

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
May 3, 2023

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Ward Brown, M.D.	Yes
3	Catherine Decker, Pharm. D.	Yes
4	Kevin Izard, M.D.	Yes
5	Steve Maike, RPh	Yes
6	William E. Raduege, M.D.	Yes
7	Chris Schwake, M.D.	Yes
8	Alicia Walker, Pharm. D.	Yes
9	Michael Witkovsky, M.D.	Yes

MAY 2023 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, TRIPTANS AND CGRP ANTAGONISTS
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
FLUOROQUINOLONES, ORAL
GI MOTILITY, CHRONIC
GLUCAGON AGENTS
GROWTH HORMONE
H. PYLORI TREATMENT
HEPATITIS B AGENTS
HEPATITIS C AGENTS
HIV/AIDS- *Potential New Class*
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
UTERINE DISORDER TREATMENTS

Recommendations Summary:

The following drug classes presented for review had no recommended state changes since the May 4, 2022, 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:

- Analgesics, Narcotics long
 - Analgesics, Miscellaneous
 - Androgenic Agents, Injectable
 - Angiotensin Modulator Combinations
 - Angiotensin Modulators
 - Antibiotics, GI
 - Antibiotics, Topical
 - Antiemetics/Antivertigo Agents
 - Antifungals, Topical
 - Antimigraine Agents, Triptans
 - Antiparasitics, Topical
 - Antivirals, Oral
 - Bone Resorption Suppression and Related Agents
 - Cephalosporins and Related Agents
 - Glucagon Agents
 - Hepatitis B Agents
 - Hepatitis C Agents
 - Hep C Treatment Course
 - Hypoglycemics, Alpha-Glucosidase Inhibitors
 - Hypoglycemics, Meglitinides
 - Hypoglycemics, Metformins
 - Hypoglycemics, SGLT2
 - Hypoglycemics, Sulfonylureas
 - Hypoglycemics, TZD
 - Lipotropics, Other
 - Macrolides/Ketolides
 - Opiate Dependence Treatments
 - Pancreatic Enzymes
 - Penicillins
 - Phosphate Binders
 - Platelet Aggregation Inhibitors
 - Prenatal Vitamins
 - Tetracyclines
 - Uterine Disorder Treatments
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- Discussion:
 - Chris Schwake noted that during the closed session, the Committee reviewed options available for pediatric members in the glucagon agents class, and specifically discussed a prior authorization bypass for members under six years old.

Kim Wohler stated that the Department is considering a prior authorization age bypass for Gvoke, and will present that for consideration to the Secretary of the Department. Wohler also indicated that Gvoke would remain a non-preferred product, but the non-preferred status would be bypassed for members less than six years of age.

- Steve Maike 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 May 4, 2022, 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:

- Acne Agents, Topical
- Analgesics, Narcotics Short
- Androgenic Agents
- Antibiotics, Inhaled
- Antibiotics, Vaginal
- Anticoagulants
- Antifungals, Oral
- Antimigraine Agents, Other
- Antivirals, Topical
- Beta Blockers
- Bladder Relaxant Preparations
- BPH Treatments
- Calcium Channel Blockers
- Fluoroquinolones, Oral
- GI Motility, Chronic
- Growth Hormone
- H. Pylori Treatment
- HIV/AIDS (New Class)
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulin and Related Agents
- Lipotropics, Statins
- Multiple Sclerosis Agents
- PAH Agents, Oral and Inhaled
- Proton Pump Inhibitors
- Skeletal Muscle Relaxants
- Ulcerative Colitis Agents

- Discussion:
 - Kim Wohler noted that during the closed session, the Committee discussed the possible addition of the HIV/AIDS class to the Preferred Drug List (PDL).

Wohler also indicated that if the Secretary of the Department approves the addition of the HIV/AIDS class to the PDL, the Department plans to develop legacy policy for members currently receiving a drug in this class that will become non-preferred. Legacy policy will allow members to have continued access to non-preferred medications in this class.

