

**MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE**  
**Recommendations Summary**  
**May 4, 2022**

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**In Attendance:**

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Catherine Decker, Pharm. D.	Yes
3	Kevin Izard, M.D.	Yes
4.	Steve Maike, RPh	No
5	William E. Raduege, M.D.	Yes
6	Alicia Walker, Pharm. D.	No
7	Michael Witkovsky, M.D.	Yes – joined the virtual meeting at 9:45am

***\*This meeting is traditionally in-person, but was held via webinar on May 4, 2022, given COVID***

## MAY 2022 THERAPEUTIC DRUG CLASSES

ACNE AGENTS, TOPICAL  
ANALGESICS, MISCELLANEOUS  
ANALGESICS, NARCOTICS LONG  
ANALGESICS, NARCOTICS SHORT  
ANDROGENIC AGENTS  
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  
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 – *Potential New Class*

### **Recommendations Summary:**

The following drug classes presented for review had no recommended state changes since the May 5, 2021, 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, Miscellaneous
  - Antibiotics, GI
  - Antibiotics, Inhaled
  - Anticoagulants
  - Antiparasitics, Topical
  - Antivirals, Oral
  - Antivirals, Topical
  - BPH Treatments
  - Calcium Channel Blockers
  - Fluoroquinolones, Oral
  - GI Motility, Chronic
  - H. Pylori Treatment
  - Hepatitis B Agents
  - Hepatitis C Agents
  - Hep C Treatment Course
  - Hypoglycemics, Alpha-Glucosidase Inhibitors
  - Hypoglycemics, Incretin Mimetics/Enhancers
  - Hypoglycemics, Meglitinides
  - Hypoglycemics, Metformins
  - Hypoglycemics, SGLT2
  - Hypoglycemics, Sulfonylureas
  - Hypoglycemics, TZD
  - Lipotropics, Statins
  - PAH Agents, Oral and Inhaled
  - Pancreatic Enzymes
  - Penicillins
  - Platelet Aggregation Inhibitors
  - 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 5, 2021, 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 Long
  - Analgesics, Narcotics Short
  - Androgenic Agents
  - Angiotensin Modulator Combinations
  - Angiotensin Modulators
  - Antibiotics, Topical
  - Antibiotics, Vaginal
  - Antiemetics/Antivertigo Agents
  - Antifungals, Oral
  - Antifungals, Topical
  - Antimigraine Agents, Other
  - Antimigraine Agents, Triptans
  - Beta Blockers
  - Bladder Relaxant Preparations
  - Bone Resorption Suppression and Related Agents
  - Cephalosporins and Related Antibiotics
  - Glucagon Agents
  - Growth Hormone
  - Hypoglycemics, Insulin and Related Agents
  - Lipotropics, Other
  - Macrolides/Ketolides
  - Multiple Sclerosis Agents
  - Opiate Dependence Treatments
  - Phosphate Binders
  - Prenatal Vitamins
  - Proton Pump Inhibitors
  - Skeletal Muscle Relaxants
  - Uterine Disorder Treatments (*Potential New Class*)
- Discussion:
    - Kevin Izard acknowledged that a number of generic high cost products are non-preferred while comparable less expensive brand name products are preferred. Izard noted these cases can be frustrating for providers and patients given the general assumption that generic options are less expensive and therefore will be preferred products.

Kim Wohler stated the Department aims to limit cases where brand name products are preferred over generics, and when this occurs, the claims response system provides a message indicating preferred products are in the same drug class as the generic claim being submitted. The Drug Search Tool as well as the Preferred Drug List Quick Reference are additional tools that are used to clearly identify preferred and non-preferred products.

Michael Witkovsky noted an example where the price of Risperdal was kept low by the manufacturer when they brought an authorized generic formulation (risperidone) to market.

