirals, Topical
 - Calcium Channel Blockers
 - Cephalosporins and Related Agents
 - Fluoroquinolones, Oral
 - Growth Hormone
 - Hepatitis C Agents
 - Hypoglycemics, Alpha-Glucosidase Inhibitors
 - Hypoglycemics, Meglitinides
 - Hypoglycemics, Sulfonylureas
 - Hypoglycemics, TZD
 - Lipotropics, Statins
 - Macrolides/Ketolides
 - Opiate Dependence Treatment
 - PAH Agents, Oral and Inhaled
 - Pancreatic Enzymes
 - Penicillins
 - Phosphate Binders
 - Platelet Aggregation Inhibitors
 - Prenatal Vitamins
 - Tetracyclines
 - Ulcerative Colitis Agents
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- Discussion: None
 - Kevin Izard made a motion to accept staff recommendations as presented
 - Second – Michael Witkovsky
 - All members were in favor of the motion
 - Motion passed

The following drug classes presented for review had recommended changes since the May 6, 2020, Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

Drug Classes with Preferred/Non-Preferred status changes included in the Committee block vote:

- Acne Agents, Topical
- Androgenic Agents, Oral
- Antibiotics, GI
- Antibiotics, Inhaled
- Antiemetics/Antivertigo Agents
- Antifungals, Topical
- Antimigraine Agents, Other
- Antimigraine Agents, Triptans
- Antiparasitics, Topical
- Antivirals, Oral
- Beta Blockers
- Bladder Relaxant Preparations
- Bone Resorption Suppression and Related Agents
- BPH Treatments
- GI Motility, Chronic
- Glucagon Agents
- H. Pylori Treatment
- Hepatitis B Agents
- Hepatitis C Treatment Course
- Hypoglycemics, Incretin/Mimetic Enhancers
- Hypoglycemics, Insulin and Related Agents
- Hypoglycemics, Other (Metformin & SGLT2)
- Lipotropics, Other
- Multiple Sclerosis Agents
- Proton Pump Inhibitors
- Skeletal Muscle Relaxants

- Discussion:
 - Androgenic Agents: Kelsey Brundage noted that there will be an upcoming change in the way androgenic agents drug classes are structured and listed on the Preferred Drug List. Currently, there are two classes: Androgenic Agents and Androgenic Agents, Injectable. Given oral androgenic agents were added to the drugs reviewed this cycle, rather than having separate androgenic agents classes, there will be one overarching androgenic agents drug class (including injectable, oral, and topical products).
 - Antivirals, Oral: Kelsey Brundage stated that in the closed session, the Committee discussed Dr. Yun's testimony in the morning session regarding Xofluza. Given clinical considerations and efficacy of other products, it was determined that it is appropriate to continue with the current status of Xofluza.
 - Beta Blockers: Kelsey Brundage stated that during the closed session, the Committee discussed Dr. Arkin's testimony in the morning session regarding Hemangeol. Specifically, the prior authorization process and other system and administrative issues

outside of Medicaid were discussed, including administrative time to submit a prior authorization, working with one specialty pharmacy that is out of state that was referenced in Dr. Arkin's testimony, and the potential impact to a member's health if there is a delay in treatment. The Committee discussed how best to address these concerns and challenges, and Kelsey Brundage requested Committee member Robert Rohloff to provide further background on a possible course of action.

Robert Rohloff made a motion to make Hemangeol a preferred product in the Beta Blockers class, and not require prior authorization for children under one year of age.

Kelsey Brundage suggested that Hemangeol could remain a non-preferred product in the class, but have an exception that prior authorization not be required for children under one year of age. Robert Rohloff stated he agreed with this strategy and withdrew the motion.

Robert Rohloff requested pediatric dermatologists in the Madison and Milwaukee areas be informed of this change. Kelsey Brundage stated that a provider update will be published detailing all of the changes in this cycle, and provider service representatives could also specifically reach out to dermatologists in the Madison and Milwaukee areas.

Kevin Izard requested clarification on if Hemangeol is non-preferred and a member is under one year old, that prior authorization would not be required. Kelsey Brundage confirmed this would be the case, and this recommendation would be presented to the Secretary of the Department for final approval.

- Robert Rohloff made a motion to accept staff recommendations as presented
 - Second – William Raduege
 - All members were in favor of the motion
 - Motion passed

