

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
November 3, 2021

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	No
2	Catherine Decker, Pharm. D.	Yes
3	Kevin Iazard, M.D.	Yes
4	Steve Maike, RPh	Yes
5	William E. Raduege, M.D.	Yes
6	Robert Rohloff, M.D	No
7	Alicia Walker, Pharm. D.	Yes
8	Michael Witkovsky, M.D.	Yes

****This meeting is traditionally in-person, but was held via webinar on November 3, 2021, given the ongoing COVID-19 public health emergency***

NOVEMBER 2021 THERAPEUTIC DRUG CLASSES

ALZHEIMER'S AGENTS
ANTICONVULSANTS
ANTIDEPRESSANTS, OTHER
ANTIDEPRESSANTS, SSRI's
ANTIHISTAMINES, MINIMALLY SEDATING
ANTIHYPERTENSIVES, SYMPATHOLYTIC
ANTIHYPERTENSIVES, ORAL
ANTIPARKINSON'S AGENTS
ANTIPSORIATICS, ORAL
ANTIPSORIATICS, TOPICAL
ANTIPSYCHOTICS
ANXIOLYTICS
BILE SALTS
BRONCHODILATORS, BETA AGONIST
COPD AGENTS
COUGH AND COLD/NARCOTICS
CYTOKINE AND CAM ANTAGONISTS
EPINEPHRINE, SELF-INJECTED
ERYTHROPOIESIS STIMULATING PROTEINS
GLUCOCORTICOID, INHALED
GLUCOCORTICOID, ORAL
HISTAMINE II RECEPTOR BLOCKERS
IMMUNOMODULATORS, ASTHMA – *Potential New Class*
IMMUNOMODULATORS FOR ATOPIC DERMATITIS
IMMUNOMODULATORS, TOPICAL
INTRANASAL RHINITIS AGENTS
LEUKOTRIENE MODIFIERS
METHOTREXATE
MOVEMENT DISORDERS
NEUROPATHIC PAIN (ANALGESICS/ANESTHETICS TOPICAL AND FIBROMYALGIA)
NSAIDS
OPHTHALMIC ANTIBIOTICS
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS
OPHTHALMIC ANTIINFLAMMATORIES
OPHTHALMIC ANTIINFLAMMATORIES/IMMUNOMODULATORS
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS
OPHTHALMICS, GLAUCOMA AGENTS
OTIC ANTIBIOTICS
OTIC ANTI-INFECTIVES
SEDATIVE HYPNOTICS
SICKLE CELL ANEMIA TREATMENTS – *Potential New Class*
STEROIDS, TOPICAL-HIGH POTENCY
STEROIDS, TOPICAL-LOW POTENCY
STEROIDS, TOPICAL-MEDIUM POTENCY
STEROIDS, TOPICAL-VERY HIGH POTENCY
STIMULANTS AND RELATED AGENTS

Recommendations Summary:

The following drug classes presented for review had no recommended changes since the November 4, 2020, Wisconsin Medicaid Pharmacy PA Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

Drug Classes included in the committee block vote:

- Alzheimer's Agents
- Antidepressants, Other
- Antidepressants, SSRIs
- Antihistamines, Minimally Sedating
- Antihypertensives, Sympatholytics
- Antipsoriatics, Oral
- Antipsoriatics, Topical
- Anxiolytics
- COPD Agents
- Cough and Cold, Narcotics
- Erythropoiesis Stimulating Proteins
- Histamine II Receptor Blocker
- Immunomodulators, Atopic Dermatitis
- Immunomodulators, Topical
- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Movement Disorders
- Ophthalmic Antibiotic-Steroid Combinations
- Ophthalmic Antibiotics
- Otic Antibiotics
- Otic Anti-Infectives & Anesthetics
- Steroids, Topical High
- Steroids, Topical Low
- Steroids, Topical Medium

- Discussion:
 - Immunomodulators, Atopic Dermatitis: Kelsey Brundage noted that during the closed session, the Committee discussed the safety concerns that were mentioned during the public testimony in the morning session. The Department acknowledges and confirms the current Prior Authorization process allows for flexible considerations of these safety concerns and feels comfortable maintaining Dupixent as a non-preferred product in this class.

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

The following drug classes presented for review had recommended changes since the November 4, 2020, Wisconsin Medicaid Pharmacy PA 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:

- Anticonvulsants
- Antihyperuricemics
- Antiparkinson's Agents
- Antipsychotics
- Bile Salts
- Bronchodilators, Beta Agonist
- Cytokine and Cam Antagonists
- Epinephrine, Self-Injected
- Glucocorticoids, Inhaled
- Glucocorticoids, Oral
- Immunomodulators, Asthma (New Drug Class)
- Methotrexate
- Neuropathic Pain (Analgesics/Anesthetics, Topical and Fibromyalgia)
- NSAIDS
- Ophthalmics, Anti-Inflammatories
- Ophthalmics, Anti-Inflammatory/Immunomodulator
- Ophthalmics For Allergic Conjunctivitis
- Ophthalmics, Glaucoma Agents
- Sedative Hypnotics
- Sickle Cell Anemia Treatments (New Drug Class)
- Steroids, Topical Very High
- Stimulants and Related Agents

- Discussion:
 - Cytokine and CAM Antagonists: Kelsey Brundage stated the Committee acknowledged the testimony by Dr. Alvin Wells in the morning session about the limited availability of Actemra given its use with COVID-19 patients. Actemra is currently a non-preferred product, and therefore the Prior Authorization process to get access to other non-preferred products is not impacted or changed by the availability of Actemra.
 - Sickle Cell Anemia Treatments: Kelsey Brundage acknowledged the testimony in the morning session regarding the Sickle Cell Anemia Treatments class and affirmed the Department understands the importance of ensuring access to sickle cell anemia treatments and engaging with practitioners who work closely with these patients to ensure they have continued access to appropriate therapies.
 - Stimulants and Related Agents: Kelsey Brundage stated Committee members and the Department expressed interest in the new agents in this class, Azstarys and Qelbree. The new products will be added to the Preferred Drug List as non-

preferred products, but the Department will continue to monitor their impact on the Medicaid population.