- William Raduege 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		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
DIFFERIN CREAM (TOPICAL)	5.3%	P	P				
RETIN-A CREAM (TOPICAL)	21.2%	P	P				
DIFFERIN GEL PUMP (TOPICAL)	4.9%	P	P				
EPIDUO FORTE GEL W/PUMP (TOPICAL)	0.2%	NP	NP				
RETIN-A MICRO 0.04%, 0.1% (TOPICAL)	0.0%	NP	NP				
RETIN-A GEL (TOPICAL)	2.6%	P	P				
BENZAACLIN W/PUMP (TOPICAL)	0.0%	NP	NP				
RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP				
TAZORAC CREAM (TOPICAL)	0.0%	NP	NP				
ACANYA W/PUMP (TOPICAL)	0.0%	NP	NP				
CLINDAGEL (TOPICAL)	0.0%	P	P				
ATRALIN (TOPICAL)	0.0%	NP	NP				
DIFFERIN LOTION (TOPICAL)	0.3%	P	P				
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.3%	P	P				
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	7.2%	P	P				
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	4.2%	P	P				
ACNE MEDICATION GEL OTC (TOPICAL)	0.1%	P	P				
BENZOYL PEROXIDE GEL OTC (TOPICAL)	8.0%	P	P				
ADAPALENE GEL OTC (TOPICAL)	0.0%	NP	NP				
ERYTHROMYCIN GEL (AG) (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	10.0%	P	P				
ERYTHROMYCIN GEL (TOPICAL)	0.0%	NP	NP				
AVITA GEL (TOPICAL)	0.0%	NP	NP				
ALTRENO (TOPICAL)	0.0%	NP	NP				
ERYTHROMYCIN SOLUTION (TOPICAL)	0.6%	P	P				
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	28.3%	P	P				
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.0%	NP	NP				
ADAPALENE GEL (AG) (TOPICAL)	0.0%	NP	NP				
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.1%	NP	NP				
BENZAACLIN (TOPICAL)	0.0%	NP	NP				
AVITA CREAM (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	2.8%	P	P				
CLINDAMYCIN / BENZOYL PEROXIDE (BENZAACLIN) (TOPICAL)	0.1%	NP	NP				
ONEXTON W/PUMP (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.2%	NP	NP				
FABIOR (TOPICAL)	0.0%	NP	NP				
SULFACETAMIDE SODIUM/SULFUR (TOPICAL)	0.1%	P	P				
ADAPALENE GEL (TOPICAL)	0.1%	NP	NP				
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)	0.0%	NP	NP				
SULFACETAMIDE SUSPENSION (TOPICAL)	0.2%	P	P				
TRETINOIN CREAM (TOPICAL)	0.1%	NP	NP				
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN / BENZOYL PEROXIDE (BENZAACLIN) W/PUMP (TOPICAL)	0.0%	NP	NP				
TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)	0.0%	NP	NP				
BP 10-1 (TOPICAL)	0.0%	NP	NP				
ADAPALENE GEL PUMP (AG) (TOPICAL)	0.0%	NP	NP				
SULFACETAMIDE / SULFUR CLEANSER (TOPICAL)	1.5%	P	P				
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.2%	P	P				
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP				
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	NP				
DAPSONE GEL (TOPICAL)	0.1%	NP	NP				
ADAPALENE CREAM (TOPICAL)	0.0%	NP	NP				
TAZAROTENE CREAM (TOPICAL)	0.2%	NP	NP				
TAZAROTENE CREAM (AG) (TOPICAL)	0.0%	NP	NP				
TRETINOIN GEL (ATRALIN) (TOPICAL)	0.0%	NP	NP				
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	NP	NP				
AMZEEQ (TOPICAL)	0.2%	NP	NP				