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

Wisconsin Medicaid		Recommendations				
ACNE AGENTS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (AG) (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% (TOPICAL)	0.0%	NP	NP			
RETIN-A CREAM (TOPICAL)	24.6%	P	P			
RETIN-A GEL (TOPICAL)	2.7%	P	P			
ZIANA (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAGEL (TOPICAL)	0.1%	P	P			
ACANYA W/PUMP (TOPICAL)	0.0%	NP	NP			
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.3%	P	P			
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	7.4%	P	P			
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	4.9%	P	P			
BENZOYL PEROXIDE GEL OTC (TOPICAL)	7.0%	P	P			
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	9.9%	P	P			
ACNE MEDICATION GEL OTC (TOPICAL)	0.2%	P	P			
ADAPALENE GEL OTC (TOPICAL)	0.0%	P	P			
ADAPALENE GEL (AG) (TOPICAL)	0.1%	P	P			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.1%	NP	NP			
ALTRENO (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	30.9%	P	P			
ERYTHROMYCIN GEL (TOPICAL)	0.0%	NP	P			
AVITA GEL (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	3.8%	P	P			
ERYTHROMYCIN SOLUTION (TOPICAL)	0.5%	P	P			
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.5%	NP	NP			
ADAPALENE GEL (TOPICAL)	1.3%	P	P			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) (TOPICAL)	0.2%	NP	NP			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (TOPICAL)	0.1%	NP	NP			
ONEXTON W/PUMP (TOPICAL)	0.0%	NP	NP			
AVITA CREAM (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) W/PUMP (TOPICAL)	0.0%	NP	NP			
TRETINOIN CREAM (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SUSPENSION (TOPICAL)	0.3%	P	P			
SULFACETAMIDE SODIUM/SULFUR (TOPICAL)	0.0%	P	P			
TAZAROTENE CREAM (TOPICAL)	0.2%	NP	NP			
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	0.0%	NP	NP			
TAZAROTENE CREAM (AG) (TOPICAL)	0.0%	NP	NP			
TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL PUMP (AG) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR CLEANSER (TOPICAL)	1.4%	P	P			
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.2%	P	P			
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE CREAM (TOPICAL)	1.8%	P	P			
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.0%	P	P			
DAPSONE GEL (AG) (TOPICAL)	0.2%	NP	NP			
DAPSONE GEL (TOPICAL)	0.6%	NP	NP			
TRETINOIN GEL (ATRALIN) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	NP	NP			
AMZEEQ (TOPICAL)	0.1%	NP	NP			
SSS 10-5 FOAM (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP			
ARAZLO (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (AG) (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)	0.0%	NP	NP			
BP 10-1 (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (AG) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SODIUM CLEANSER ER (TOPICAL)	0.0%	NP	NP			
WINLEVI (TOPICAL)	0.2%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINOIN (TOPICAL)	0.0%	NP	NP			
OVACE PLUS LOTION (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	NP			
AVAR LS CLEANSER (TOPICAL)	0.0%	NP	NP			
TAZAROTENE FOAM (AG) (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)	0.0%	NP	NP			
AVAR CLEANSER (TOPICAL)	0.0%	NP	NP			
AVAR-E (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (TOPICAL)	0.0%	NR	NP			
FABIOR (TOPICAL)	0.0%	NP	NP			
TAZAROTENE GEL (TOPICAL)	0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
ANALGESICS, NARCOTICS SHORT		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
NUCYNТА (ORAL)	0.1%	NP	NP				
MORPHINE SOLUTION (AG) (ORAL)	0.0%	P	P				
APAP / CODEINE ELIXIR (ORAL)	0.1%	P	P				
TRAMADOL (ORAL)	18.6%	P	P				
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	NP				
HYDROMORPHONE TABLET (ORAL)	1.0%	P	P				
HYDROCODONE / APAP TABLET (ORAL)	34.7%	P	P				
APAP / CODEINE TABLET (ORAL)	5.7%	P	P				
OXYCODONE TABLET (ORAL)	25.4%	P	P				
TRAMADOL / APAP (ORAL)	0.0%	P	P				
MORPHINE SOLUTION (ORAL)	0.1%	P	P				
OXYCODONE / APAP TABLET (ORAL)	11.5%	P	P				
MORPHINE CONC SOLUTION (ORAL)	0.2%	P	P				
BENZHYDROCODONE/ACETAMINOPHEN (AG) (ORAL)	0.0%	NP	NP				
MORPHINE IR TABLET (ORAL)	0.9%	P	P				
OXYCODONE CAPSULE (ORAL)	0.0%	NP	NP				
OXYCODONE SOLUTION (ORAL)	1.0%	P	P				
HYDROCODONE / APAP SOLUTION (ORAL)	0.5%	P	P				
HYDROCODONE / IBUPROFEN (ORAL)	0.0%	P	P				
TRAMADOL 100 MG (ORAL)	0.0%	NP	NP				
OXYMORPHONE (ORAL)	0.0%	NP	NP				
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	NP				
OXYCODONE / APAP SOLUTION (ORAL)	0.0%	P	P				
BUTALBITAL COMPOUND W/CODEINE (ORAL)	0.0%	NP	NP				
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	NP				
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	P				
CODEINE (ORAL)	0.0%	NP	NP				
BUTALBITAL / CAFFEINE / APAP W/CODEINE (ORAL)	0.1%	NP	NP				
OXYCODONE CONC (ORAL)	0.0%	NP	NP				
TRAMADOL HCL SOLUTION (AG) (ORAL)	0.0%	NR	NP				
LORTAB (ORAL)	0.0%	NP	NP				
SEGLENTIS (ORAL)	0.0%	NP	NP				
CARISOPRODOL COMPOUND-CODEINE (ORAL)	0.0%	NP	NP				
HYDROMORPHONE SUPPOSITORIES (RECTAL)	0.0%	NP	NP				
MEPERIDINE TABLET (ORAL)	0.0%	NP	NP				
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	NP				
DIHYDROCODEINE / APAP / CAFFEINE (ORAL)	0.0%	NP	NP				
FENTORA (BUCCAL)	0.0%	NP	NP				
ROXYBOND (ORAL)	0.0%	NP	NP				
FENTANYL (BUCCAL)	0.0%	NP	NP				
LEVORPHANOL (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
ANDROGENIC AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
TESTIM (TRANSDERM.)	0.0%	NP	NP				
ANDRODERM (TRANSDERM)	5.1%	P	P				
ANDROGEL GEL PUMP (TRANSDERM)	72.8%	P	P				
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)	0.0%	NP	P				
FORTESTA (TRANSDERM)	0.0%	NP	NP				
TESTOSTERONE PUMP (AXIRON) (TRANSDERM)	0.2%	NP	NP				
TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)	8.0%	P	P				
TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM)	3.4%	P	P				
TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)	2.7%	P	P				
TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM)	0.0%	P	P				
TESTOSTERONE GEL (VOGELXO) (TRANSDERM)	5.3%	P	P				
TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM)	2.1%	NP	NP				
NATESTO (NASAL)	0.2%	NP	NP				
TESTOSTERONE GEL (FORTESTA) (TRANSDERM)	0.0%	NP	NP				
ANDROGEL GEL PACKET (TRANSDERM.)	0.0%	NP	NP				
VOGELXO GEL PUMP (TRANSDERM)	0.0%	NP	NP				
TESTOSTERONE GEL (AG) (FORTESTA) (TRANSDERM)	0.1%	NP	NP				

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TOBRAMYCIN (TOBI) (INHALATION)	0.0%	NP	P			
KITABIS PAK (INHALATION)	16.0%	P	P			
BETHKIS (INHALATION)	79.8%	P	P			
TOBI (INHALATION)	0.0%	NP	NP			
TOBI PODHALER (INHALATION)	0.0%	NP	NP			
TOBRAMYCIN PAK (AG) (INHALATION)	0.0%	NP	NP			
TOBRAMYCIN (BETHKIS) (INHALATION)	0.0%	NP	NP			
TOBRAMYCIN (BETHKIS) (AG) (INHALATION)	0.0%	NP	NP			
CAYSTON (INHALATION)	4.2%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, VAGINAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLEOCIN CREAM (VAGINAL)	3.4%	P	P			
METRONIDAZOLE (VAGINAL)	91.9%	P	P			
CLEOCIN OVULES (VAGINAL)	2.0%	P	P			
VANDAZOLE (VAGINAL)	0.0%	NP	NP			
NUVESSA (VAGINAL)	1.2%	P	P			
CLINDESSE (VAGINAL)	1.0%	P	P			
CLINDAMYCIN (VAGINAL)	0.4%	NP	NP			
XACIATO (VAGINAL)	0.0%	NR	NP			