- Steve Maiké made a motion to accept staff recommendations as presented
 - Second – Catherine Decker
 - All members were in favor of the motion
 - Motion passed

Wisconsin Medicaid ANTICONVULSANTS		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATI ONS	STATE MODIFICATIO NS	SECRETARY MODIFICATIONS
CLONAZEPAM (ORAL)	20.0%	P	P			
PHENOBARBITAL TABLET (ORAL)	0.7%	P	P			
CLONAZEPAM ODT (ORAL)	0.2%	NP	NP			
PHENOBARBITAL ELIXIR (ORAL)	0.2%	P	P			
DIASAT (RECTAL)	0.0%	P	P			
DIASAT ACUDIAL (RECTAL)	0.0%	P	P			
DIAZEPAM DEVICE (AG) (RECTAL)	0.4%	P	NP			
DIAZEPAM (AG) (RECTAL)	0.0%	P	NP			
VALTOCO (NASAL)	0.1%	NP	NP			
NAYZLAM (NASAL)	0.2%	NP	NP			
TRILEPTAL SUSPENSION (ORAL)	0.0%	NP	NP			
TEGRETOL XR (ORAL)	0.7%	P	P			
CARBATROL (ORAL)	0.7%	P	P			
TEGRETOL SUSPENSION (ORAL)	0.1%	P	P			
TEGRETOL TABLET (ORAL)	1.0%	P	P			
OXCARBAZEPINE TABLETS (ORAL)	4.2%	P	P			
CARBAMAZEPINE TABLET (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE CHEWABLE TABLET (ORAL)	0.3%	P	P			
EQUETRO (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE SUSPENSION (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE XR (AG) (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE XR (ORAL)	0.0%	NP	NP			
OXCARBAZEPINE SUSPENSION (ORAL)	0.5%	P	P			
OXTELLAR XR (ORAL)	0.2%	NP	NP			
CARBAMAZEPINE ER (GENERIC CARBATROL) (ORAL)	0.0%	NP	NP			
APTIOM (ORAL)	0.1%	NP	NP			
FELBATOL TABLET (ORAL)	0.3%	P	P			
FELBATOL SUSPENSION (ORAL)	0.2%	P	P			
DEPAKOTE SPRINKLE (ORAL)	1.3%	P	P			
PHENYTOIN SUSPENSION (AG) (ORAL)	0.0%	P	P			
DIVALPROEX TABLET (ORAL)	4.2%	P	P			
VALPROIC ACID SOLUTION (ORAL)	0.8%	P	P			
PRIMIDONE (ORAL)	0.7%	P	P			
DILANTIN INFATAB (ORAL)	0.0%	P	P			
DIVALPROEX ER (ORAL)	5.9%	P	P			
PHENYTOIN SUSPENSION (ORAL)	0.0%	P	P			
PHENYTOIN CAPSULE (ORAL)	0.7%	P	P			
ETHOSUXIMIDE CAPSULE (AG) (ORAL)	0.0%	P	P			
VALPROIC ACID CAPSULE (ORAL)	0.1%	P	P			
PHENYTOIN CHEWABLE TABLET (ORAL)	0.1%	P	P			
PHENYTEK (ORAL)	0.0%	NP	NP			
CELONTIN (ORAL)	0.0%	P	P			
DILANTIN 30 MG CAPSULE (ORAL)	0.0%	P	P			
ETHOSUXIMIDE CAPSULE (ORAL)	0.2%	P	P			
PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)	0.1%	P	P			
ETHOSUXIMIDE SYRUP (ORAL)	0.2%	P	P			
DIVALPROEX SPRINKLE (ORAL)	0.0%	NP	NP			
FELBAMATE TABLET (ORAL)	0.0%	NP	NP			
FELBAMATE SUSPENSION (ORAL)	0.0%	NP	NP			
LAMICTAL XR DOSE PACK (ORAL)	0.0%	NP	NP			
LAMICTAL XR (ORAL)	0.1%	NP	NP			
LAMICTAL ODT (ORAL)	0.0%	NP	NP			
LAMICTAL ODT DOSE PACK (ORAL)	0.0%	NP	NP			
LAMICTAL TABLET DOSE PACK (ORAL)	0.0%	P	P			
QUDEXY XR (ORAL)	0.0%	NP	NP			
TOPIRAMATE TABLETS (ORAL)	13.0%	P	P			
LAMOTRIGINE TABLET (ORAL)	22.9%	P	P			
LEVETIRACETAM SOLUTION (ORAL)	2.5%	P	P			
LEVETIRACETAM TABLETS (ORAL)	7.4%	P	P			
ZONISAMIDE (ORAL)	1.9%	P	P			
CLOBAZAM TABLET (ORAL)	0.9%	P	P			
GABITRIL (ORAL)	0.0%	P	P			
LEVE TIRACETAM ER (ORAL)	0.5%	P	P			
LAMOTRIGINE DISPERSIBLE TABLET (ORAL)	0.5%	P	P			
TOPIRAMATE SPRINKLE (ORAL)	0.3%	P	P			
CLOBAZAM SUSPENSION (ORAL)	0.5%	P	P			
BANZEL TABLET (ORAL)	0.1%	NP	NP			
LAMOTRIGINE XR (ORAL)	1.0%	P	P			
TOPIRAMATE ER (QUDEXY) (AG) (ORAL)	0.1%	NP	NP			
SPRITAM (ORAL)	0.0%	NP	NP			
VIMPAT SOLUTION (ORAL)	0.3%	NP	NP			
LAMOTRIGINE ODT DOSE PACK (ORAL)	0.0%	NP	NP			
VIMPAT TABLET (ORAL)	1.6%	NP	NP			
XCOPRI TITRATION PAK (ORAL)	0.0%	NP	NP			
TIAGABINE (ORAL)	0.0%	NP	NP			
FYCOMPA TABLET (ORAL)	0.2%	NP	NP			
BANZEL SUSPENSION (ORAL)	0.0%	NP	NP			
LAMOTRIGINE TABLET DOSE PACK (ORAL)	0.0%	P	P			
LAMOTRIGINE ODT (ORAL)	0.1%	NP	NP			
TROKENDI XR (ORAL)	0.3%	NP	NP			
FYCOMPA SUSPENSION (ORAL)	0.0%	NP	NP			
XCOPRI TABLET (ORAL)	0.0%	NP	NP			
SYMPAZAN (ORAL)	0.0%	NP	NP			
TOPIRAMATE ER (QUDEXY) (ORAL)	0.0%	NR	NP			
BRVIACT TABLET (ORAL)	0.3%	NP	NP			
RUFINAMIDE TABLET (ORAL)	0.0%	NR	NP			
ELEPSIA XR TABLET (ORAL)	0.0%	NR	NP			
BRVIACT SOLUTION (ORAL)	0.0%	NP	NP			
EPIDIOLEX (ORAL)	0.5%	NP	NP			
SABRL POWDER PACK (ORAL)	0.1%	P	P			
DIACOMIT CAPSULE (ORAL)	0.0%	NP	NP			
SABRL TABLET (ORAL)	0.0%	P	P			
DIACOMIT POWDER PACK (ORAL)	0.0%	NP	NP			
RUFINAMIDE SUSPENSION (ORAL)	0.0%	NR	NP			
FINTEPLA (ORAL)	0.0%	NP	NP			
VIGABATRIN POWDER PACK (ORAL)	0.0%	NP	NP			
VIGABATRIN TABLET (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANTIHYPERTENSIVES		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
COLCRYS (ORAL)		0.0%	NP	P			
ALLOPURINOL (ORAL)		83.6%	P	P			
COLCHICINE TABLET (ORAL)		0.3%	NP	NP			
FEBUXOSTAT (ORAL)		0.0%	NP	NP			
COLCHICINE TABLET (AG) (ORAL)		0.1%	NP	NP			
MITIGARE (ORAL)		11.0%	P	NP			
MITIGARE (ORAL)		0.0%	P	Alternate			
PROBENECID / COLCHICINE (ORAL)		1.8%	P	P			
PROBENECID (ORAL)		0.7%	P	P			
COLCHICINE CAPSULE (AG) (ORAL)		0.0%	NP	NP			
ULORIC (ORAL)		2.5%	NP	NP			
GLOPERBA (ORAL)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANTIPARKINSON'S AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AZILECT (ORAL)		0.0%	NP	NP			
ZELAPAR (ORAL)		0.0%	NP	NP			
AMANTADINE SYRUP (ORAL)		0.5%	P	P			
ROPINIROLE (ORAL)		26.1%	P	P			
PRAMIPEXOLE (ORAL)		16.7%	P	P			
BENZTROPINE (ORAL)		34.8%	P	P			
TRIHEXYPHENIDYL TABLET (ORAL)		5.2%	P	P			
CARBIDOPA / LEVODOPA (ORAL)		7.3%	P	P			
AMANTADINE CAPSULE (ORAL)		3.1%	P	P			
CARBIDOPA / LEVODOPA ER (ORAL)		1.7%	P	P			
AMANTADINE TABLET (ORAL)		2.2%	P	P			
TRIHEXYPHENIDYL ELIXIR (ORAL)		0.2%	P	P			
SELEGILINE TABLET (ORAL)		0.0%	P	P			
ENTACAPONE (ORAL)		0.1%	NP	NP			
CARBIDOPA / LEVODOPA ODT (ORAL)		0.1%	P	P			
NEUPRO (TRANSDERM)		0.4%	NP	NP			
SELEGILINE CAPSULE (ORAL)		0.1%	P	P			
RASAGILINE (ORAL)		0.1%	NP	NP			
ROPINIROLE ER (ORAL)		0.2%	NP	NP			
CARBIDOPA/LEVODOPA/ENTACAPONE (ORAL)		0.1%	P	P			
BROMOCRIPTINE (ORAL)		0.8%	P	P			
OSMOLEX ER (ORAL)		0.0%	NP	NP			
RYTARY (ORAL)		0.3%	NP	NP			
CARBIDOPA (ORAL)		0.0%	P	P			
ONGENTYS (ORAL)		0.0%	NR	NP			
STALEVO (ORAL)		0.0%	NP	NP			
INBRUJA (INHALATION)		0.0%	NP	NP			
XADAGO (ORAL)		0.0%	NP	NP			
PRAMIPEXOLE ER (ORAL)		0.0%	NP	NP			
NOURIANZ (ORAL)		0.0%	NP	NP			
KYNMOBI (SUBLINGUAL)		0.0%	NP	NP			
GOCOVRI (ORAL)		0.0%	NP	NP			
TOLCAPONE (ORAL)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANTIPSYCHOTICS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
SAPHRIS (SUBLINGUAL)		0.3%	NP	NP			
RISPERIDONE TABLET (ORAL)		11.8%	P	P			
QUETIAPINE TABLETS (ORAL)		26.0%	P	P			
OLANZAPINE TABLET (ORAL)		8.7%	P	P			
ARIPIRAZOLE TABLET (ORAL)		20.1%	P	P			
QUETIAPINE ER (ORAL)		1.8%	P	P			
ZIPRASIDONE CAPSULE (ORAL)		3.6%	P	P			
OLANZAPINE ODT (ORAL)		0.6%	P	P			
RISPERIDONE SOLUTION (ORAL)		0.4%	P	P			
CLOZAPINE (ORAL)		2.0%	P	P			
CLOZAPINE (AG) (ORAL)		0.0%	P	P			
LATUDA (ORAL)		6.6%	P	P			
RISPERIDONE ODT (ORAL)		0.3%	P	P			
ASENAPINE (AG) (SUBLINGUAL)		0.0%	NR	NP			
ASENAPINE (SUBLINGUAL)		0.0%	NR	NP			
ARIPIRAZOLE SOLUTION (ORAL)		0.2%	P	P			
PALIPERIDONE (AG) (ORAL)		0.0%	NP	NP			
PALIPERIDONE (ORAL)		1.2%	NP	NP			
FANAPT TABLET (ORAL)		0.1%	NP	NP			
CLOZAPINE ODT (ORAL)		0.1%	NP	NP			
VRAYLAR (ORAL)		4.3%	P	P			
REXULTI (ORAL)		1.3%	NP	NP			
VRAYLAR (ORAL)		0.0%	P	Alternate			
SECUADO (TRANSDERMAL)		0.0%	NP	NP			
CLOZAPINE ODT (AG) (ORAL)		0.0%	NP	NP			
CAPLYTA (ORAL)		0.2%	NP	NP			
ABILIFY MYCITE (ORAL)		0.0%	NP	NP			
ARIPIRAZOLE ODT (ORAL)		0.1%	P	P			
NUPLAZID CAPSULE (ORAL)		0.0%	NP	NP			
VERSACLOZ (ORAL)		0.0%	NP	NP			
NUPLAZID TABLET (ORAL)		0.0%	NP	NP			
SYMBYAX (ORAL)		0.0%	NP	NP			
OLANZAPINE/FLUOXETINE (ORAL)		0.0%	NP	NP			
HALDOL DECANOATE (INTRAMUSC)		0.0%	P	P			
HALOPERIDOL DECANOATE (INJECTION)		0.9%	P	P			
FLUPHENAZINE DECANOATE (INJECTION)		0.3%	P	P			
RISPERDAL CONSTA (INTRAMUSC)		0.7%	P	P			
PERSERIS (SUBCUTANEOUS)		0.0%	P	P			
INVEGA SUSTENNA (INTRAMUSC)		2.1%	P	P			
ARISTADA INITIO (INTRAMUSC)		0.0%	P	P			
ABILIFY MAINTENA (INTRAMUSC.)		1.0%	P	P			
ZYPREXA RELPREVV (INTRAMUSC)		0.0%	P	P			
ARISTADA (INTRAMUSC)		0.8%	P	P			
INVEGA TRINZA (INTRAMUSC)		0.2%	P	P			
ZIPRASIDONE (INTRAMUSC)		0.0%	NP	NP			
HALOPERIDOL LACTATE CONC (ORAL)		0.1%	P	P			
PERPHENAZINE (ORAL)		0.2%	P	P			
HALOPERIDOL (ORAL)		2.4%	P	P			
LOXAPINE (ORAL)		0.2%	P	P			
TRIFLUOPERAZINE (ORAL)		0.1%	P	P			
THIORIDAZINE (ORAL)		0.0%	NP	NP			
THIOTHIXENE (ORAL)		0.1%	P	P			
PIMOZIDE (ORAL)		0.1%	P	P			
ADASUVE (INHALATION)		0.0%	NP	NP			
AMITRIPTYLINE / PERPHENAZINE (ORAL)		0.0%	P	P			
FLUPHENAZINE TABLET (ORAL)		0.6%	P	P			
CHLORPROMAZINE (ORAL)		0.4%	P	P			
MOLINDONE (ORAL)		0.0%	NP	NP			
FLUPHENAZINE ELIXIR/SOLN (ORAL)		0.0%	P	P			