Wisconsin Medicaid ACNE AGENTS, TOPICAL		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TAZORAC 0.1% GEL (TOPICAL)	0.1%	NP	NP			
ACZONE GEL (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
EPIDUO FORTE GEL W/PUMP (TOPICAL)	0.5%	NP	NP			
DIFFERIN CREAM (TOPICAL)	6.7%	P	P			
ERYTHROMYCIN GEL (AG) (TOPICAL)	0.0%	NP	NP			
TAZORAC 0.1% CREAM (TOPICAL)	0.1%	NP	NP			
RETIN-A CREAM (TOPICAL)	18.6%	P	P			
ATRALIN (TOPICAL)	0.0%	NP	NP			
RETIN-A GEL (TOPICAL)	2.3%	P	P			
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.3%	P	P			
DIFFERIN GEL PUMP (TOPICAL)	5.3%	P	P			
DIFFERIN LOTION (TOPICAL)	0.5%	P	P			
ZIANA (TOPICAL)	0.0%	NP	NP			
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	7.1%	P	P			
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	4.9%	P	P			
BENZOYL PEROXIDE GEL OTC (TOPICAL)	9.4%	P	P			
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	9.8%	P	P			
ADAPALENE GEL OTC (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN SOLUTION (TOPICAL)	0.7%	P	P			
BENZACLIN (TOPICAL)	0.0%	NP	NP			
AVITA CREAM (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	1.9%	P	P			
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	28.1%	P	P			
BENZACLIN W/PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL (AG) (TOPICAL)	0.0%	NP	NP			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.1%	NP	NP			
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.0%	NP	NP			
ACANYA W/PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) (TOPICAL)	0.1%	NP	NP			
TRETINON GEL (AVITA, RETIN-A) (AG) (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN GEL (TOPICAL)	0.0%	NP	NP			
ONEXTON W/PUMP (TOPICAL)	0.0%	NP	NP			
ALTRENO (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SUSPENSION (TOPICAL)	0.1%	P	P			
ADAPALENE GEL (TOPICAL)	0.1%	NP	NP			
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.3%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR (TOPICAL)	0.1%	P	P			
TRETINON CREAM (TOPICAL)	0.1%	NP	NP			
FABIOR (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) W/PUMP (TOPICAL)	0.0%	NP	NP			
TAZAROTENE CREAM (AG) (TOPICAL)	0.1%	NP	NP			
ADAPALENE CREAM (TOPICAL)	0.0%	NP	NP			
TRETINON GEL (AVITA, RETIN-A) (TOPICAL)	0.0%	NP	NP			
TAZAROTENE CREAM (TOPICAL)	0.2%	NP	NP			
CLINDAMYCIN / TRETINON (AG) (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL PUMP (AG) (TOPICAL)	0.0%	NP	NP			
ACZONE GEL W/PUMP (TOPICAL)	0.1%	NP	NP			
AMZEEQ (TOPICAL)	0.2%	NP	NP			
DAPSONE GEL (TOPICAL)	0.1%	NP	NP			
TRETINON GEL (ATRALIN) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR CLEANSER (TOPICAL)	1.0%	P	P			
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	P	NP			
RETIN-A MICRO 0.06% PUMP (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.1%	P	NP			
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.2%	P	NP			
TRETINON MICROSPHERES GEL 0.04%, 0.1% (AG) (TOPICAL)	0.1%	NP	NP			
BP 10-1 (TOPICAL)	0.0%	NP	NP			
DAPSONE GEL (AG) (TOPICAL)	0.5%	NP	NP			
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	NP			
AKLIEF (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)	0.0%	NP	NP			
TRETINON MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
ARAZLO (TOPICAL)	0.0%	NR	NP			
AVAR CLEANSER (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINON (TOPICAL)	0.0%	NP	NP			
TRETINON MICROSPHERES GEL 0.04%, 0.1% PUMP (AG) (TOPICAL)	0.0%	NP	NP			

Wisconsin Medicaid		ANDROGENIC AGENTS				
		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ANDRODERM (TRANSDERM)	1.5%	NP	NP			
ANDROGEL GEL PUMP (TRANSDERM)	64.5%	P	P			
TESTIM (TRANSDERM)	0.0%	NP	NP			
FORTESTA (TRANSDERM)	0.0%	NP	NP			
NATESTO (NASAL)	0.4%	NP	NP			
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)	1.0%	NP	NP			
ANDROGEL GEL PACKET (TRANSDERM)	21.6%	P	P			
TESTOSTERONE PUMP (AXIRON) (TRANSDERM)	0.5%	NP	NP			
TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)	4.4%	P	P			
TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM)	2.3%	P	P			
TESTOSTERONE GEL (AG) (TESTIM) (TRANSDERM)	0.0%	NP	NP			
TESTOSTERONE GEL (VOGELXO) (TRANSDERM)	2.6%	P	P			
TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)	1.2%	P	P			
TESTOSTERONE GEL (AG) (FORTESTA) (TRANSDERM)	0.0%	NP	NP			
TESTOSTERONE GEL PUMP (AG) (ANDROGEL) (TRANSDERM)	0.0%	NP	NP			
TESTOSTERONE GEL (FORTESTA) (TRANSDERM)	0.0%	NP	NP			
TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM)	0.0%	NP	NP			
VOGELXO GEL PUMP (TRANSDERM)	0.0%	NP	NP			
TESTOSTERONE GEL PACKET (AG) (ANDROGEL) (TRANSDERM)	0.0%	NP	NP			

Wisconsin Medicaid		ANDROGENIC AGENTS, INJECTABLE				
		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TESTOSTERONE CYPIONATE (INTRAMUSC)	91.4%	P	P			
DEPO-TESTOSTERONE (INTRAMUSC)	5.2%	P	P			
TESTOSTERONE ENANTHATE (INTRAMUSC)	2.5%	P	P			
XYOSTED (SUBCUTANEOUS)	1.0%	NP	NP			