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.1%	P	P				
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	NP				
ARAZLO (TOPICAL)	0.0%	NP	NP				
RETIN-A MICRO 0.06% PUMP (TOPICAL)	0.0%	NP	NP				
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (AG) (TOPICAL)	0.0%	NR	NP				
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (AG) (TOPICAL)	0.0%	NP	NP				
AKLIEF (TOPICAL)	0.0%	NP	NP				
DAPSONE GEL (AG) (TOPICAL)	0.5%	NP	NP				
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	NP				
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN / TRETINOIN (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)	0.0%	NP	NP				
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (TOPICAL)	0.0%	NR	NP				
OVACE PLUS CREAM ER (TOPICAL)	0.0%	NP	NP				
WINLEVI (TOPICAL)	0.0%	NR	NP				
CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)	0.0%	NP	NP				
AVAR CLEANSER (TOPICAL)	0.0%	NP	NP				
TWYNEO CREAM (G) (TOPICAL)	0.0%	NR	NP				
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (AG) (TOPICAL)	0.0%	NP	NP				
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (TOPICAL)	0.0%	NR	NP				
TAZAROTENE FOAM (AG) (TOPICAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations					
ANALGESICS, NARCOTICS LONG		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
NUCYNTA ER (ORAL)	0.6%	NP	NP				
BUTRANS (TRANSDERM)	3.8%	P	P				
OXYCONTIN (ORAL)	6.0%	NP	NP				
XTAMPZA ER (ORAL)	2.5%	NP	NP				
CONZIP (ORAL)	0.0%	NP	NP				
METHADONE TABLET (ORAL)	3.4%	NP	NP				
METHADONE SOL TABLET (ORAL)	0.0%	P	P				
METHADONE SOLUTION (ORAL)	0.2%	NP	NP				
MORPHINE ER TABLET (ORAL)	15.7%	P	P				
METHADONE CONC (ORAL)	55.1%	P	P				
TRAMADOL ER (ULTRAM ER) (ORAL)	1.4%	P	P				
FENTANYL (TRANSDERM)	6.5%	P	P				
TRAMADOL ER (RYZOLT) (ORAL)	0.1%	NP	NP				
OXYMORPHONE ER (ORAL)	0.1%	NP	NP				
OXYCODONE ER (AG) (ORAL)	0.2%	NP	NP				
HYSINGLA ER (ORAL)	1.6%	P	P				
TRAMADOL ER (CONZIP) (AG) (ORAL)	0.0%	NP	NP				
BELBUCA (BUCCAL)	2.2%	NP	NP				
HYDROCODONE ER (AG) (ORAL)	0.0%	NP	NP				
MORPHINE ER CAPSULE (KADIAN) (ORAL)	0.2%	NP	NP				
BUPRENORPHINE (AG) (TRANSDERM)	0.0%	NP	NP				
MORPHINE ER CAPSULE (AVINZA) (ORAL)	0.0%	NP	NP				
ZOHYDRO ER (ORAL)	0.0%	NP	NP				
BUPRENORPHINE (TRANSDERM)	0.0%	NP	NP				
FENTANYL (37.5, 62.5, 87.5 MCG) (TRANSDERM)	0.0%	NP	NP				
HYDROCODONE ER (HYSINGLA) (ORAL)	0.0%	NR	NP				
HYDROMORPHONE ER (ORAL)	0.1%	NP	NP				
HYDROCODONE ER (ORAL)	0.0%	NP	NP				
BUPRENORPHINE (BUCCAL)	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							
NUCYNTA (ORAL)	0.1%	NP	NP				
MORPHINE SOLUTION (AG) (ORAL)	0.0%	P	P				
OXYDO (ORAL)	0.0%	NP	NP				
TRAMADOL (ORAL)	20.6%	P	P				
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	NP				
APAP / CODEINE ELIXIR (ORAL)	0.0%	P	P				
APAP / CODEINE TABLET (ORAL)	6.2%	P	P				
HYDROCODONE / APAP TABLET (ORAL)	32.0%	P	P				
HYDROMORPHONE TABLET (ORAL)	0.9%	P	P				
TRAMADOL / APAP (ORAL)	0.0%	P	P				