Wisconsin Medicaid		Recommendations				
ANTICOAGULANTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PRADAXA (ORAL)	0.8%	P	P			
XARELTO DOSE PACK (ORAL)	0.2%	P	P			
XARELTO (ORAL)	18.0%	P	P			
WARFARIN (ORAL)	23.6%	P	P			
ELIQUIS (ORAL)	52.2%	P	P			
ELIQUIS DOSE PACK (ORAL)	0.3%	P	P			
XARELTO SUSPENSION (ORAL)	0.0%	P	P			
DABIGATRAN (ORAL)	0.0%	NR	NP			
SAVAYSA (ORAL)	0.0%	NP	NP			
PRADAXA PELLETT PACK (ORAL)	0.0%	NR	NP			
ENOXAPARIN SODIUM VIAL (AG) (SUBCUTANEOUS)	0.1%	P	P			
FRAGMIN VIAL (SUBCUTANE.)	0.0%	NP	NP			
ENOXAPARIN SODIUM VIAL (SUBCUTANEOUS)	0.2%	P	P			
ENOXAPARIN SYRINGE (AG) (SUBCUTANE.)	0.3%	P	P			
ENOXAPARIN SYRINGE (SUBCUTANE.)	4.2%	P	P			
FONDAPARINUX (SUBCUTANE.)	0.1%	NP	NP			
FRAGMIN DISP SYRIN (SUBCUTANE.)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANTIFUNGALS, ORAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
GRISEOFULVIN SUSPENSION (ORAL)	1.2%	P	P				
SPOANOX SOLUTION (ORAL)	0.1%	P	P				
FLUCONAZOLE TABLET (ORAL)	73.9%	P	P				
TERBINAFINE (ORAL)	7.3%	P	P				
NYSTATIN SUSPENSION (ORAL)	12.6%	P	P				
KETOCONAZOLE (ORAL)	0.2%	P	P				
FLUCONAZOLE SUSPENSION (ORAL)	1.8%	P	P				
CLOTRIMAZOLE (MUCOUS MEM)	1.1%	P	P				
NYSTATIN TABLET (ORAL)	0.2%	P	P				
ITRACONAZOLE CAPSULE (ORAL)	0.8%	P	P				
NOXAFIL TABLET (ORAL)	0.3%	P	P				
GRISEOFULVIN ULTRAMICROSIZED (ORAL)	0.3%	P	P				
VORICONAZOLE TABLETS (ORAL)	0.1%	NP	NP				
GRISEOFULVIN TABLETS (ORAL)	0.0%	NP	NP				
BREXAFEMME (ORAL)	0.0%	NP	NP				
VFEND SUSPENSION (ORAL)	0.0%	NP	NP				
POSACONAZOLE TABLET (AG) (ORAL)	0.0%	NP	NP				
ITRACONAZOLE SOLUTION (ORAL)	0.0%	NP	NP				
POSACONAZOLE TABLET (ORAL)	0.0%	NP	NP				
NOXAFIL SUSPENSION (ORAL)	0.0%	P	NP				
NOXAFIL SUSPDR PKT (ORAL)	0.0%	NR	NP				
VIVJOA CAPSULE (ORAL)	0.0%	NR	NP				
TOLSURA (ORAL)	0.0%	NP	NP				
VORICONAZOLE SUSPENSION (ORAL)	0.0%	NP	NP				
CRESEMBA (ORAL)	0.1%	NP	NP				
FLUCYTOSINE (ORAL)	0.0%	NP	NP				
FLUCYTOSINE (AG) (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
ANTIMIGRAINE AGENTS, OTHER		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	11.4%	P	P				
AJOVY (SUBCUTANEOUS)	2.5%	P	P				
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	2.9%	P	P				
EMGALITY PEN (SUBCUTANEOUS)	42.0%	P	P				
AIMOVI (SUBCUTANEOUS)	2.2%	NP	NP				
UBRELVY (ORAL)	18.5%	P	P				
QULIPTA (ORAL)	0.7%	NP	NP				
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	0.5%	P	P				
DICLOFENAC POTASSIUM POWDER PACK (ORAL)	0.0%	NR	NP				
NURTEC ODT (ORAL)	18.8%	P	P				
REYVOW (ORAL)	0.2%	NP	NP				
DICLOFENAC POTASSIUM POWDER PACK (AG) (ORAL)	0.0%	NR	NP				
ELYXIB SOLUTION (ORAL)	0.0%	NP	NP				
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.3%	NP	NP				

Wisconsin Medicaid		Recommendations					
ANTIVIRALS, TOPICAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
PENCICLOVIR (AG) (TOPICAL)	0.5%	NR	NP				
DENAVIR (TOPICAL)	0.0%	NP	P				
XERESE (TOPICAL)	0.3%	NP	NP				
ACYCLOVIR OINTMENT (TOPICAL)	64.8%	P	P				
ZOVIRAX CREAM (TOPICAL)	33.9%	P	P				
ACYCLOVIR CREAM (AG) (TOPICAL)	0.0%	NP	NP				
ACYCLOVIR CREAM (TOPICAL)	0.0%	NP	NP				
PENCICLOVIR (TOPICAL)	0.5%	NR	NP				