Wisconsin Medicaid		ANDROGENIC AGENTS, ORAL				
		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
OXANDROLONE (ORAL)	83.3%	NR	P			
ANADROL-50 (ORAL)	0.0%	NR	NP			
JATENZO (ORAL)	16.7%	NR	NP			
METHITEST (ORAL)	0.0%	NR	NP			
METHYLTESTOSTERONE (ORAL)	0.0%	NR	NP			
TESTRED (ORAL)	0.0%	NR	NP			
ANDROID (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid		ANTIBIOTICS, GI				
		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METRONIDAZOLE TABLET (ORAL)	88.2%	P	P			
NEOMYCIN (ORAL)	0.8%	P	P			
TINIDAZOLE (ORAL)	0.5%	P	P			
SOLOSEC (ORAL)	0.0%	NP	NP			
VANCOMYCIN CAPSULE (AG) (ORAL)	0.6%	P	P			
VANCOMYCIN CAPSULE (ORAL)	2.3%	P	P			
FIRVANQ (ORAL)	0.4%	P	P			
METRONIDAZOLE CAPSULE (ORAL)	0.0%	NP	NP			
VANCOMYCIN SOLUTION (ORAL)	0.0%	NP	NP			
XIFAXAN (ORAL)	6.9%	P	P			
NITAZOXANIDE TABLET (AG) (ORAL)	0.0%	NR	NP			
NITAZOXANIDE TABLET (ORAL)	0.0%	NR	NP			
DIFICID TABLET (ORAL)	0.2%	NP	NP			
DIFICID SUSPENSION (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid		ANTIBIOTICS, INHALED				
		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
BETHKIS (INHALATION)	69.4%	P	P			
KITABIS PAK (INHALATION)	0.0%	P	Alternate			
KITABIS PAK (INHALATION)	27.4%	P	P			
TOBRAMYCN (TOBI) (AG) (INHALATION)	0.0%	NP	NP			
TOBRAMYCN (TOBI) (INHALATION)	0.0%	NP	NP			
TOBI (INHALATION)	0.0%	NP	NP			
TOBRAMYCN PAK (AG) (INHALATION)	0.0%	NP	NP			
TOBRAMYCN (BETHKIS) (AG) (INHALATION)	0.0%	NR	NP			
TOBI PODHALER (INHALATION)	0.0%	NP	NP			
TOBI PODHALER (INHALATION)	0.0%	NP	Alternate			
TOBRAMYCN (BETHKIS) (INHALATION)	0.0%	NR	NP			
CAYSTON (INHALATION)	3.2%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTEMETIC/ANTIVERTIGO AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
MECLIZINE OTC (ORAL)	1.3%	P	P			
PROMETHAZINE TABLET (ORAL)	3.5%	P	P			
ONDANSETRON TABLETS (ORAL)	19.4%	P	P			
METOCLOPRAMIDE TABLET (ORAL)	8.1%	P	P			
ONDANSETRON ODT (ORAL)	40.1%	P	P			
PROCHLORPERAZINE (ORAL)	5.1%	P	P			
MECLIZINE (AG) (ORAL)	0.2%	P	P			
MECLIZINE (ORAL)	6.4%	P	P			
PROMETHAZINE SYRUP (ORAL)	8.3%	P	P			
METOCLOPRAMIDE SOLUTION (ORAL)	0.3%	P	P			
ONDANSETRON SOLUTION (ORAL)	0.9%	P	P			
TRIMETHOENZAMIDE (ORAL)	0.0%	P	P			
DICLEGIS (ORAL)	3.9%	P	P			
BONJESTA (ORAL)	0.0%	NP	NP			
PROMETHAZINE (RECTAL)	0.4%	P	P			
DRONABINOL (ORAL)	0.0%	NP	NP			
TRANSDERM-SCOP (TRANSDERM)	1.5%	NP	NP			
SCOPOLAMINE (TRANSDERM)	0.0%	P	P			
PROCHLORPERAZINE (RECTAL)	0.1%	P	P			
GRANISETRON (ORAL)	0.1%	P	P			
DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)	0.0%	NP	NP			
AKNYZEO (ORAL)	0.0%	NP	NP			
DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)	0.0%	NP	NP			
EMEND POWDER PACKET (ORAL)	0.0%	NP	NP			
METOCLOPRAMIDE ODT (ORAL)	0.0%	NP	NP			
PROMETHAZINE 50 MG (RECTAL)	0.0%	P	P			
ZIPLLENZ (ORAL)	0.0%	NP	NP			
VARUBI (ORAL)	0.0%	NP	NP			
EMEND PACK (ORAL)	0.0%	P	P			
EMEND CAPSULE (ORAL)	0.1%	P	P			
SANCUSO (TRANSDERMAL)	0.0%	NP	NP			
GIMOTI (NASAL)	0.0%	NR	NP			
APREPITANT PACK (ORAL)	0.0%	NP	NP			
APREPITANT CAPSULE (ORAL)	0.1%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIFUNGALS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ERTACZO (TOPICAL)	0.0%	NP	NP			
TOLNAFTATE POWDER OTC (TOPICAL)	0.1%	P	P			
VUSION (TOPICAL)	0.0%	NP	NP			
CLOTRIMAZOLE CREAM OTC (TOPICAL)	5.1%	P	P			
MICONAZOLE POWDER OTC (TOPICAL)	0.4%	P	P			
MICONAZOLE CREAM OTC (TOPICAL)	1.9%	P	P			
TOLNAFTATE CREAM OTC (TOPICAL)	0.2%	P	P			
MENTAX (TOPICAL)	0.0%	NP	NP			
CICLOPIROX CREAM (TOPICAL)	0.1%	NP	NP			
NYSTATIN CREAM (TOPICAL)	15.7%	P	P			
CLOTRIMAZOLE CREAM RX (TOPICAL)	11.2%	P	P			
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)	8.3%	P	P			
ALEVAZOL OTC (TOPICAL)	0.0%	P	P			
KETOCONAZOLE SHAMPOO (TOPICAL)	19.9%	P	P			
CICLOPIROX SOLUTION (TOPICAL)	2.2%	P	P			
NYSTATIN-TRIAMCINOLONE OINT (TOPICAL)	0.0%	NP	P			
NYSTATIN OINT (TOPICAL)	6.8%	P	P			
NYSTATIN POWDER (TOPICAL)	13.6%	P	P			
NYSTATIN-TRIAMCINOLONE CREAM (TOPICAL)	0.0%	NP	P			
KETOCONAZOLE CREAM (TOPICAL)	13.5%	P	P			
OXISTAT LOTION (TOPICAL)	0.0%	NP	NP			
ECONAZOLE (TOPICAL)	0.0%	NP	NP			
CICLOPIROX GEL (TOPICAL)	0.0%	NP	NP			
CICLOPIROX SUSPENSION (AG) (TOPICAL)	0.0%	NP	NP			
CLOTRIMAZOLE SOLUTION OTC (TOPICAL)	0.2%	P	P			
CLOTRIMAZOLE SOLUTION RX (TOPICAL)	0.6%	P	P			
CICLOPIROX SUSPENSION (TOPICAL)	0.0%	NP	NP			
CICLOPIROX SHAMPOO (TOPICAL)	0.1%	NP	NP			
LUZU (TOPICAL)	0.0%	NP	NP			
JUBLIA (TOPICAL)	0.0%	NP	NP			
EXELDERM CREAM (TOPICAL)	0.0%	NP	NP			
CLOTRIMAZOLE-BETAMETHASONE LOTION (TOPICAL)	0.0%	NP	NP			
OXISTAT CREAM (TOPICAL)	0.0%	NP	NP			
LULICONAZOLE (AG) (TOPICAL)	0.0%	NP	NP			
KERYDIN (TOPICAL)	0.0%	NP	NP			
OXICONAZOLE CREAM (TOPICAL)	0.0%	NP	NP			
NAFTIN GEL (TOPICAL)	0.0%	NP	NP			
MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM (AG) (TOPICAL)	0.0%	NP	NP			
NAFTIFINE CREAM (TOPICAL)	0.0%	NP	NP			
NAFTIFINE GEL (TOPICAL)	0.0%	NP	NP			
NAFTIFINE CREAM (AG) (TOPICAL)	0.0%	NP	NP			
EXELDERM SOLUTION (TOPICAL)	0.0%	NP	NP			
KETOCONAZOLE FOAM (AG) (TOPICAL)	0.0%	NP	NP			
KETOCONAZOLE FOAM (TOPICAL)	0.0%	NP	NP			
TAVABOROLE (TOPICAL)	0.0%	NR	NP			
BENSAL HP (TOPICAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIMIGRAINE AGENTS, OTHER						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	7.7%	P	P			
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	0.0%	P	Alternate			
AIMOVIG (SUBCUTANEOUS)	8.3%	NP	NP			
AJOVY (SUBCUTANEOUS)	4.0%	P	P			
AJOVY (SUBCUTANEOUS)	0.0%	P	Alternate			
EMGALITY PEN (SUBCUTANEOUS)	65.6%	P	P			
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	4.8%	P	P			
NURTEC ODT (ORAL)	3.7%	NP	NP			
NURTEC ODT (ORAL)	0.0%	NP	Alternate			
UBRELVY (ORAL)	5.3%	NP	P			
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	0.0%	P	P			
REYVOW (ORAL)	0.4%	NP	NP			
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	0.0%	P	Alternate			
UBRELVY (ORAL)	0.0%	NP	Alternate			
NURTEC ODT (ORAL)	0.0%	NP	Alternate			
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.2%	NP	NP			
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.0%	NP	Alternate			