BENZHYDROCODONE/ACETAMINOPHEN (AG) (ORAL)	0.0%	NP	NP				
MORPHINE SOLUTION (ORAL)	0.2%	P	P				
OXYCODONE TABLET (ORAL)	25.0%	P	P				
OXYCODONE SOLUTION (ORAL)	0.9%	P	P				
OXYCODONE / APAP TABLET (ORAL)	12.0%	P	P				
OXYCODONE CAPSULE (ORAL)	0.0%	NP	NP				
MORPHINE IR TABLET (ORAL)	1.1%	P	P				
MORPHINE CONC SOLUTION (ORAL)	0.1%	P	P				
HYDROCODONE / APAP SOLUTION (ORAL)	0.4%	P	P				
HYDROCODONE / IBUPROFEN (ORAL)	0.1%	P	P				
BUTALBITAL COMPOUND W/CODEINE (ORAL)	0.0%	NP	NP				
OXYMORPHONE (ORAL)	0.0%	NP	NP				
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	NP				
CODEINE (ORAL)	0.0%	NP	NP				
BUTALBITAL / CAFFEINE / APAP W/CODEINE (ORAL)	0.1%	NP	NP				
TRAMADOL 100 MG (ORAL)	0.0%	NP	NP				
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	P				
OXYCODONE CONC (ORAL)	0.0%	NP	NP				
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	NP				
MEPERIDINE TABLET (ORAL)	0.0%	NP	NP				
LORTAB (ORAL)	0.0%	NP	NP				
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	NP				
SEGLENTIS (ORAL)	0.0%	NR	NP				
DIHYDROCODEINE / APAP / CAFFEINE (ORAL)	0.0%	NP	NP				
CARISOPRODOL COMPOUND-CODEINE (ORAL)	0.0%	NP	NP				
HYDROMORPHONE SUPPOSITORIES (RECTAL)	0.0%	NP	NP				
FENTORA (BUCCAL)	0.0%	NP	NP				
LEVORPHANOL (ORAL)	0.0%	NP	NP				
FENTANYL (BUCCAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
ANDROGENIC AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
ANDRODERM (TRANSDERM)		2.0%	NP	P			
ANDROGEL GEL PUMP (TRANSDERM)		61.8%	P	P			
TESTIM (TRANSDERM.)		0.0%	NP	NP			
FORTESTA (TRANSDERM)		0.0%	NP	NP			
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)		1.4%	NP	NP			
TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM)		0.1%	P	P			
TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)		2.2%	P	P			
TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM)		2.1%	P	P			
TESTOSTERONE PUMP (AXIRON) (TRANSDERM)		0.7%	NP	NP			
ANDROGEL GEL PACKET (TRANSDERM.)		19.5%	P	NP			
TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)		6.4%	P	P			
NATESTO (NASAL)		0.1%	NP	NP			
TESTOSTERONE GEL (VOGELXO) (TRANSDERM)		2.8%	P	P			
TESTOSTERONE GEL (AG) (FORTESTA) (TRANSDERM)		0.0%	NP	NP			
TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM)		0.9%	NP	NP			
TESTOSTERONE GEL (FORTESTA) (TRANSDERM)		0.0%	NP	NP			
VOGELXO GEL PUMP (TRANSDERM)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANGIOTENSIN MODULATOR COMBINATIONS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AMLODIPINE / VALSARTAN (AG) (ORAL)		0.0%	P	P			
AMLODIPINE / BENAZEPRIL (ORAL)		33.4%	P	P			
AMLODIPINE / OLMESARTAN (ORAL)		26.4%	P	P			
AMLODIPINE / VALSARTAN (ORAL)		12.7%	P	P			
AMLODIPINE / OLMESARTAN (AG) (ORAL)		0.2%	P	P			
AMLODIPINE / OLMESARTAN / HCTZ (AG) (ORAL)		7.5%	P	P			
AMLODIPINE / OLMESARTAN / HCTZ (ORAL)		19.7%	P	P			
TELMISARTAN / AMLODIPINE (ORAL)		0.0%	NP	NP			
AMLODIPINE / VALSARTAN / HCTZ (ORAL)		0.1%	P	NP			