Wisconsin Medicaid		Recommendations					
BETA-BLOCKERS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
BISOPROLOL HCTZ (ORAL)	0.3%	P	P				
ATENOLOL / CHLORTHALIDONE (ORAL)	0.4%	P	P				
PROPRANOLOL / HCTZ (ORAL)	0.0%	NP	NP				
METOPROLOL / HCTZ (ORAL)	0.0%	NP	NP				
BYSTOLIC (ORAL)	0.2%	NP	NP				
COREG CR (ORAL)	0.0%	NP	NP				
ATENOLOL (ORAL)	6.8%	P	P				
METOPROLOL (ORAL)	19.1%	P	P				
METOPROLOL XL (AG) (ORAL)	0.0%	P	P				
CARVEDILOL (ORAL)	14.2%	P	P				
METOPROLOL XL (ORAL)	36.2%	P	P				
PROPRANOLOL TABLET (ORAL)	12.4%	P	P				
NEBIVOLOL (ORAL)	0.0%	NP	NP				
SOTALOL (ORAL)	0.4%	P	P				
PROPRANOLOL ER (ORAL)	5.5%	P	P				
NADOLOL (ORAL)	0.5%	P	P				
PROPRANOLOL SOLUTION (ORAL)	0.3%	P	P				
LABETALOL (ORAL)	2.6%	P	P				
PROPRANOLOL ER (AG) (ORAL)	0.0%	P	P				
BISOPROLOL (ORAL)	0.8%	P	P				
PINDOLOL (ORAL)	0.0%	NP	NP				
KAPSPARGO (ORAL)	0.0%	NP	NP				
BETAXOLOL (ORAL)	0.0%	NP	NP				
ACEBUTOLOL (ORAL)	0.0%	P	P				
HEMANGEOL (ORAL)	0.0%	NP	P				
CARVEDILOL ER (AG) (ORAL)	0.0%	NP	NP				
CARVEDILOL ER (ORAL)	0.0%	NP	NP				
INNOPRAN XL (ORAL)	0.0%	NP	NP				
INDERAL XL (ORAL)	0.0%	NP	NP				
TIMOLOL (ORAL)	0.0%	NP	NP				
SOTYLIZE (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
BLADDER RELAXANT PREPARATIONS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
TOVIAZ (ORAL)	6.2%	P	P				
GELNIQUE (TRANSDERM.)	0.0%	NP	NP				
OXYTROL (TRANSDERM.)	0.2%	NP	NP				
DETROL (ORAL)	0.0%	NP	NP				
DETROL LA (ORAL)	0.0%	NP	NP				
OXYBUTYNIN TABLET (ORAL)	18.1%	P	P				
OXYBUTYNIN SYRUP (ORAL)	1.7%	P	P				
OXYBUTYNIN ER (ORAL)	37.7%	P	P				
SOLIFENACIN (ORAL)	21.6%	P	P				
TROSPIUM (ORAL)	0.4%	NP	NP				
TOLTERODINE ER (ORAL)	0.5%	NP	NP				
TOLTERODINE ER (AG) (ORAL)	0.1%	NP	NP				
TOLTERODINE (ORAL)	0.2%	NP	NP				
DARIFENACIN ER (ORAL)	0.3%	NP	NP				
MYRBETRIQ (ORAL)	11.6%	NP	NP				
FESOTERODINE ER (ORAL)	0.0%	NR	NP				
TROSPIUM ER (ORAL)	0.4%	NP	NP				
MYRBETRIQ GRANULES (ORAL)	0.1%	NP	NP				
GEMTESA (ORAL)	0.7%	NP	NP				
VESICARE LS (ORAL)	0.1%	NP	NP				

Wisconsin Medicaid		Recommendations					
BPH TREATMENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
DOXAZOSIN (AG) (ORAL)	0.0%	P	P				
FINASTERIDE (ORAL)	15.4%	P	P				
TAMSULOSIN (ORAL)	68.2%	P	P				
ALFUZOSIN (ORAL)	3.3%	P	P				
DOXAZOSIN (ORAL)	5.0%	P	P				
DUTASTERIDE (ORAL)	1.4%	P	P				
TERAZOSIN (ORAL)	6.5%	P	P				
CARDURA XL (ORAL)	0.0%	NP	NP				
SILODOSIN (ORAL)	0.1%	NP	NP				
DUTASTERIDE/TAMSULOSIN (ORAL)	0.0%	NP	NP				
RAPAFLO (ORAL)	0.0%	NP	NP				
ENTADFI (ORAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations					
CALCIUM CHANNEL BLOCKERS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AMLODIPINE (ORAL)	80.5%	P	P				
NIFEDIPINE ER (ORAL)	6.1%	P	P				
FELODIPINE ER (ORAL)	0.0%	NP	NP				
NIFEDIPINE IR (ORAL)	0.2%	P	P				
LEVAMLODIPINE MALEATE (AG) (ORAL)	0.0%	NR	NP				
NIMODIPINE (ORAL)	0.0%	P	P				
NISOLDIPINE (ORAL)	0.0%	NP	NP				
ISRADIPINE (ORAL)	0.0%	NP	NP				
KATERZIA (ORAL)	0.4%	NP	NP				
NORLIQVA (ORAL)	0.0%	NR	NP				
NICARDIPINE (ORAL)	0.0%	NP	NP				
NYMALIZE SOLUTION (ORAL)	0.0%	NP	NP				
CARDIZEM LA (ORAL)	0.0%	NP	NP				
VERAPAMIL TABLET (ORAL)	0.8%	P	P				
DILTIAZEM TABLET (ORAL)	0.9%	P	P				
VERAPAMIL TABLET ER (ORAL)	2.7%	P	P				
DILTIAZEM CAPSULE ER (ORAL)	8.2%	P	P				
VERAPAMIL CAPSULE ER (ORAL)	0.0%	NP	NP				
MATZIM LA (ORAL)	0.0%	NP	NP				
VERAPAMIL 360 MG CAPSULE (ORAL)	0.0%	NP	NP				
DILTIAZEM LA (AG) (ORAL)	0.0%	NP	NP				
VERAPAMIL ER PM (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
FLUOROQUINOLONES, ORAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
LEVOFLOXACIN TABLET (ORAL)	35.1%	P	P				
CIPROFLOXACIN TABLET (ORAL)	63.1%	P	P				
MOXIFLOXACIN (ORAL)	1.2%	NP	P				
OFLOXACIN (ORAL)	0.0%	NP	NP				
CIPRO SUSPENSION (ORAL)	0.3%	NP	NP				
CIPROFLOXACIN SUSPENSION (ORAL)	0.0%	NP	NP				
LEVOFLOXACIN SOLUTION (ORAL)	0.2%	NP	NP				
BAXDELA (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
ALOSETRON (AG) (ORAL)	0.0%	NP	NP			
LINZESS (ORAL)	73.5%	P	P			
TRULANCE (ORAL)	3.2%	NP	NP			
AMITIZA (ORAL)	13.5%	P	P			
MOVANTIK (ORAL)	5.1%	P	NP			
SYMPROIC (ORAL)	0.4%	NP	NP			
LUBIPROSTONE (ORAL)	0.0%	NR	NP			
LOTRONEX (ORAL)	0.4%	P	P			
LUBIPROSTONE (AG) (ORAL)	0.0%	NP	NP			
ALOSETRON (ORAL)	0.0%	NP	NP			
MOTEGRITY (ORAL)	2.7%	NP	NP			
RELISTOR (ORAL)	0.2%	NP	NP			
VIBERZI (ORAL)	0.6%	NP	NP			
IBSRELA (ORAL)	0.2%	NR	NP			