Wisconsin Medicaid		Recommendations				
ANTIMIGRAINE AGENTS, TRIPTANS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
IMITREX (NASAL)	0.0%	P	P			
SUMATRIPTAN (ORAL)	60.0%	P	P			
RIZATRIPTAN TABLET (ORAL)	14.7%	P	P			
RIZATRIPTAN ODT (ORAL)	8.3%	P	P			
ZOMIG (NASAL)	0.3%	NP	P			
ZOLMITRIPTAN TABLET (ORAL)	0.3%	NP	P			
NARATRIPTAN (ORAL)	2.1%	P	P			
ZOLMITRIPTAN ODT (ORAL)	0.1%	NP	P			
ELETRIPTAN (AG) (ORAL)	3.5%	P	P			
ELETRIPTAN (ORAL)	2.5%	P	P			
SUMATRIPTAN DISP SYRIN (SUBCUTANE.)	0.0%	P	P			
SUMATRIPTAN VIAL (SUBCUTANE.)	0.3%	P	P			
ONZETRA XSAL (NASAL)	0.0%	NP	NP			
FROVATRIPTAN (ORAL)	0.2%	NP	NP			
SUMATRIPTAN KIT (AG) (SUBCUTANE.)	1.3%	P	P			
SUMATRIPTAN KIT (SUN) (SUBCUTANE.)	0.4%	P	P			
SUMATRIPTAN (AG) (NASAL)	0.3%	NP	NP			
SUMATRIPTAN KIT (SUBCUTANE.)	3.2%	P	P			
ALMOTRIPTAN (ORAL)	0.1%	NP	NP			
SUMATRIPTAN (NASAL)	2.3%	NP	NP			
SUMATRIPTAN/NAPROXEN (ORAL)	0.0%	NP	NP			
TOSYMRA (NASAL)	0.0%	NP	NP			
ZOLMITRIPTAN SPRAY (AG) (NASAL)	0.0%	NR	NP			
TREXIMET (ORAL)	0.0%	NP	NP			
ZEMBRACE SYMTOUCH (SUBCUTANE.)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIPARASITICS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EURAX CREAM (TOPICAL)	0.0%	P	P			
PERMETHRIN OTC (TOPICAL)	6.0%	P	P			
PERMETHRIN CREAM (TOPICAL)	54.3%	P	P			
NATROBA (TOPICAL)	38.3%	P	P			
LINDANE SHAMPOO (TOPICAL)	0.1%	NP	NP			
SPINOSAD (TOPICAL)	0.0%	NP	NP			
IVERMECTIN LOTION (TOPICAL)	0.7%	NR	NP			
MALATHION BRAND (TOPICAL)	0.5%	NP	NP			
SKLICE (TOPICAL)	0.0%	NP	NP			
EURAX LOTION (TOPICAL)	0.0%	NP	NP			
CROTAN (TOPICAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIVIRALS, ORAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ACYCLOVIR TABLET (ORAL)	16.7%	P	P			
ACYCLOVIR CAPSULE (ORAL)	2.1%	P	P			
VALACYCLOVIR (ORAL)	78.4%	P	P			
FAMCICLOVIR (ORAL)	0.1%	NP	NP			
ACYCLOVIR SUSPENSION (ORAL)	1.6%	P	P			
OSELTAMIVIR CAPSULE (ORAL)	1.0%	P	P			
OSELTAMIVIR SUSPENSION (ORAL)	0.1%	P	P			
RELENZA (INHALATION)	0.0%	P	NP			
TAMIFLU CAPSULE (ORAL)	0.0%	NP	NP			
XOFLUZA (ORAL)	0.0%	NP	NP			
RIMANTADINE (ORAL)	0.0%	NP	NP			
TAMIFLU SUSPENSION (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid BETA-BLOCKERS		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
BISOPROLOL HCTZ (ORAL)	0.3%	P	P			
ATENLOLOL / CHLORTHALIDONE (ORAL)	0.5%	P	P			
PROPRANOLOL / HCTZ (ORAL)	0.0%	NP	NP			
NADOLOLOL / BENDROFLUMETHIAZIDE (ORAL)	0.0%	NP	NP			
METOPROLOL / HCTZ (ORAL)	0.0%	NP	NP			
BYSTOLIC (ORAL)	0.4%	NP	NP			
COREG CR (ORAL)	0.0%	NP	NP			
ATENLOLOL (ORAL)	8.4%	P	P			
CARVEDILOL (ORAL)	14.3%	P	P			
METOPROLOL (ORAL)	23.0%	P	P			
METOPROLOL XL (AG) (ORAL)	1.2%	P	P			
PROPRANOLOL TABLET (ORAL)	10.3%	P	P			
METOPROLOL XL (ORAL)	32.0%	P	P			
SOTALOL (ORAL)	0.6%	P	P			
PROPRANOLOL SOLUTION (ORAL)	0.4%	P	P			
LABETALOL (ORAL)	2.7%	P	P			
ACEBUTOLOL (ORAL)	0.0%	NP	P			
PROPRANOLOL ER (ORAL)	4.8%	P	P			
NADOLOLOL (ORAL)	0.3%	NP	P			
BISOPROLOL (ORAL)	0.7%	P	P			
PROPRANOLOL ER (AG) (ORAL)	0.1%	P	P			
PINDOLOL (ORAL)	0.0%	NP	NP			
BETAXOLOL (ORAL)	0.0%	NP	NP			
KAPSPARGO (ORAL)	0.0%	NP	NP			
HEMANGEOL (ORAL)	0.0%	NP	NP			
TIMOLOL (ORAL)	0.0%	NP	NP			
CARVEDILOL ER (AG) (ORAL)	0.0%	NP	NP			
CARVEDILOL ER (ORAL)	0.0%	NP	NP			
SOTYLIZE (ORAL)	0.0%	NP	NP			
INDERAL XL (ORAL)	0.0%	NP	NP			
INNOPRAN XL (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid BLADDER RELAXANT PREPARATIONS		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TOVIAZ (ORAL)	7.7%	P	P			
DETROL LA (ORAL)	0.0%	NP	NP			
OXYTROL (TRANSDERM.)	0.3%	NP	NP			
DETROL (ORAL)	0.0%	NP	NP			
GELNIQUE (TRANSDERM.)	0.1%	NP	NP			
OXYBUTYNYN SYRUP (ORAL)	2.6%	P	P			
OXYBUTYNYN TABLET (ORAL)	21.9%	P	P			
OXYBUTYNYN ER (ORAL)	35.2%	P	P			
SOLIFENACIN (ORAL)	21.7%	P	P			
TOLTERODINE (ORAL)	0.2%	NP	NP			
TROSPIDIUM (ORAL)	0.3%	NP	NP			
DARIFENACIN ER (AG) (ORAL)	0.0%	P	NP			
TOLTERODINE ER (AG) (ORAL)	0.2%	NP	NP			
MYRBETRIQ (ORAL)	8.8%	NP	NP			
TOLTERODINE ER (ORAL)	0.5%	NP	NP			
DARIFENACIN ER (ORAL)	0.4%	P	NP			
TROSPIDIUM ER (ORAL)	0.2%	NP	NP			
VESICARE LS (ORAL)	0.0%	NR	NP			
GEMTESA (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid BONE RESORPTION SUPPRESSION AND RELATED AGENTS		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ATELVIA (ORAL)	0.0%	NP	NP			
ALENDRONATE TABLETS (ORAL)	88.7%	P	P			
IBANDRONATE TABLETS (ORAL)	1.9%	P	P			
RISEDRONATE (ACTONEL) (AG) (ORAL)	0.0%	NP	NP			
RALOXIFENE (ORAL)	1.2%	NP	NP			
CALCITONIN SALMON (NASAL)	3.9%	P	P			
RISEDRONATE (ACTONEL) (ORAL)	0.7%	NP	NP			
FOSAMAX PLUS D (ORAL)	0.0%	NP	NP			
ALENDRONATE SOLUTION (ORAL)	0.4%	NP	NP			
BONIVA (ORAL)	0.0%	NP	NP			
RISEDRONATE (ATELVIA) (ORAL)	0.0%	NP	NP			
TERIPARATIDE (BRAND) (SUBCUTANEOUS)	0.0%	NR	P			
RISEDRONATE (ATELVIA) (AG) (ORAL)	0.0%	NP	NP			
FORTEO (SUBCUTANE.)	2.8%	P	NP			
TYMLOS (SUBCUTANE.)	0.4%	NP	NP			