Wisconsin Medicaid		Recommendations					
BILE SALTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
URSODIOL 300 MG CAPSULE (ORAL)		72.0%	P	P			
URSODIOL TABLET (ORAL)		26.0%	P	P			
RELTONE (ORAL)		0.0%	NR	NP			
OALIVA (ORAL)		1.3%	NP	NP			
CHOLBAM (ORAL)		0.4%	NP	NP			
BYLVAY CAPSULE (ORAL)		0.0%	NR	NP			
CHENODAL (ORAL)		0.4%	NP	NP			
BYLVAY PELLETT (ORAL)		0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
BRONCHODILATORS, BETA AGONIST		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
SEREVENT (INHALATION)		0.2%	P	P			
STRIVERDI RESPIMAT (INHALATION)		0.0%	NP	NP			
ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)		7.9%	P	P			
ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)		0.1%	P	P			
ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)		0.0%	P	P			
ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)		0.7%	P	P			
LEVALBUTEROL NEB SOLN (INHALATION)		0.1%	NP	NP			
LEVALBUTEROL NEB SOLN CONC (INHALATION)		0.0%	NP	NP			
METAPROTERENOL SYRUP (ORAL)		0.0%	NP	NP			
ALBUTEROL SYRUP (ORAL)		0.1%	P	P			
ALBUTEROL ER (ORAL)		0.0%	P	P			
ALBUTEROL TABLET (ORAL)		0.0%	P	P			
TERBUTALINE (AG) (ORAL)		0.0%	P	P			
TERBUTALINE (ORAL)		0.0%	P	P			
FORMOTEROL (AG) (INHALATION)		0.0%	NR	NP			
BROVANA (INHALATION)		0.0%	NP	NP			
PERFORMIST (INHALATION)		0.1%	NP	NP			
ARFORMOTEROL (INHALATION)		0.0%	NR	NP			
FORMOTEROL (INHALATION)		0.0%	NR	NP			
ARFORMOTEROL (AG) (INHALATION)		0.0%	NR	NP			
ALBUTEROL HFA (PROAIR) (INHALATION)		10.2%	P	P			
PROAIR HFA (INHALATION)		11.3%	P	P			
VENTOLIN HFA (INHALATION)		1.7%	P	P			
PROAIR RESPICLICK (INHALATION)		0.0%	NP	NP			
PROAIR DIGHALER (INHALATION)		0.0%	NP	NP			
ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)		1.4%	P	P			
ALBUTEROL HFA (PROAIR) (AG) (INHALATION)		37.9%	P	P			
ALBUTEROL HFA (PROVENTIL) (INHALATION)		5.8%	P	P			
ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)		22.1%	P	P			
LEVALBUTEROL HFA (AG) (INHALATION)		0.3%	NP	NP			
XOPENEX HFA (INHALATION)		0.1%	NP	NP			
PROVENTIL HFA (INHALATION)		0.1%	NP	NP			