Wisconsin Medicaid		Recommendations				
GROWTH HORMONE						
Brand Name	Current Market Share	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ZOMACTON VIAL (INJECTION)	0.0%	NP	NP			
GENOTROPIN DISP SYRIN (INJECTION)	1.6%	P	P			
GENOTROPIN CARTRIDGE (INJECTION)	4.5%	P	P			
NUTROPIN AQ PEN (INJECTION)	0.2%	NP	NP			
NORDITROPIN PEN (INJECTION)	93.7%	P	P			
SKYTROFA CARTRIDGE (SUBCUTANEOUS)	0.0%	NR	NP			
OMNITROPE VIAL (INJECTION)	0.0%	NP	NP			
SAIZEN CARTRIDGE (INJECTION)	0.0%	NP	NP			
SAIZEN VIAL (INJECTION)	0.0%	NP	NP			
SEROSTIM VIAL (INJECTION)	0.0%	NP	NP			
ZORBTIVE VIAL (INJECTION)	0.0%	NP	NP			
OMNITROPE CARTRIDGE (INJECTION)	0.0%	NP	NP			
HUMATROPE CARTRIDGE (INJECTION)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
H. PYLORI TREATMENT						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PYLERA (ORAL)	92.8%	P	P			
TALICIA (ORAL)	1.2%	NP	P			
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (ORAL)	6.0%	P	NP			