Wisconsin Medicaid BPH TREATMENTS		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TAMSULOSIN (ORAL)	69.0%	P	P			
FINASTERIDE (ORAL)	16.9%	P	P			
ALFUZOSIN (ORAL)	2.7%	P	P			
DOXAZOSIN (ORAL)	0.9%	NP	P			
TERAZOSIN (ORAL)	9.5%	P	P			
DUTASTERIDE (ORAL)	0.9%	P	P			
CARDURA XL (ORAL)	0.0%	NP	NP			
SILODOSIN (ORAL)	0.1%	NP	NP			
RAPAFLO (ORAL)	0.0%	NP	NP			
DUTASTERIDE/TAMSULOSIN (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
GI MOTILITY, CHRONIC						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LINZESS (ORAL)	70.9%	P	P			
AMITIZA (ORAL)	17.9%	P	P			
TRULANCE (ORAL)	1.7%	NP	NP			
MOVANTIK (ORAL)	6.9%	P	P			
SYMPROIC (ORAL)	0.1%	NP	NP			
LOTRONEX (ORAL)	0.4%	P	P			
LUBIPROSTONE (AG) (ORAL)	0.0%	NR	NP			
MOTEGRITY (ORAL)	1.1%	NP	NP			
VIBERZI (ORAL)	0.8%	NP	NP			
RELISTOR (ORAL)	0.2%	NP	NP			
ALOSETRON (ORAL)	0.0%	NP	NP			
ALOSETRON (AG) (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
GLUCAGON AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PROGLYCEM SUSPENSION (ORAL)	2.3%	NR	P			
GLUCAGON (INJECTION)	7.7%	NR	P			
GLUCAGON EMERGENCY KIT (LILLY) (INJECTION)	47.7%	NR	P			
BAGSIMI (NASAL)	34.8%	NR	P			
GVOKE SYRINGE (SUBCUTANEOUS)	1.9%	NR	NP			
GLUCAGON EMERGENCY KIT (FRESENIUS) (INJECTION)	0.8%	NR	NP			
GVOKE PEN (SUBCUTANEOUS)	2.6%	NR	NP			
DIAZOXIDE SUSPENSION (ORAL)	2.1%	NR	NP			