Wisconsin Medicaid		Recommendations					
CYTOKINE AND CAM ANTAGONISTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
XELJANZ (ORAL)		2.4%	NP	P			
OTEZLA (ORAL)		9.3%	P	P			
ENBREL KIT (INJECTION)		0.1%	P	P			
ENBREL PEN (INJECTION)		9.4%	P	P			
ENBREL SYRINGE (INJECTION)		1.5%	P	P			
ENBREL MINI CARTRIDGE (SUBCUTANE.)		1.0%	P	P			
ENBREL VIAL (SUBCUTANEOUS)		0.1%	P	P			
KINERET (INJECTION)		0.3%	NP	NP			
ORENCIA SYRINGE (SUBCUTANE.)		0.5%	NP	P			
ORENCIA CLICKJECT (SUBCUTANE.)		1.6%	NP	P			
HUMIRA KIT (INJECTION)		4.3%	P	P			
HUMIRA PEN KIT (INJECTION)		48.9%	P	P			
XELJANZ XR (ORAL)		0.4%	NP	NP			
CIMZIA SYRINGE KIT (INJECTION)		1.9%	NP	NP			
SIMPONI PEN INJECTOR (INJECTION)		0.5%	NP	NP			
SIMPONI SYRINGE (INJECTION)		0.0%	NP	NP			
XELJANZ SOLUTION (ORAL)		0.0%	NR	NP			
KEVZARA SYRINGE (SUBCUTANEOUS)		0.0%	NP	NP			
KEVZARA PEN (SUBCUTANEOUS)		0.1%	NP	NP			
ACTEMRA SYRINGE (SUBCUTANE.)		0.7%	NP	NP			
OLUMIANT (ORAL)		0.3%	NP	NP			
TALTZ SYRINGE (SUBCUTANE.)		0.2%	NP	NP			
ACTEMRA PEN (SUBCUTANEOUS)		1.0%	NP	NP			
TALTZ AUTOINJECTOR (SUBCUTANE.)		2.3%	NP	NP			
SILIQ (SUBCUTANE.)		0.1%	NP	NP			
COSENTYX PEN INJECTOR (SUBCUTANE.)		4.7%	NP	NP			
CIMZIA KIT (INJECTION)		0.0%	NP	NP			
COSENTYX SYRINGE (SUBCUTANE.)		0.2%	NP	NP			
RINVOQ ER (ORAL)		1.8%	NP	NP			
TREMFYA AUTOINJECTOR (SUBCUTANE.)		0.6%	NP	NP			
TREMFYA SYRINGE (SUBCUTANE.)		0.3%	NP	NP			
STELARA VIAL (INJECTION)		0.1%	NP	NP			
STELARA SYRINGE (INJECTION)		4.6%	NP	NP			
ENSPRYNG (SUBCUTANEOUS)		0.0%	NP	NP			
SKYRZI PEN (SUBCUTANEOUS)		0.0%	NR	NP			
SKYRZI SYRINGE (SUBCUTANEOUS)		0.9%	NP	NP			

Wisconsin Medicaid		Recommendations				
EPINEPHRINE, SELF-INJECTED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SYMJEPI (INJECTION)	0.2%	NP	NP			
EPIPEN JR (INTRAMUSC)	0.0%	NP	P			
EPIPEN (INTRAMUSC)	0.0%	NP	P			
EPINEPHRINE 0.15 MG (EPIPEN JR) (AG) (INJECTION)	14.9%	P	P			
EPINEPHRINE 0.3 MG (EPIPEN) (AG) (INJECTION)	84.8%	P	P			
EPINEPHRINE 0.3 MG (ADRENACLICK) (AG) (INJECTION)	0.0%	NP	NP			
EPINEPHRINE 0.3 MG (EPIPEN) (INJECTION)	0.1%	NP	NP			
EPINEPHRINE 0.15 MG (EPIPEN JR) (INJECTION)	0.0%	NP	NP			
EPINEPHRINE 0.15 MG (ADRENACLICK) (AG) (INJECTION)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
GLUCOCORTICIDS, INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ASMANEX (INHALATION)	1.0%	P	P			
ADVAIR DISKUS (INHALATION)	29.2%	P	P			
SYMBICORT (INHALATION)	28.6%	P	P			
ADVAIR HFA (INHALATION)	4.0%	P	P			
DULERA (INHALATION)	5.6%	P	P			
PULMICORT FLEXHALER (INHALATION)	1.6%	P	P			
FLOVENT HFA (INHALATION)	22.9%	P	P			
FLOVENT DISKUS (INHALATION)	0.4%	P	P			
AIRDUO RESPICLICK (INHALATION)	0.0%	NP	NP			
ARNUTY ELLIPTA (INHALATION)	0.1%	NP	NP			
QVAR REDHALER (INHALATION)	0.3%	NP	NP			
ASMANEX HFA (INHALATION)	0.0%	NP	NP			
BREO ELLIPTA (INHALATION)	1.2%	NP	NP			
FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)	0.0%	NP	NP			
FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION)	0.0%	NP	NP			
BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)	2.8%	P	P			
ALVESCO (INHALATION)	0.1%	NP	NP			
FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION)	0.0%	NP	NP			
ARMONAIR DIGIHALER (INHALATION)	0.0%	NR	NP			
TRELEGY ELLIPTA (INHALATION)	1.7%	NP	NP			
BUDESONIDE/FORMOTEROL (AG) (INHALATION)	0.0%	NP	NP			
BREZTRI AEROSPHERE (INHALATION)	0.1%	NP	NP			
AIRDUO DIGIHALER (INHALATION)	0.0%	NP	NP			
BUDESONIDE 1 MG RESPULES (INHALATION)	0.4%	P	P			