Wisconsin Medicaid		Recommendations				
ANGIOTENSIN MODULATORS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LISINAPRIL HCTZ (ORAL)	7.8%	P	P			
QUINAPRIL HCTZ (AG) (ORAL)	0.0%	NP	NP			
ENALAPRIL HCTZ (ORAL)	0.1%	P	P			
BENAZEPRIL HCTZ (ORAL)	0.0%	NP	NP			
QUINAPRIL HCTZ (ORAL)	0.0%	NP	NP			
CAPTOPRIL HCTZ (ORAL)	0.0%	NP	NP			
FOSINOPRIL HCTZ (ORAL)	0.0%	NP	NP			
LISINOPRIL (ORAL)	47.4%	P	P			
RAMIPRIL (ORAL)	0.2%	P	P			
BENAZEPRIL (ORAL)	1.5%	P	P			
ENALAPRIL (ORAL)	2.4%	P	P			
QUINAPRIL (ORAL)	0.0%	NP	P			
FOSINOPRIL (ORAL)	0.1%	P	P			
TRANDOLAPRIL (ORAL)	0.0%	NP	NP			
MOEXIPRIL (ORAL)	0.0%	NP	NP			
PERINDOPRIL (ORAL)	0.0%	NP	NP			
CAPTOPRIL (ORAL)	0.1%	P	P			
ENALAPRIL SOLUTION (ORAL)	0.2%	NR	P			
QBRELIS SOLUTION (ORAL)	0.1%	NP	NP			
EDARBI (ORAL)	0.0%	NP	NP			
LOSARTAN (ORAL)	30.7%	P	P			
OLMESARTAN (ORAL)	0.5%	P	P			
OLMESARTAN (AG) (ORAL)	0.0%	P	P			
MICARDIS (ORAL)	0.0%	NP	NP			
IRBESARTAN (ORAL)	0.5%	P	P			
VALSARTAN (ORAL)	1.6%	P	P			
TELMISARTAN (ORAL)	0.0%	NP	NP			
CANDESARTAN (AG) (ORAL)	0.0%	NP	NP			
BENICAR (ORAL)	0.0%	NP	NP			
CANDESARTAN (ORAL)	0.0%	NP	NP			
EPROSARTAN (ORAL)	0.0%	NP	NP			
EDARBYCLOR (ORAL)	0.0%	NP	NP			
OLMESARTAN HCTZ (AG) (ORAL)	0.0%	P	P			
OLMESARTAN HCTZ (ORAL)	0.1%	P	P			
LOSARTAN HCTZ (ORAL)	4.0%	P	P			
IRBESARTAN HCTZ (ORAL)	0.1%	P	P			
VALSARTAN HCTZ (ORAL)	0.6%	P	P			
BENICAR HCT (ORAL)	0.0%	NP	NP			
TELMISARTAN HCTZ (ORAL)	0.0%	NP	NP			
MICARDIS HCT (ORAL)	0.0%	NP	NP			
CANDESARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP			
CANDESARTAN HCTZ (ORAL)	0.0%	NP	NP			
ENTRESTO (ORAL)	2.1%	P	P			
ENTRESTO (ORAL)	0.0%	P	Alternate			
TEKTURNA (ORAL)	0.0%	NP	NP			
TEKTURNA HCT (ORAL)	0.0%	NP	NP			
ALISKIREN (AG) (ORAL)	0.0%	NP	NP			
ALISKIREN (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
BACITRACIN ZINC OINTMENT OTC (TOPICAL)	0.0%	NP	NP			
BACITRACIN OTC (TOPICAL)	5.0%	P	P			
BACITRACIN/POLYMYXIN OTC (TOPICAL)	0.3%	P	P			
NEOMYCIN / POLYMYXIN / PRAMOXINE OTC (TOPICAL)	0.1%	P	P			
TRIPLE ANTIBIOTIC OINTMENT OTC (TOPICAL)	5.1%	P	P			
MUPIROCIN OINTMENT (TOPICAL)	89.3%	P	P			
DOUBLE ANTIBIOTIC OINTMENT OTC (TOPICAL)	0.1%	P	P			
GENTAMICIN CREAM (TOPICAL)	0.1%	NP	P			
CENTANY (TOPICAL)	0.0%	NP	NP			
GENTAMICIN OINTMENT (TOPICAL)	0.1%	NP	NP			
MUPIROCIN CREAM (TOPICAL)	0.0%	NP	NP			
XEPI (TOPICAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANTIBIOTICS, VAGINAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
CLEOCIN CREAM (VAGINAL)		0.0%	P	P			
CLEOCIN OVULES (VAGINAL)		2.0%	P	P			
CLINDESSE (VAGINAL)		0.7%	P	P			
CLINDAMYCIN (VAGINAL)		14.3%	P	NP			
METRONIDAZOLE (VAGINAL)		0.2%	NP	P			
VANDAZOLE (VAGINAL)		82.0%	P	NP			
NUVESSA (VAGINAL)		0.7%	P	P			