Wisconsin Medicaid		Recommendations				
H. PYLORI TREATMENT						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PYLERA (ORAL)	72.1%	P	P			
OMECLAMO-X-PAK (ORAL)	0.0%	NP	NP			
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (ORAL)	24.6%	P	P			
TALICA (ORAL)	3.3%	NR	NP			
HELIDAC (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
HEPATITIS B AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EPIVIR HBV TABLET (ORAL)	0.0%	P	P			
EPIVIR HBV SOLUTION (ORAL)	0.4%	P	P			
ENTECAVIR TABLET (ORAL)	79.7%	P	P			
LAMIVUDINE HBV TABLET (ORAL)	11.0%	P	P			
LAMIVUDINE HBV TABLET (AG) (ORAL)	0.4%	P	P			
BARACLUDE SOLUTION (ORAL)	0.0%	P	NP			
HEPSERA (ORAL)	1.2%	P	P			
ADEFOVIR DIPVOXIL (ORAL)	0.0%	NP	NP			
VEMLIDY (ORAL)	7.3%	NP	NP			

Wisconsin Medicaid		Recommendations				
HEP C TREATMENT COURSE						
Brand Name	Current Market Share	Current PDL Status	PDL Rec.	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ZEPATIER (ORAL)	0.0%	NP	NP			
MAVYRET (ORAL) (8 WEEKS)	0.0%	P	Alternate			
MAVYRET (ORAL) (8 WEEKS)	54.9%	P	P			
SOFOSBUVIR/VELPATASVIR (AG) (ORAL)	16.7%	P	P			
LEDIPASVIR-SOFOSBUVIR (AG) (ORAL) (8 WEEKS)	0.0%	NP	Alternate			
MAVYRET (ORAL) (12 WEEKS)	0.0%	P	Alternate			
HARVONI PELLETT PACK (ORAL) (8 WEEKS)	0.0%	NR	Alternate			
MAVYRET (ORAL) (12 WEEKS)	0.0%	P	Alternate			
EPCLUSIA (ORAL)	27.1%	P	NP			
HARVONI TABLET (ORAL) (8 WEEKS)	0.0%	NP	Alternate			
LEDIPASVIR-SOFOSBUVIR (AG) (ORAL) (12 WEEKS)	0.0%	NP	NP			
HARVONI PELLETT PACK (ORAL) (12 WEEKS)	0.4%	NR	NP			
HARVONI TABLET (ORAL) (12 WEEKS)	0.1%	NP	NP			
VOSEVI (ORAL)	0.8%	NP	NP			
SOVALDI PELLETT PACK (ORAL) (12 WEEKS)	0.0%	NR	NP			
SOVALDI TABLET (ORAL) (12 WEEKS)	0.0%	NP	NP			
SOVALDI PELLETT PACK (ORAL) (24 WEEKS)	0.0%	NR	Alternate			
SOVALDI TABLET (ORAL) (24 WEEKS)	0.0%	NP	Alternate			