Wisconsin Medicaid HIV / AIDS		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec				
SELZENTRY SOLUTION (ORAL)	0.0%	NR	P				
SELZENTRY TABLET (ORAL)	0.1%	NR	P				
MARAVIROC TABLET (ORAL)	0.1%	NR	NP				
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)	11.0%	NR	P				
LAMIVUDINE/ZIDOVUDINE (ORAL)	0.1%	NR	P				
ABACAVIR/LAMIVUDINE (ORAL)	0.3%	NR	P				
CIMDUO (ORAL)	0.0%	NR	P				
EPZICOM (ORAL)	0.0%	NR	NP				
DESCOVY (ORAL)	8.9%	NR	P				
TRIZIVIR (ORAL)	0.0%	NR	P				
EFAVIREN/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)	0.5%	NR	P				
SYMFI (ORAL)	0.0%	NR	P				
SYMFI LO (ORAL)	0.0%	NR	P				
EFAVIREN/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI LO) (ORAL)	0.0%	NR	NP				
TRIUMEQ PD TAB SUSP (ORAL)	0.0%	NR	P				
EFAVIREN/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI) (ORAL)	0.0%	NR	NP				
COMPLERA (ORAL)	0.2%	NR	P				
DELSTRIGO (ORAL)	0.0%	NR	P				
BIKTARVY (ORAL)	46.0%	NR	P				
DOVATO (ORAL)	1.7%	NR	P				
ODEFSEY (ORAL)	2.5%	NR	P				
TRIUMEQ (ORAL)	4.0%	NR	P				
STRIBILD (ORAL)	0.2%	NR	P				
JULUCA (ORAL)	0.9%	NR	P				
GENVOYA (ORAL)	5.2%	NR	P				
SYMTUZA (ORAL)	2.3%	NR	P				
FUZEON (SUB-Q)	0.0%	NR	P				
ISENTRESS TAB CHEW (ORAL)	0.0%	NR	P				
ISENTRESS POWDER PACK (ORAL)	0.0%	NR	P				
TIVICAY PD SUSPENSION (ORAL)	0.0%	NR	P				
ISENTRESS (ORAL)	1.0%	NR	P				
TIVICAY (ORAL)	7.5%	NR	P				
ISENTRESS HD (ORAL)	0.3%	NR	P				
NEVIRAPINE TABLET (ORAL)	0.1%	NR	P				
NEVIRAPINE ORAL SUSP (ORAL)	0.1%	NR	P				
EFAVIREN TABLET (ORAL)	0.1%	NR	P				
NEVIRAPINE ER (ORAL)	0.1%	NR	P				
EDURANT (ORAL)	0.1%	NR	P				
EFAVIREN CAPSULE (ORAL)	0.0%	NR	P				
INTELENCE (ORAL)	0.1%	NR	P				
ETRAVIRINE (ORAL)	0.1%	NR	NP				
PIFELTRO (ORAL)	0.8%	NR	P				
ZIAGEN TABLET (ORAL)	0.0%	NR	NP				
ZIDOVUDINE SYRUP (ORAL)	0.2%	NR	P				
LAMIVUDINE SOLUTION (ORAL)	0.0%	NR	P				
RETROVIR SYRUP (ORAL)	0.0%	NR	NP				
TENOFOVIR DISOPROXIL FUMARATE (ORAL)	2.2%	NR	P				
LAMIVUDINE TABLET (ORAL)	0.2%	NR	P				
ABACAVIR TABLET (ORAL)	0.3%	NR	P				
ZIDOVUDINE TABLET (ORAL)	0.0%	NR	P				
ZIDOVUDINE CAPSULE (ORAL)	0.0%	NR	P				
STAVUDINE CAPSULE (ORAL)	0.0%	NR	NP				
EMTRIVA SOLUTION (ORAL)	0.0%	NR	P				
ZIAGEN SOLUTION (ORAL)	0.0%	NR	NP				
DIDANOSINE CAPSULE DR (ORAL)	0.0%	NR	NP				
RETROVIR CAPSULE (ORAL)	0.0%	NR	NP				
ABACAVIR SOLUTION (ORAL)	0.0%	NR	P				
EMTRIVA CAPSULE (ORAL)	0.0%	NR	P				
EMTRICITABINE CAPSULE (ORAL)	0.0%	NR	P				
VIREAD TABLET (ORAL)	0.2%	NR	NP				
VIREAD POWDER (ORAL)	0.0%	NR	NP				
RITONAVIR TABLET (ORAL)	0.5%	NR	P				
NORVIR SOLUTION (ORAL)	0.0%	NR	P				
NORVIR POWDER PACK (ORAL)	0.0%	NR	P				
ATAZANAVIR (ORAL)	0.1%	NR	P				
LEXIVA SUSPENSION (ORAL)	0.0%	NR	P				
PREZISTA ORAL SUSP (ORAL)	0.0%	NR	P				
INVIRASE TABLET (ORAL)	0.0%	NR	P				
VIRACEPT (ORAL)	0.0%	NR	NP				
FOSAMPRENAVIR TABLET (ORAL)	0.0%	NR	P				
APTIVUS CAPSULE (ORAL)	0.0%	NR	P				
REYATAZ POWDER PACK (ORAL)	0.0%	NR	NP				
PREZISTA (ORAL)	1.1%	NR	P				
LEXIVA TABLET (ORAL)	0.0%	NR	NP				
LOPINAVIR/RITONAVIR SOLUTION (ORAL)	0.0%	NR	P				
KALETRA SOLUTION (ORAL)	0.0%	NR	NP				
KALETRA TABLET (ORAL)	0.0%	NR	NP				
EVOTAZ (ORAL)	0.2%	NR	P				
LOPINAVIR/RITONAVIR TABLET (ORAL)	0.0%	NR	P				
PREZCOBIX (ORAL)	1.0%	NR	P				
TYBOST (ORAL)	0.0%	NR	P				
SUNLENCA TABLET (ORAL)	0.0%	NR	NP				
RUKOBIA (ORAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ONGLYZA (ORAL)	0.0%	NP	NP			
JANUVIA (ORAL)	12.5%	P	P			
JANUMET (ORAL)	2.2%	P	P			
TRADJENTA (ORAL)	3.3%	P	P			
JANUMET XR (ORAL)	1.3%	P	P			
KOMBIGLYZE XR (ORAL)	0.0%	NP	NP			
JENTADUETO (ORAL)	0.3%	P	P			
KAZANO (ORAL)	0.0%	NP	NP			
JENTADUETO XR (ORAL)	0.0%	NP	NP			
NESINA (ORAL)	0.0%	NP	NP			
OSENI (ORAL)	0.0%	NP	NP			
GLYXAMBI (ORAL)	0.0%	NP	NP			
TRUJARDY XR (ORAL)	0.0%	NP	NP			
ALOGLIPTIN (AG) (ORAL)	0.0%	NP	NP			
STEGLUJAN (ORAL)	0.0%	NP	NP			
ALOGLIPTIN/METFORMIN (AG) (ORAL)	0.0%	NP	NP			
ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)	0.0%	NP	NP			
QTERN (ORAL)	0.0%	NP	NP			
VICTOZA (SUBCUTANE.)	11.4%	P	P			
BYETTA PENS (SUBCUTANE.)	0.3%	P	P			
SYMLIN PENS (SUBCUTANE.)	0.0%	P	P			
TRULICITY (SUBCUTANE.)	67.9%	P	P			
OZEMPIC (SUBCUTANE.)	0.5%	NP	NP			
SOLIQUA (SUBCUTANE.)	0.0%	NP	NP			
RYBELSUS (ORAL)	0.1%	NP	NP			
XULTOPHY (SUBCUTANE.)	0.0%	NP	NP			
BYDUREON BCISE (SUBCUTANE.)	0.0%	NP	NP			
ADLYXIN (SUBCUTANE.)	0.0%	NP	NP			
MOUNJARO (SUBCUTANE.)	0.1%	NR	NP			