Wisconsin Medicaid		Recommendations				
GLUCOCORTICIDS, ORAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PREDNISOLONE SOLUTION (ORAL)	3.5%	P	P			
RAYOS TABLET DR (ORAL)	0.0%	NP	NP			
PREDNISONE TABLET (ORAL)	67.4%	P	P			
METHYLPREDNISOLONE TAB DS PK (ORAL)	13.5%	P	P			
DEXAMETHASONE TABLET (ORAL)	6.0%	P	P			
PREDNISOLONE SODIUM PHOSPHATE (ORAL)	3.9%	P	P			
MEDROL TABLET (ORAL)	0.0%	NP	NP			
METHYLPREDNISOLONE 4 MG TABLET (ORAL)	0.4%	P	P			
DEXAMETHASONE SOLUTION (ORAL)	0.2%	P	P			
HYDROCORTISONE (ORAL)	2.4%	P	P			
DEXAMETHASONE ELIXIR (ORAL)	0.2%	P	P			
PREDNISONE TAB DS PK (ORAL)	0.0%	P	P			
DEXAMETHASONE INTENSOL (ORAL)	0.4%	P	P			
METHYLPREDNISOLONE 32 MG TABLET (ORAL)	0.2%	P	P			
METHYLPREDNISOLONE 16 MG TABLET (ORAL)	0.0%	P	P			
METHYLPREDNISOLONE 8 MG TABLET (ORAL)	0.0%	P	P			
BUDESONIDE EC (ORAL)	1.4%	P	P			
PREDNISOLONE SODIUM PHOSPHATE ODT (ORAL)	0.0%	P	P			
PREDNISONE SOLUTION (ORAL)	0.2%	P	P			
PREDNISOLONE SODIUM PHOSPHATE ODT (AG) (ORAL)	0.1%	P	P			
DEXAMETHASONE TAB DS PK (ORAL)	0.0%	NP	NP			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (MILLIPRED) (ORAL)	0.0%	NP	NP			
TAPERDEX (ORAL)	0.0%	NP	NP			
PREDNISONE INTENSOL (ORAL)	0.0%	P	P			
MILLIPRED DP TAB DS PK (ORAL)	0.0%	NP	NP			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (VERIPRED) (ORAL)	0.0%	NP	NP			
MILLIPRED TABLET (ORAL)	0.0%	NP	NP			
ORTIKOS CAPSULE ER (ORAL)	0.0%	NP	NP			
HEMADY (ORAL)	0.0%	NR	NP			
ALKINDI SPRINKLE (ORAL)	0.0%	NR	NP			
EMFLAZA SUSPENSION (ORAL)	0.1%	NP	NP			
EMFLAZA TABLET (ORAL)	0.1%	NP	NP			

Wisconsin Medicaid		Recommendations				
IMMUNOMODULATORS, ASTHMA						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
XOLAIR SYRINGE (SUB-Q)	0.0%	NR	Alternate			
XOLAIR SYRINGE (SUB-Q)	45.1%	NR	P			
XOLAIR VIAL (SUB-Q)	21.1%	NR	P			
NUCALA SYRINGE (SUBCUTANEOUS)	1.6%	NR	NP			
NUCALA AUTO-INJECTOR (SUBCUTANEOUS)	12.6%	NR	NP			
FASENRA SYRINGE (SUBCUTANEOUS)	0.0%	NR	P			
NUCALA VIAL (SUBCUTANEOUS)	0.0%	NR	NP			
FASENRA PEN (SUBCUTANEOUS)	19.6%	NR	P			

Wisconsin Medicaid		Recommendations				
METHOTREXATE						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METHOTREXATE VIAL (INJECTION)	7.5%	P	P			
METHOTREXATE PF VIAL (INJECTION)	7.8%	P	P			
METHOTREXATE TABLET (ORAL)	82.5%	P	P			
TREXALL TABLET (ORAL)	0.0%	NP	NP			
REDITREX SYRINGE (SUBCUT.)	0.0%	NR	NP			
RASUVO AUTO INJECTOR (SUBCUT.)	1.2%	NP	NP			
OTREXUP AUTO INJECTOR (SUBCUT.)	0.8%	NP	NP			