Wisconsin Medicaid		Recommendations					
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
JENTADUETO XR (ORAL)	0.0%	NP	NP				
ONGLYZA (ORAL)	0.1%	NP	NP				
TRADJENTA (ORAL)	7.6%	P	P				
JANLVIA (ORAL)	23.4%	P	P				
JENTADUETO (ORAL)	0.9%	P	P				
JANLUMET (ORAL)	4.8%	P	P				
JANLUMET XR (ORAL)	2.8%	P	P				
KOMBIKLYZE XR (ORAL)	0.0%	NP	NP				
NESINA (ORAL)	0.0%	NP	NP				
KAZANO (ORAL)	0.0%	NP	NP				
OSENI (ORAL)	0.0%	NP	NP				
GLYXAMBI (ORAL)	0.3%	P	NP				
TRUARDY XR (ORAL)	0.0%	NR	NP				
QTERN (ORAL)	0.0%	NP	NP				
STEGLUJAN (ORAL)	0.0%	NP	NP				
ALOGLIPTIN (AG) (ORAL)	0.0%	NP	NP				
ALOGLIPTIN/METFORMIN (AG) (ORAL)	0.0%	NP	NP				
ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)	0.0%	NP	NP				
VICTOZA (SUBCUTANE.)	14.8%	P	P				
BYETTA PENS (SUBCUTANE.)	0.6%	P	P				
SYMLIN PENS (SUBCUTANE.)	0.0%	P	P				
TRULICITY (SUBCUTANE.)	44.3%	P	P				
OZEMPIC (SUBCUTANE.)	0.3%	NP	NP				
SOLIQUA (SUBCUTANE.)	0.0%	NP	NP				
XULTOPHY (SUBCUTANE.)	0.0%	NP	NP				
ADLYXIN (SUBCUTANE.)	0.0%	NP	NP				
RYBELSUS (ORAL)	0.0%	NP	NP				
BYDUREON BCISE (SUBCUTANE.)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.6%	P	P				
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.3%	P	P				
HUMALOG MIX PEN (SUBCUTANE.)	1.4%	P	P				
NOVOLOG MIX PEN (SUBCUTANE.)	0.9%	P	P				
HUMALOG MIX VIAL (SUBCUTANE.)	0.2%	P	P				
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	2.2%	P	P				
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	P				
INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS)	0.0%	NR	P				
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.0%	NP	P				
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	1.2%	P	P				
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANEOUS)	0.0%	NP	P				
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	NP				
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	NP				
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	NP				
HUMULIN VIAL OTC (SUBCUTANE.)	2.4%	P	P				
NOVOLIN VIAL OTC (SUBCUTANE.)	0.1%	NP	NP				
HUMULIN PEN OTC (SUBCUTANE.)	1.3%	P	P				
LEVEMIR PENS (SUBCUTANE.)	5.9%	P	P				
LEVEMIR VIAL (SUBCUTANE.)	0.6%	P	P				
LANTUS SOLOSTAR PEN (SUBCUTANE.)	40.9%	P	P				
LANTUS VIAL (SUBCUTANE.)	5.1%	P	P				
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP				
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	NP				
SEMGLEE PEN (SUBCUTANEOUS)	0.0%	NR	NP				
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)	0.2%	NP	NP				
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.2%	NP	NP				
SEMGLEE VIAL (SUBCUTANEOUS)	0.0%	NR	NP				
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)	0.1%	NP	NP				
BASAGLAR KWIKPEN (SUBCUTANE.)	0.0%	NP	NP				
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP				
HUMALOG PEN (SUBCUTANE.)	18.7%	P	P				
NOVOLOG VIAL (SUBCUTANE.)	1.7%	P	P				
NOVOLOG PEN (SUBCUTANE.)	6.8%	P	P				
HUMALOG VIAL (SUBCUTANE.)	5.3%	P	P				
HUMALOG CARTRIDGE (SUBCUTANE.)	2.0%	P	P				
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.4%	P	P				
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	0.9%	P	P				
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANEOUS)	0.0%	NP	P				
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	NP				
INSULIN ASPART VIAL (AG) (SUBCUTANEOUS)	0.0%	NP	P				
INSULIN ASPART PEN (AG) (SUBCUTANEOUS)	0.0%	NP	P				
INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANEOUS)	0.0%	NR	P				
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	0.0%	NP	P				
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	0.0%	NP	P				
FIASP PENFILL (SUBCUT)	0.0%	NP	NP				
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.0%	NP	NP				
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	NP				
FIASP VIAL (SUBCUTANE.)	0.0%	NP	NP				
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)	0.0%	NR	NP				
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP				
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	NP				
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)	0.0%	NR	NP				
HUMALOG 200 U/ML PEN (SUBCUTANE.)	0.1%	NP	NP				
LYUMJEV VIAL (SUBCUTANEOUS)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, METFORMINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
GLUMETZA (ORAL)	0.0%	NP	NP			
METFORMIN (ORAL)	62.7%	P	P			
METFORMIN ER (GLUCOPHAGE XR) (ORAL)	36.6%	P	P			
GLYBURIDE-METFORMIN (ORAL)	0.4%	P	P			
GLIPIZIDE-METFORMIN (ORAL)	0.0%	NP	NP			
METFORMIN ER (FORTAMET) (ORAL)	0.0%	NP	NP			
RIOMET SOLUTION (ORAL)	0.1%	NP	NP			
RIOMET ER SUSPENSION (ORAL)	0.0%	NP	NP			
METFORMIN SOLUTION (ORAL)	0.2%	NR	NP			
METFORMIN ER (GLUMETZA) (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, SGLT2						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
INVOKAMET (ORAL)	0.2%	P	P			
JARDIANCE (ORAL)	56.6%	P	P			
INVOKANA (ORAL)	20.9%	P	P			
SYNJARDY (ORAL)	0.0%	NP	P			
FARXIGA (ORAL)	21.9%	P	P			
XIGDUO XR (ORAL)	0.3%	P	P			
INVOKAMET XR (ORAL)	0.0%	NP	NP			
SYNJARDY XR (ORAL)	0.1%	NP	NP			
SEGLUROMET (ORAL)	0.0%	NP	NP			
STEGLATRO (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
LIPOTROPICS, OTHER						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
WELCHOL TABLET (ORAL)	1.5%	P	P			
WELCHOL POWDER PACK (ORAL)	0.1%	P	P			
COLESEVELAM (ORAL)	0.0%	NP	NP			
COLESTIPOL TABLET (ORAL)	4.2%	P	P			
CHOLESTYRAMINE/ASPARTAME (ORAL)	2.5%	P	P			
CHOLESTYRAMINE/SUCROSE (ORAL)	6.3%	P	P			
COLESTIPOL GRANULES (ORAL)	0.0%	NP	NP			
COLESEVELAM POWDER PACK (ORAL)	0.0%	NP	NP			
COLESEVELAM (AG) (ORAL)	0.0%	NP	NP			
COLESEVELAM POWDER PACK (AG) (ORAL)	0.0%	NP	NP			
PRALUENT PEN (SUBCUTANEOUS)	0.0%	NP	Alternate			
PRALUENT PEN (SUBCUTANEOUS)	0.7%	NP	NP			
REPATHA PUSHTRONEX (SUBCUTANEOUS)	0.1%	NP	NP			
REPATHA SURECLICK (SUBCUTANEOUS)	1.8%	NP	NP			
NEXLETOL (ORAL)	0.0%	NR	NP			
NEXLZET (ORAL)	0.0%	NR	NP			
REPATHA PUSHTRONEX (SUBCUTANEOUS)	0.0%	NP	Alternate			
REPATHA SURECLICK (SUBCUTANEOUS)	0.0%	NP	Alternate			
REPATHA SYRINGE (SUBCUTANEOUS)	0.0%	NP	NP			
REPATHA SYRINGE (SUBCUTANEOUS)	0.0%	NP	Alternate			
JUXTAPID (ORAL)	0.0%	NP	NP			
FENOFIBRATE TABLET (AG) (TRICOR) (ORAL)	0.1%	P	P			
ANTARA (ORAL)	0.0%	NP	NP			
FENOGLIDE (ORAL)	0.0%	NP	NP			
EZETIMIBE (ORAL)	26.4%	P	P			
GEMFIBROZIL (AG) (ORAL)	0.0%	P	P			
GEMFIBROZIL (ORAL)	10.1%	P	P			
FENOFIBRATE TABLET (TRICOR) (ORAL)	32.4%	P	P			
FENOFIBRATE CAPSULE (LOFBRA) (ORAL)	0.3%	NP	NP			
FENOFIBRATE TABLET (LOFBRA) (ORAL)	0.3%	NP	NP			
FENOFIBRIC ACID (TRILIPX) (AG) (ORAL)	0.7%	P	P			
FENOFIBRATE (ANTARA) (AG) (ORAL)	0.0%	NP	NP			
LIPOFEN (ORAL)	0.0%	NP	NP			
FENOFIBRIC ACID (TRILIPX) (ORAL)	2.5%	P	P			
FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)	0.0%	NP	NP			
FENOFIBRATE (ANTARA) (ORAL)	0.0%	NP	NP			
FENOFIBRIC ACID (FIBRICOR) (ORAL)	0.0%	NP	NP			
FENOFIBRATE (FENOGLIDE) (AG) (ORAL)	0.1%	NP	NP			
FENOFIBRATE (FENOGLIDE) (ORAL)	0.0%	NP	NP			
NIACIN ER (ORAL)	3.1%	P	P			
OMEGA-3 ACID ETHYL ESTERS (ORAL)	6.4%	P	P			
VASCEPA (ORAL)	0.2%	NP	NP			
ICOSAPENT ETHYL (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
MULTIPLE SCLEROSIS AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
DALFAMPRIDINE ER (AG) (ORAL)		0.0%	P	P			
DALFAMPRIDINE ER (ORAL)		0.0%	P	P			
AVONEX PEN (INTRAMUSC.)		6.5%	P	P			
AVONEX (INTRAMUSC.)		1.9%	P	P			
TECFIDERA (ORAL)		17.8%	P	P			
COPAXONE 20 MG/ML (SUBCUTANE.)		3.9%	P	P			
TECFIDERA STARTER PACK (ORAL)		1.3%	P	P			
DIMETHYL FUMARATE DR (AG) (ORAL)		0.1%	NR	NP			
DIMETHYL FUMARATE DR STARTER PACK (ORAL)		0.1%	NR	NP			
BETASERON KIT (SUBCUTANE.)		2.5%	P	P			
COPAXONE 40 MG/ML (SUBCUTANE.)		23.5%	P	P			
REBIF (SUBCUTANE.)		2.0%	P	P			
PLEGRIDY (INTRAMUSC.)		0.0%	NR	NP			
ZEPOSIA STARTER PACK (ORAL)		0.0%	NR	NP			
MAYZENT DOSE PACK (ORAL)		0.0%	NP	NP			
GLATRAMER 40 MG/ML (SUBCUTANE.)		0.0%	NP	NP			
DIMETHYL FUMARATE DR (ORAL)		0.8%	NR	NP			
GLATRAMER 20 MG/ML (SUBCUTANE.)		0.0%	NP	NP			
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)		3.4%	P	P			
GILENYA (ORAL)		18.8%	P	P			
AUBAGIO (ORAL)		15.5%	P	P			
EXTAVIA KIT (SUBCUTANE.)		0.0%	NP	NP			
EXTAVIA VIAL (SUBCUTANE.)		0.0%	NP	NP			
KESIMPTA (SUBCUTANE.)		0.0%	NR	Alternate			
KESIMPTA (SUBCUTANE.)		0.0%	NR	Alternate			
VUMERITY (ORAL)		0.0%	NP	NP			
KESIMPTA (SUBCUTANE.)		0.1%	NR	NP			
BAFIERTAM CAPSULE DR (ORAL)		0.0%	NR	NP			
ZEPOSIA CAPSULE (ORAL)		0.0%	NR	NP			
MAYZENT TABLET (ORAL)		0.9%	NP	NP			
ZEPOSIA STARTER KIT (ORAL)		0.0%	NR	NP			
PLEGRIDY (SUBCUTANE.)		0.2%	NP	NP			
MAVENCLAD (ORAL)		0.7%	NP	NP			