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.2%	P	P			
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.8%	P	P			
HUMALOG MIX PEN (SUBCUTANE.)	0.6%	P	P			
HUMALOG MIX VIAL (SUBCUTANE.)	0.1%	P	P			
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	2.2%	P	P			
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.3%	P	P			
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANEOUS)	0.0%	P	P			
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	0.8%	P	P			
NOVOLOG MIX PEN (SUBCUTANE.)	0.5%	P	P			
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	P			
INSULIN LISPRO PROTAMINE MIX KWKPEN (AG) (SUBCUTANEOUS)	0.4%	P	P			
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	NP			
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	NP			
HUMULIN VIAL OTC (SUBCUTANE.)	1.7%	P	P			
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	NP			
NOVOLIN VIAL OTC (SUBCUTANE.)	0.0%	NP	NP			
HUMULIN PEN OTC (SUBCUTANE.)	1.3%	P	P			
INSULIN GLARGINE PEN (SUBCUTANE.)	0.0%	NR	NP			
INSULIN GLARGINE VIAL (SUBCUTANE.)	0.0%	NR	NP			
LEVEMIR PENS (SUBCUTANE.)	5.5%	P	P			
LEVEMIR VIAL (SUBCUTANE.)	0.5%	P	P			
LANTUS SOLOSTAR PEN (SUBCUTANE.)	42.9%	P	P			
LANTUS VIAL (SUBCUTANE.)	3.6%	P	P			
INSULIN GLARGINE-YFGN VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
BASAGLAR KWKPEN (SUBCUTANE.)	0.0%	NP	NP			
INSULIN GLARGINE-YFGN PEN (SUBCUTANEOUS)	0.0%	NP	NP			
SEMGLLEE (YFGN) VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
SEMGLLEE (YFGN) PEN (SUBCUTANEOUS)	0.0%	NP	NP			
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP			
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)	0.2%	NP	NP			
INSULIN DEGLUDEC PEN 100U/ML (SUBCUTANEOUS)	0.0%	NR	NP			
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.2%	NP	NP			
INSULIN DEGLUDEC VIAL (SUBCUTANEOUS)	0.0%	NR	NP			
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
INSULIN DEGLUDEC PEN 200U/ML (SUBCUTANEOUS)	0.0%	NR	NP			
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)	0.2%	NP	NP			
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP			
HUMALOG CARTRIDGE (SUBCUTANE.)	1.4%	P	P			
HUMALOG PEN (SUBCUTANE.)	7.9%	P	P			
HUMALOG VIAL (SUBCUTANE.)	2.8%	P	P			
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.4%	P	P			
HUMALOG JUNIOR KWKPEN (SUBCUTANE.)	1.2%	P	P			
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANEOUS)	0.2%	P	P			
INSULIN ASPART VIAL (AG) (SUBCUTANEOUS)	0.9%	P	P			
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	NP			
INSULIN ASPART PEN (AG) (SUBCUTANEOUS)	3.5%	P	P			
NOVOLOG VIAL (SUBCUTANE.)	1.2%	P	P			
NOVOLOG PEN (SUBCUTANE.)	4.7%	P	P			
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	2.2%	P	P			
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	10.0%	P	P			
INSULIN LISPRO JUNIOR KWKPEN (AG) (SUBCUTANEOUS)	1.0%	P	P			
FIASP PENFILL (SUBCUT)	0.0%	NP	NP			
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.1%	NP	NP			
FIASP VIAL (SUBCUTANE.)	0.0%	NP	NP			
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	NP			
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP			
LYUMJEV VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)	0.1%	NP	NP			
LYUMJEV TEMPO PEN (SUBCUTANE.)	0.0%	NR	NP			
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	NP			
HUMALOG 200 U/ML PEN (SUBCUTANE.)	0.2%	NP	NP			
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
LIPOTROPICS, STATINS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
SIMVASTATIN TABLET (ORAL)	9.7%	P	P				
ROSUVASTATIN (ORAL)	16.8%	P	P				
ATORVASTATIN (ORAL)	65.1%	P	P				
LOVASTATIN (ORAL)	2.0%	P	P				
PRAVASTATIN (ORAL)	6.3%	P	P				
EZETIMIBE-SIMVASTATIN (ORAL)	0.0%	NP	NP				
CADUET (ORAL)	0.0%	NP	NP				
AMLODIPINE-ATORVASTATIN (AG) (ORAL)	0.0%	NR	NP				
AMLODIPINE-ATORVASTATIN (ORAL)	0.0%	NP	NP				
LIVALO (ORAL)	0.0%	NP	NP				
FLUVASTATIN (ORAL)	0.0%	NP	NP				
EZALLOR SPRINKLE (ORAL)	0.0%	NP	NP				
FLUVASTATIN ER (ORAL)	0.0%	NP	NP				
FLUVASTATIN ER (AG) (ORAL)	0.0%	NP	NP				
VYTORIN (ORAL)	0.0%	NP	NP				
ALTOPREV (ORAL)	0.0%	NP	NP				
ZYPITAMAG (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
MULTIPLE SCLEROSIS AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AVONEX (INTRAMUSC.)	2.5%	P	P				
AVONEX PEN (INTRAMUSC.)	4.3%	P	P				
COPAXONE 20 MG/ML (SUBCUTANE.)	2.5%	P	P				
DIMETHYL FUMARATE DR (AG) (ORAL)	0.0%	P	P				
DIMETHYL FUMARATE DR (ORAL)	21.0%	P	P				
DALFAMPRIDINE ER (ORAL)	9.8%	P	P				
DIMETHYL FUMARATE DR STARTER PACK (ORAL)	0.3%	P	P				
TERIFLUNOMIDE TABLET (ORAL)	0.0%	P	P				
FINGOLIMOD (ORAL)	0.0%	P	P				
MAYZENT DOSE PACK (ORAL)	0.0%	NP	NP				
ZEPOSIA STARTER PACK (ORAL)	0.0%	NP	NP				
COPAXONE 40 MG/ML (SUBCUTANE.)	16.5%	P	P				
GLATIRAMER 40 MG/ML (SUBCUTANE.)	0.0%	NP	NP				
GLATIRAMER 20 MG/ML (SUBCUTANE.)	0.0%	NP	NP				
BETASERON KIT (SUBCUTANE.)	1.2%	P	P				
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)	1.6%	P	P				
REBIF (SUBCUTANE.)	1.7%	P	P				
EXTAVIA KIT (SUBCUTANE.)	0.0%	NP	NP				
EXTAVIA VIAL (SUBCUTANE.)	0.0%	NP	NP				
GILENYA (ORAL)	15.1%	NP	NP				
AUBAGIO (ORAL)	13.1%	NP	NP				
PONVORY STARTER PACK (ORAL)	0.0%	NP	NP				
ZEPOSIA CAPSULE (ORAL)	0.9%	NP	NP				
VUMERITY (ORAL)	0.0%	NP	NP				
ZEPOSIA STARTER KIT (ORAL)	0.2%	NP	NP				
PLEGRIDY (INTRAMUSC.)	0.0%	NP	NP				
BAFIERTAM CAPSULE DR (ORAL)	0.0%	NP	NP				
KESIMPTA (SUBCUTANE.)	7.0%	NP	P				
PONVORY TABLET (ORAL)	0.0%	NP	NP				
MAYZENT TABLET (ORAL)	0.9%	NP	NP				
TASCENSO ODT (ORAL)	0.0%	NR	NP				
PLEGRIDY (SUBCUTANE.)	0.1%	NP	NP				
MAVENCLAD (ORAL)	1.5%	NP	NP				