Wisconsin Medicaid		Recommendations				
NEUROPATHIC PAIN						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LYRICA CAPSULE (ORAL)	0.5%	P	P			
SAVELLA (ORAL)	0.5%	P	P			
HORIZANT (ORAL)	0.0%	NP	NP			
SAVELLA DOSE PACK (ORAL)	0.0%	P	P			
LYRICA SOLUTION (ORAL)	0.0%	P	P			
CAPSAICIN OTC (TOPICAL)	0.3%	P	P			
GABAPENTIN CAPSULE (ORAL)	40.9%	P	P			
PREGABALIN CAPSULE (AG) (ORAL)	0.3%	P	P			
DULOXETINE (CYMBALTA) (ORAL)	22.2%	P	P			
PREGABALIN CAPSULE (ORAL)	12.4%	P	P			
GABAPENTIN TABLET (ORAL)	14.2%	P	P			
PREGABALIN SOLUTION (AG) (ORAL)	0.0%	P	P			
GABAPENTIN SOLUTION (AG) (ORAL)	0.0%	P	P			
GABAPENTIN SOLUTION (ORAL)	0.6%	P	P			
LIDOCAINE (AG) (TOPICAL)	1.0%	P	P			
PREGABALIN SOLUTION (ORAL)	0.0%	P	P			
LIDOCAINE (TOPICAL)	6.9%	P	P			
LYRICA CR (ORAL)	0.0%	NP	NP			
ZTLIDO (TOPICAL)	0.0%	NP	Alternate			
ZTLIDO (TOPICAL)	0.0%	NP	NP			
DULOXETINE (IRENKA) (ORAL)	0.0%	NP	NP			
DRIZALMA SPRINKLE (ORAL)	0.0%	NP	NP			
GRALISE (ORAL)	0.0%	NP	NP			
PREGABALIN ER (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid		Recommendations				
NSAIDS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DUEXIS (ORAL)	0.0%	NP	NP			
PENNSAID PUMP (TOPICAL)	0.0%	NP	NP			
VIMOVO (ORAL)	0.0%	NP	NP			
OXAPROZIN (ORAL)	0.0%	NP	NP			
ZIPSOR (ORAL)	0.0%	NP	NP			
ARTHROTEC (ORAL)	0.0%	NP	NP			
MELOXICAM TABLET (ORAL)	15.3%	P	P			
IBUPROFEN TABLET OTC (ORAL)	1.6%	P	P			
ZORVOLEX (ORAL)	0.0%	NP	NP			
IBUPROFEN CAPSULE OTC (ORAL)	0.0%	P	P			
NAPROXEN SODIUM OTC (ORAL)	0.4%	P	P			
IBUPROFEN TABLET (ORAL)	32.2%	P	P			
IBUPROFEN SUSPENSION OTC (ORAL)	2.5%	P	P			
NAPROXEN TABLET (ORAL)	12.6%	P	P			
DICLOFENAC SODIUM GEL OTC (TOPICAL)	0.1%	P	P			
INDOMETHACIN CAPSULE (ORAL)	1.4%	P	P			
DICLOFENAC SODIUM (ORAL)	8.2%	P	P			
IBUPROFEN DROPS SUSPENSION OTC (ORAL)	0.0%	P	P			
SULINDAC (ORAL)	0.2%	P	P			
CELECOXIB (ORAL)	4.5%	P	P			
IBUPROFEN SUSPENSION (ORAL)	5.5%	P	P			
CELECOXIB (AG) (ORAL)	0.1%	P	P			
IBUPROFEN TAB CHEW OTC (ORAL)	0.0%	P	P			
KETOPROFEN (ORAL)	0.0%	NP	NP			
FLURBIPROFEN (ORAL)	0.1%	P	P			
KETOROLAC (ORAL)	2.5%	P	P			
DICLOFENAC GEL (TOPICAL)	10.7%	P	P			
DICLOFENAC SOLUTION (TOPICAL)	0.0%	NP	NP			
PIROXICAM (ORAL)	0.0%	NP	NP			
NAPROXEN SODIUM (ORAL)	0.0%	NP	NP			
NABUMETONE (ORAL)	1.1%	P	P			
DICLOFENAC POTASSIUM (ORAL)	0.6%	P	P			
INDOMETHACIN CAPSULE ER (ORAL)	0.0%	NP	NP			
ETODOLAC (ORAL)	0.1%	NP	NP			
DICLOFENAC SR (ORAL)	0.2%	P	P			
NAPROXEN EC (ORAL)	0.2%	P	P			
ETODOLAC TAB SR (ORAL)	0.0%	NP	NP			
DIFLUNISAL (ORAL)	0.0%	NP	NP			
INDOCIN (RECTAL)	0.0%	NP	NP			
MEFENAMIC ACID (ORAL)	0.0%	NP	NP			
TOLMETIN SODIUM TABLET (ORAL)	0.0%	NP	NP			
NAPRELAN (ORAL)	0.0%	NP	NP			
NAPROXEN EC (AG) (ORAL)	0.0%	NP	NP			
DICLOFENAC SODIUMMISOPROSTOL (ORAL)	0.0%	NP	NP			
NALFON (ORAL)	0.0%	NP	NP			
FLECTOR (TOPICAL)	0.0%	NP	NP			
SPRIX (NASAL)	0.0%	NP	NP			
DICLOFENAC PATCH (AG) (TRANSDERMAL)	0.0%	NP	NP			
FENOPROFEN (ORAL)	0.0%	NP	NP			
TOLMETIN SODIUM CAPSULE (ORAL)	0.0%	NP	NP			
MECLOFENAMATE (ORAL)	0.0%	NP	NP			
INDOCIN SUSPENSION (ORAL)	0.0%	NP	NP			
KETOPROFEN ER (ORAL)	0.0%	NP	NP			
FENOPROFEN (AG) (ORAL)	0.0%	NP	NP			
IBUPROFEN/FAMOTIDINE (ORAL)	0.0%	NR	NP			
NAPROXEN SUSPENSION (ORAL)	0.0%	NP	NP			
NAPROXEN CR (AG) (ORAL)	0.0%	NP	NP			
KETOROLAC (SPRIX) (AG) (NASAL)	0.0%	NP	NP			
VIVLODEX (ORAL)	0.0%	NP	NP			
NAPROXEN SUSPENSION (AG) (ORAL)	0.0%	NP	NP			
NAPROXEN CR (ORAL)	0.0%	NP	NP			
LICART PATCH (TRANSDERMAL)	0.0%	NP	NP			
NAPROXENESOMEPRAZOLE (AG) (ORAL)	0.0%	NP	NP			
MELOXICAM CAPSULE (ORAL)	0.0%	NR	NP			
NAPROXENESOMEPRAZOLE (ORAL)	0.0%	NP	NP			
NAPROSYN SUSPENSION (ORAL)	0.0%	NP	NP			
RELAFEN DS (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ALREX (OPHTHALMIC)	1.3%	P	P			
BEPREVE (OPHTHALMIC)	0.0%	NP	NP			
LASTACAPT (OPHTHALMIC)	0.0%	NP	NP			
BEPOTASTINE (AG) (OPHTHALMIC)	0.0%	NR	NP			
OLOPATADINE (PATANOL) (AG) (OPHTHALMIC)	0.3%	P	P			
OLOPATADINE (PATANOL) (OPHTHALMIC)	69.4%	P	P			
KETOTIFEN OTC (OPHTHALMIC)	24.2%	P	P			
AZELASTINE (OPHTHALMIC)	0.3%	NP	NP			
ZADITOR OTC (OPHTHALMIC)	1.1%	P	P			
OLOPATADINE DROPS (PATADAY) (OPHTHALMIC)	0.3%	NP	NP			
ZERVIAE (OPHTHALMIC)	0.0%	NP	NP			
EPINASTINE (OPHTHALMIC)	0.1%	NP	NP			
BEPOTASTINE (OPHTHALMIC)	0.1%	NR	NP			
CROMOLYN SODIUM (OPHTHALMIC)	3.0%	P	P			
ALOMIDE (OPHTHALMIC)	0.0%	NP	NP			
ALOCRIL (OPHTHALMIC)	0.0%	NP	NP			