Wisconsin Medicaid		Recommendations					
PROTON PUMP INHIBITORS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
PROTONIX SUSPENSION (ORAL)		0.1%	P	P			
DEXILANT (ORAL)		0.6%	NP	NP			
NEXIUM SUSPENSION (ORAL)		0.3%	P	P			
ZEGERID (ORAL)		0.0%	NP	NP			
OMEPRAZOLE (ORAL)		61.5%	P	P			
PANTOPRAZOLE (ORAL)		30.4%	P	P			
LANSOPRAZOLE CAPSULES (ORAL)		2.7%	P	P			
ESOMEPRAZOLE CAPSULES (AG) (ORAL)		0.0%	P	P			
ESOMEPRAZOLE CAPSULES (ORAL)		3.6%	P	P			
RABEPRAZOLE TABLETS (ORAL)		0.4%	NP	NP			
OMEPRAZOLE / SODIUM BICARBONATE (ORAL)		0.0%	NP	NP			
PREVACID SOLUTAB (ORAL)		0.1%	NP	NP			
ACIPHEX SPRINKLE (ORAL)		0.0%	NP	NP			
PANTOPRAZOLE SUSPENSION (ORAL)		0.0%	NR	NP			
PRILLOSEC SUSPENSION (ORAL)		0.1%	P	P			
LANSOPRAZOLE SOLUTAB (ORAL)		0.1%	NP	NP			
ESOMEPRAZOLE SUSPENSION (ORAL)		0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
SKELETAL MUSCLE RELAXANTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
SOMA 250 MG (ORAL)		0.0%	NP	NP			
CYCLOBENZAPRINE 10 MG (ORAL)		32.5%	P	P			
CYCLOBENZAPRINE 5 MG (ORAL)		10.0%	P	P			
TIZANIDINE TABLETS (ORAL)		31.5%	P	P			
CARISOPRODOL (ORAL)		0.7%	NP	NP			
METHOCARBAMOL (ORAL)		5.6%	P	P			
BACLOFEN (ORAL)		18.8%	P	P			
CHLORZOXAZONE (ORAL)		0.2%	P	P			
TIZANIDINE CAPSULES (ORAL)		0.0%	NP	NP			
ORPHENADRINE ER (ORAL)		0.0%	NP	NP			
AMRIX (ORAL)		0.0%	NP	NP			
CARISOPRODOL 250 MG (ORAL)		0.1%	NP	NP			
DANTROLENE SODIUM (AG) (ORAL)		0.0%	P	P			
CYCLOBENZAPRINE 7.5 MG (ORAL)		0.0%	NP	NP			
DANTROLENE SODIUM (ORAL)		0.2%	P	P			
CARISOPRODOL COMPOUND (ORAL)		0.0%	NP	NP			
METAXALONE (ORAL)		0.3%	NP	NP			
CYCLOBENZAPRINE ER (AG) (ORAL)		0.0%	NP	NP			
LORZONE (ORAL)		0.0%	NP	NP			
CYCLOBENZAPRINE ER (ORAL)		0.0%	NP	NP			
OZOBAX (ORAL)		0.0%	NR	NP			