Wisconsin Medicaid		Recommendations				
PAH AGENTS, ORAL AND INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VENTAVIS (INHALATION)	0.0%	NP	NP			
TYVASO (INHALATION)	1.6%	NP	NP			
TYVASO DPI (INHALATION)	1.6%	NR	NP			
BOSENTAN TABLET (AG) (ORAL)	0.0%	NP	NP			
TRACLEER TABLET (ORAL)	1.2%	P	P			
BOSENTAN TABLET (ORAL)	0.0%	NP	NP			
AMBRISENTAN (ORAL)	10.4%	P	P			
TRACLEER SUSPENSION (ORAL)	0.1%	NP	NP			
OPSUMIT (ORAL)	9.7%	P	P			
ORENITRAM TITRATION KIT (ORAL)	0.0%	NR	NP			
ORENITRAM ER (ORAL)	3.4%	NP	NP			
ADEMPAS (ORAL)	2.9%	NP	NP			
UPTRAVI (ORAL)	7.0%	NP	NP			
UPTRAVI TABLET DOSE PACK (ORAL)	0.1%	NP	NP			
REVATIO SUSPENSION (ORAL)	0.0%	NP	NP			
SILDENAFIL TABLET (ORAL)	24.3%	P	P			
TADALAFIL (ADCIRCA) (ORAL)	30.3%	P	P			
SILDENAFIL SUSPENSION (ORAL)	5.1%	NP	NP			
TADLIQ SUSPENSION (ORAL)	2.2%	NR	NP			
SILDENAFIL SUSPENSION (AG) (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
PROTON PUMP INHIBITORS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DEXILANT (ORAL)	0.6%	NP	P			
ZEGERID (ORAL)	0.0%	NP	NP			
OMEPRAZOLE (ORAL)	59.7%	P	P			
PANTOPRAZOLE (ORAL)	32.9%	P	P			
LANSOPRAZOLE CAPSULES (ORAL)	2.2%	P	P			
ESOMEPRAZOLE CAPSULES (ORAL)	3.6%	P	P			
RABEPRAZOLE TABLETS (ORAL)	0.5%	NP	NP			
PROTONIX SUSPENSION (ORAL)	0.1%	P	P			
NEXIUM SUSPENSION (ORAL)	0.3%	P	P			
PREVACID SOLUTAB (ORAL)	0.1%	NP	NP			
LANSOPRAZOLE SOLUTAB (ORAL)	0.0%	NP	NP			
ESOMEPRAZOLE SUSPENSION (ORAL)	0.0%	NP	NP			
DEXLANSOPRAZOLE CAPSULES (AG) (ORAL)	0.0%	NP	NP			
PRILOSEC SUSPENSION (ORAL)	0.0%	NP	NP			
PANTOPRAZOLE SUSPENSION (ORAL)	0.0%	NP	NP			
DEXLANSOPRAZOLE CAPSULES (ORAL)	0.0%	NP	NP			
OMEPRAZOLE / SODIUM BICARBONATE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
SKELETAL MUSCLE RELAXANTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AMRIX (ORAL)	0.0%	NP	NP				
CYCLOBENZAPRINE (ORAL)	42.5%	P	P				
TIZANIDINE TABLETS (ORAL)	32.1%	P	P				
METHOCARBAMOL (ORAL)	7.1%	P	P				
CARISOPRODOL (ORAL)	0.6%	NP	NP				
BACLOFEN (ORAL)	16.8%	P	P				
TIZANIDINE CAPSULES (ORAL)	0.0%	NP	NP				
CHLORZOXAZONE (ORAL)	0.2%	P	P				
ORPHENADRINE ER (ORAL)	0.1%	NP	NP				
CARISOPRODOL 250 MG (ORAL)	0.0%	NP	NP				
DANTROLENE SODIUM (AG) (ORAL)	0.0%	P	P				
DANTROLENE SODIUM (ORAL)	0.2%	P	P				
METAXALONE (ORAL)	0.3%	NP	NP				
CARISOPRODOL COMPOUND (ORAL)	0.0%	NP	NP				
CYCLOBENZAPRINE ER (ORAL)	0.0%	NP	NP				
CYCLOBENZAPRINE ER (AG) (ORAL)	0.0%	NP	NP				
FEXMID (ORAL)	0.0%	NP	NP				
LORZONE (ORAL)	0.0%	NP	NP				
LYVISPAAH (ORAL)	0.0%	NR	NP				
FLEQSUVY (ORAL)	0.1%	NP	NP				
BACLOFEN SOLUTION (AG) (ORAL)	0.1%	NP	NP				
ORPHENADRINE COMPOUND (ORAL)	0.0%	NP	NP				
NORGESIC FORTE (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
ULCERATIVE COLITIS AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
MESALAMINE (LIALDA) (AG) (ORAL)	0.1%	NP	NP				
PENTASA (ORAL)	1.0%	NP	P				
LIALDA (ORAL)	40.7%	P	P				
APRISO (ORAL)	12.0%	P	P				
AZULFIDINE TABLET (ORAL)	0.0%	P	P				
DELZICOL (ORAL)	0.0%	NP	NP				
ASACOL HD (ORAL)	0.0%	NP	NP				
SULFASALAZINE (ORAL)	5.6%	P	P				
SULFASALAZINE (AG) (ORAL)	18.2%	P	P				
SULFASALAZINE DR (AG) (ORAL)	5.0%	P	P				
UCERIS (ORAL)	1.8%	P	P				
DIPENTUM (ORAL)	0.0%	NP	NP				
MESALAMINE ER (APRISO) (AG) (ORAL)	0.1%	NP	NP				
BALSALAZIDE (ORAL)	4.4%	P	P				
MESALAMINE ER (APRISO) (ORAL)	0.3%	NP	NP				
MESALAMINE (LIALDA) (ORAL)	0.4%	NP	NP				
MESALAMINE (DELZICOL) (AG) (ORAL)	0.1%	NP	NP				
MESALAMINE (DELZICOL) (ORAL)	0.1%	NP	NP				
BUDESONIDE DR (ORAL)	0.0%	NP	NP				
BUDESONIDE DR (AG) (ORAL)	0.0%	NP	NP				
MESALAMINE ER (PENTASA) (ORAL)	0.7%	NR	NP				
MESALAMINE (ASACOL HD) (ORAL)	0.7%	NP	NP				
ROWASA (RECTAL)	1.3%	P	P				
MESALAMINE (CANASA) (RECTAL)	0.4%	P	P				
MESALAMINE (CANASA) (AG) (RECTAL)	0.0%	P	P				
CANASA (RECTAL)	6.6%	NP	NP				
MESALAMINE (SFROWASA) (RECTAL)	0.5%	NP	NP				
UCERIS (RECTAL)	0.1%	NP	NP				
MESALAMINE KIT (ROWASA) (RECTAL)	0.0%	NP	NP				