Wisconsin Medicaid OPHTHALMICS, ANTI-INFLAMMATORIES		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ACUVAIL (OPHTHALMIC)	0.0%	NP	NP			
DICLOFENAC (OPHTHALMIC)	2.0%	P	P			
KETOROLAC (OPHTHALMIC)	16.0%	P	P			
FLURBIPROFEN (OPHTHALMIC)	0.1%	P	P			
NEVANAC (OPHTHALMIC)	0.0%	NP	NP			
ILEVRO (OPHTHALMIC)	1.1%	P	P			
PROLENSA (OPHTHALMIC)	0.3%	NP	NP			
KETOROLAC LS (OPHTHALMIC)	2.8%	P	P			
BROMFENAC (OPHTHALMIC)	0.0%	NP	NP			
BROMSITE (OPHTHALMIC)	0.0%	NP	NP			
LOTEMAX DROPS (OPHTHALMIC)	3.1%	P	P			
LOTEMAX OINTMENT (OPHTHALMIC)	0.0%	NP	NP			
FML (OPHTHALMIC)	0.0%	NP	NP			
PRED MILD (OPHTHALMIC)	0.0%	P	P			
FML FORTE (OPHTHALMIC)	0.3%	P	P			
FLAREX (OPHTHALMIC)	0.1%	P	P			
DUREZOL (OPHTHALMIC)	5.4%	P	P			
MAXIDEX (OPHTHALMIC)	0.6%	P	P			
FLUOROMETHOLONE (OPHTHALMIC)	8.8%	P	P			
LOTEMAX GEL (OPHTHALMIC)	0.1%	NP	NP			
FML S.O.P. (OPHTHALMIC)	0.0%	NP	NP			
PREDNISOLONE ACETATE (OPHTHALMIC)	56.2%	P	P			
PREDNISOLONE SOD PHOSPHATE (OPHTHALMIC)	0.0%	NP	NP			
DEXAMETHASONE (OPHTHALMIC)	2.8%	P	P			
INVELTYS (OPHTHALMIC)	0.0%	NP	NP			
LOTEPREDNOL DROPS (AG) (OPHTHALMIC)	0.0%	NP	NP			
LOTEPREDNOL GEL (AG) (OPHTHALMIC)	0.0%	NR	NP			
LOTEPREDNOL GEL (OPHTHALMIC)	0.0%	NR	NP			
LOTEPREDNOL DROPS (OPHTHALMIC)	0.0%	NP	NP			

Wisconsin Medicaid OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RESTASIS (OPHTHALMIC)	91.4%	P	P			
RESTASIS MULTIDOSE (OPHTHALMIC)	0.4%	NP	NP			
XIIDRA (OPHTHALMIC)	7.5%	NP	NP			
EYSUVIS (OPHTHALMIC)	0.2%	NR	NP			
CEQUA (OPHTHALMIC)	0.4%	NP	NP			

Wisconsin Medicaid		Recommendations					
OPHTHALMICS, GLAUCOMA AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
ALPHAGAN P 0.15% (OPHTHALMIC)		1.0%	P	P			
ALPHAGAN P 0.1% (OPHTHALMIC)		0.0%	NP	NP			
BRIMONIDINE 0.2% (OPHTHALMIC)		8.2%	P	P			
APRACLONIDINE (OPHTHALMIC)		0.1%	NP	NP			
IOPIDINE (OPHTHALMIC)		0.0%	NP	NP			
BRIMONIDINE P 0.15% (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (TIMOPTIC OCUDOSE) (AG) (OPHTHALMIC)		0.0%	NR	NP			
TIMOPTIC OCUDOSE (OPHTHALMIC)		0.1%	NP	NP			
ISTALOL (OPHTHALMIC)		0.0%	NP	NP			
COMBIGAN (OPHTHALMIC)		5.3%	P	P			
BETOPTIC S (OPHTHALMIC)		0.3%	P	P			
CARTEOLOL (OPHTHALMIC)		0.2%	P	P			
TIMOLOL (OPHTHALMIC)		13.0%	P	P			
LEVOBUNOLOL (OPHTHALMIC)		0.1%	P	P			
BETAXOLOL (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (ISTALOL) (AG) (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (ISTALOL) (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (TIMOPTIC OCUDOSE) (OPHTHALMIC)		0.1%	NR	NP			
AZOPT (OPHTHALMIC)		1.7%	P	P			
DORZOLAMIDE / TIMOLOL (OPHTHALMIC)		8.2%	P	P			
DORZOLAMIDE (OPHTHALMIC)		4.2%	P	P			
SIMBRINZA (OPHTHALMIC)		1.4%	P	P			
DORZOLAMIDE/TIMOLOL/PF DROPS (AG) (OPHTHALMIC)		0.1%	P	P			
BRINZOLAMIDE (AG) (OPHTHALMIC)		0.0%	NR	NP			
DORZOLAMIDE/TIMOLOL/PF DROPS (OPHTHALMIC)		0.2%	P	P			
COSOPT PF (OPHTHALMIC)		0.0%	NP	NP			
BRINZOLAMIDE (OPHTHALMIC)		0.0%	NR	NP			
PILOCARPINE (OPHTHALMIC)		0.6%	P	P			
LUMIGAN 7.5ML (OPHTHALMIC)		0.1%	NP	NP			
LUMIGAN 5ML (OPHTHALMIC)		0.1%	NP	NP			
TRAVATAN Z 5 ML (OPHTHALMIC)		1.6%	P	P			
LUMIGAN 2.5ML (OPHTHALMIC)		0.4%	NP	NP			
TRAVATAN Z 2.5 ML (OPHTHALMIC)		6.9%	P	P			
LATANOPROST 2.5 ML (OPHTHALMIC)		43.6%	P	P			
BIMATOPROST 2.5ML (OPHTHALMIC)		0.0%	NP	NP			
XELPROS (OPHTHALMIC)		0.0%	NP	NP			
TRAVOPROST 2.5 ML (AG) (OPHTHALMIC)		0.0%	NP	NP			
ZIOPTAN (OPHTHALMIC)		0.3%	NP	NP			
TRAVOPROST 5 ML (AG) (OPHTHALMIC)		0.0%	NP	NP			
BIMATOPROST 5ML (OPHTHALMIC)		0.0%	NP	NP			
VYZULTA (OPHTHALMIC)		0.3%	NP	NP			
TRAVOPROST 2.5 ML (OPHTHALMIC)		0.0%	NP	NP			
TRAVOPROST 5 ML (OPHTHALMIC)		0.0%	NP	NP			
BIMATOPROST 7.5ML (OPHTHALMIC)		0.0%	NP	NP			
RHOPRESSA (OPHTHALMIC)		1.4%	P	P			
ROCKLATAN (OPHTHALMIC)		0.3%	P	P			

Wisconsin Medicaid		Recommendations					
SEDATIVE HYPNOTICS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
ZOLPIDEM (ORAL)		64.2%	P	P			
TEMAZEPAM (AG) (ORAL)		0.1%	P	P			
TEMAZEPAM (ORAL)		9.6%	P	P			
ZALEPLON (ORAL)		2.9%	P	P			
ESZOPICLONE (ORAL)		9.3%	P	P			
ZOLPIDEM ER (ORAL)		4.3%	NP	NP			
FLURAZEPAM (ORAL)		0.1%	NP	NP			
ROZEREM (ORAL)		4.6%	P	P			
TRIAZOLAM (ORAL)		1.2%	P	P			
BELSOMRA (ORAL)		2.2%	NP	NP			
TEMAZEPAM 7.5 MG (ORAL)		0.0%	NP	NP			
ESTAZOLAM (ORAL)		0.2%	P	NP			
RAMELTEON (ORAL)		0.2%	NP	NP			
TEMAZEPAM 22.5 MG (ORAL)		0.0%	NP	NP			
EDLUAR (SUBLINGUAL)		0.0%	NP	NP			
DAYVIGO (ORAL)		0.7%	NP	NP			
DOXEPIN (AG) (ORAL)		0.2%	NP	NP			
ZOLPIDEM (SUBLINGUAL)		0.0%	NP	NP			
DOXEPIN (ORAL)		0.2%	NP	NP			
SILENOR (ORAL)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
SICKLE CELL ANEMIA TREATMENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
DROXIA (ORAL)		54.0%	NR	P			
SIKLOS (ORAL)		8.0%	NR	P			
ENDARI (ORAL)		22.0%	NR	P			
OXBRYTA (ORAL)		16.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
STEROIDS, TOPICAL VERY HIGH		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
CLOBEX SPRAY (TOPICAL)		0.0%	NP	NP			
CLOBEX SHAMPOO (TOPICAL)		1.7%	P	P			
CLOBETASOL PROPIONATE SOLUTION (TOPICAL)		22.3%	P	P			
CLOBETASOL PROPIONATE OINTMENT (TOPICAL)		43.6%	P	P			
CLOBETASOL PROPIONATE SPRAY (AG) (TOPICAL)		0.0%	NP	NP			
CLOBETASOL PROPIONATE CREAM (TOPICAL)		25.8%	P	P			
HALOBETASOL PROPIONATE CREAM (TOPICAL)		0.9%	P	P			
CLOBETASOL EMOLLIENT (TOPICAL)		1.7%	P	P			
CLOBETASOL PROPIONATE GEL (TOPICAL)		1.3%	P	P			
CLOBETASOL PROPIONATE FOAM (TOPICAL)		0.3%	NP	NP			
HALOBETASOL PROPIONATE OINTMENT (TOPICAL)		2.1%	P	P			
CLOBETASOL LOTION (TOPICAL)		0.0%	NP	NP			
CLOBETASOL PROPIONATE SPRAY (TOPICAL)		0.1%	NP	NP			
CLOBETASOL SHAMPOO (TOPICAL)		0.1%	NP	NP			
BRYHALI (TOPICAL)		0.0%	NP	NP			
APEXICONE (TOPICAL)		0.0%	NP	NP			
IMPEKLO LOTION (TOPICAL)		0.0%	NR	NP			
CLOBETASOL PROPIONATE FOAM (AG) (TOPICAL)		0.0%	NP	NP			
ULTRAVATE LOTION (TOPICAL)		0.0%	NP	NP			
LEXETTE (TOPICAL)		0.0%	NP	NP			
HALOBETASOL PROPIONATE FOAM (AG) (TOPICAL)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
STIMULANTS AND RELATED AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AMPHETAMINE SALT COMBO (ORAL)		10.4%	NP	NP			
CONCERTA (ORAL)		9.6%	P	P			
ADDERALL XR (ORAL)		10.1%	NP	NP			
RITALIN LA (ORAL)		0.0%	NP	NP			
METHYLPHENIDATE (ORAL)		6.3%	P	P			
DESMETHYLPHENIDATE (ORAL)		1.7%	P	P			
GUANFACINE ER (ORAL)		9.5%	P	P			
DEXTROAMPHETAMINE TABLET (ORAL)		0.3%	NP	NP			
AMPHETAMINE SALT COMBO ER (AG) (ORAL)		0.0%	NP	NP			
MODAFINIL (ORAL)		0.7%	P	P			
AMPHETAMINE SALT COMBO ER (ORAL)		0.0%	NP	NP			
DAYTRANA (TRANSDERMAL)		0.2%	P	P			
METHYLPHENIDATE ER (METADATE ER) (ORAL)		0.7%	P	P			
FOCALIN (ORAL)		0.1%	P	P			
ARMODAFINIL (AG) (ORAL)		0.2%	P	P			
ARMODAFINIL (ORAL)		0.1%	P	P			
VYVANSE CAPSULE (ORAL)		33.1%	P	P			
DESMETHYLPHENIDATE (AG) (ORAL)		0.0%	P	P			
METHYLIN SOLUTION (ORAL)		0.0%	P	P			
METHYLPHENIDATE ER (CONCERTA) (AG) (ORAL)		0.0%	NP	NP			
METHYLPHENIDATE SOLUTION (ORAL)		0.1%	P	P			
FOCALIN XR (ORAL)		4.9%	P	P			
METHYLPHENIDATE ER (CONCERTA) (ORAL)		0.0%	NP	NP			
DESMETHYLPHENIDATE ER (AG) (ORAL)		0.0%	NP	NP			
CLONIDINE ER (ORAL)		1.2%	P	P			
METHYLPHENIDATE CD (ORAL)		0.6%	P	P			
DESMETHYLPHENIDATE ER (ORAL)		0.0%	NP	NP			
METHYLPHENIDATE CD (AG) (ORAL)		1.6%	P	P			
ATOMOXETINE (ORAL)		4.2%	P	P			
METHYLPHENIDATE ER (RITALIN LA) (ORAL)		0.9%	P	P			
ATOMOXETINE (AG) (ORAL)		0.0%	P	P			
AMPHETAMINE SULFATE (ORAL)		0.0%	NP	NP			
QUILLIVANT XR (ORAL)		0.4%	P	P			
DEXTROAMPHETAMINE CAPSULE ER (ORAL)		0.3%	NP	NP			
QELBREE (ORAL)		0.0%	NR	NP			
METHYLPHENIDATE CHEWABLE TABLETS (ORAL)		0.3%	P	P			
EVEKEO ODT (ORAL)		0.0%	NP	NP			
ADHANSIA XR (ORAL)		0.0%	NP	NP			
QUILLICHEW ER (ORAL)		0.4%	P	P			
APTENSIO XR (ORAL)		0.1%	P	P			
METHYLPHENIDATE ER (APTENSIO XR) (AG) (ORAL)		0.0%	NP	NP			
MYDAYIS ER (ORAL)		0.2%	NP	NP			
VYVANSE CHEWABLE TABLET (ORAL)		1.4%	P	P			
METHYLPHENIDATE ER (APTENSIO XR) (ORAL)		0.0%	NP	NP			
ADZENYS XR ODT (ORAL)		0.0%	NP	NP			
DYANAVEL XR (ORAL)		0.0%	NP	NP			
JORNAY PM (ORAL)		0.4%	NP	NP			
COTEMPLA XR ODT (ORAL)		0.0%	NP	NP			
ZENZEDI (ORAL)		0.0%	NP	NP			
AMPHETAMINE SUSPENSION ER (AG) (ORAL)		0.0%	NP	NP			
AZSTARYS (ORAL)		0.0%	NR	NP			
ADZENYS ER SUSPENSION (ORAL)		0.0%	NP	NP			
METHAMPHETAMINE (ORAL)		0.0%	NP	NP			
DEXTROAMPHETAMINE SOLUTION (ORAL)		0.0%	NP	NP			
METHYLPHENIDATE ER 72 MG TABLETS (ORAL)		0.0%	NP	NP			
SUNOSI (ORAL)		0.0%	NP	NP			
EVEKEO (ORAL)		0.0%	NP	NP			
DEXEDRINE SPANSULE (ORAL)		0.0%	NP	NP			