Wisconsin Medicaid		Recommendations					
ANTIEMETIC/ANTIVERTIGO AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
MECLIZINE OTC (ORAL)		1.1%	P	P			
PROMETHAZINE TABLET (ORAL)		3.0%	P	P			
ONDANSETRON TABLETS (ORAL)		17.6%	P	P			
METOCLOPRAMIDE TABLET (ORAL)		7.0%	P	P			
MECLIZINE (AG) (ORAL)		0.6%	P	P			
ONDANSETRON ODT (ORAL)		47.8%	P	P			
MECLIZINE (ORAL)		5.8%	P	P			
PROCHLORPERAZINE (ORAL)		4.7%	P	P			
PROMETHAZINE SYRUP (ORAL)		4.2%	P	P			
METOCLOPRAMIDE SOLUTION (ORAL)		0.3%	P	P			
ONDANSETRON SOLUTION (ORAL)		2.2%	P	P			
TRIMETHOENZAMIDE (ORAL)		0.0%	P	P			
TRANSDERM-SCOP (TRANSDERM)		0.1%	NP	P			
BONJESTA (ORAL)		0.0%	NP	P			
DICLEGIS (ORAL)		3.0%	P	P			
PROMETHAZINE (RECTAL)		0.4%	P	P			
SCOPOLAMINE (TRANSDERM)		1.6%	P	NP			
PROCHLORPERAZINE (RECTAL)		0.1%	P	P			
GRANISETRON (ORAL)		0.1%	P	P			
DRONABINOL (ORAL)		0.1%	NP	NP			
DRONABINOL (AG) (ORAL)		0.0%	NP	NP			
DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)		0.0%	NP	NP			
DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)		0.0%	NP	NP			
EMEND PACK (ORAL)		0.1%	P	P			
AKYNZEO (ORAL)		0.0%	NP	NP			
METOCLOPRAMIDE ODT (ORAL)		0.0%	NP	NP			
EMEND POWDER PACKET (ORAL)		0.0%	NP	NP			
PROMETHAZINE 50 MG (RECTAL)		0.0%	P	P			
EMEND CAPSULE (ORAL)		0.1%	P	P			
SANCUSO (TRANSDERMAL)		0.0%	NP	NP			
APREPITANT PACK (ORAL)		0.1%	NP	NP			
GIMOTI (NASAL)		0.0%	NP	NP			
APREPITANT CAPSULE (ORAL)		0.1%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANTIFUNGALS, ORAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
SPORANOX SOLUTION (ORAL)		0.1%	P	P			
FLUCONAZOLE TABLET (ORAL)		73.2%	P	P			
TERBINAFINE (ORAL)		6.0%	P	P			
NYSTATIN SUSPENSION (ORAL)		14.5%	P	P			
NOXAFIL TABLET (ORAL)		0.2%	P	P			
KETOCONAZOLE (ORAL)		0.2%	P	P			
FLUCONAZOLE SUSPENSION (ORAL)		2.2%	P	P			
CLOTRIMAZOLE (MUCOUS MEM)		1.0%	P	P			
NYSTATIN TABLET (ORAL)		0.2%	P	P			
ITRACONAZOLE CAPSULE (ORAL)		0.7%	P	P			
GRISEOFULVIN TABLETS (ORAL)		0.0%	NP	NP			
GRISEOFULVIN SUSPENSION (ORAL)		1.2%	P	P			
NOXAFIL SUSPENSION (ORAL)		0.0%	P	P			
VORICONAZOLE TABLETS (ORAL)		0.2%	NP	NP			
VFEND SUSPENSION (ORAL)		0.0%	NP	NP			
GRISEOFULVIN ULTRAMICROSIZED (ORAL)		0.2%	P	P			
BREXAFEMME (ORAL)		0.0%	NR	NP			
TOLSURA (ORAL)		0.0%	NP	NP			
VORICONAZOLE SUSPENSION (ORAL)		0.1%	NP	NP			
POSACONAZOLE TABLET (ORAL)		0.0%	NP	NP			
ITRACONAZOLE SOLUTION (ORAL)		0.0%	NP	NP			
POSACONAZOLE TABLET (AG) (ORAL)		0.0%	NP	NP			
FLUCYTOSINE (ORAL)		0.0%	NP	NP			
CRESEMBA (ORAL)		0.0%	NP	NP			
FLUCYTOSINE (AG) (ORAL)		0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
ANTIFUNGALS, TOPICAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
OXISTAT CREAM (TOPICAL)	0.0%	NP	NP				
OXISTAT LOTION (TOPICAL)	0.0%	NP	NP				
TOLNAFTATE POWDER OTC (TOPICAL)	0.0%	P	P				
MICONAZOLE POWDER OTC (TOPICAL)	0.3%	P	P				
ERTACZO (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE CREAM OTC (TOPICAL)	4.9%	P	P				
MICONAZOLE CREAM OTC (TOPICAL)	1.7%	P	P				
TOLNAFTATE CREAM OTC (TOPICAL)	0.2%	P	P				
NYSTATIN CREAM (TOPICAL)	15.9%	P	P				
CICLOPIROX CREAM (TOPICAL)	0.1%	NP	NP				
MENTAX (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE CREAM RX (TOPICAL)	10.4%	P	P				
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)	8.4%	P	P				
VUSION (TOPICAL)	0.0%	NP	NP				
NYSTATIN-TRIAMCINOLONE OINT (TOPICAL)	0.3%	P	P				
NYSTATIN OINT (TOPICAL)	7.4%	P	P				
KETOCONAZOLE SHAMPOO (TOPICAL)	19.4%	P	P				
CICLOPIROX SOLUTION (TOPICAL)	2.8%	P	P				
NYSTATIN POWDER (TOPICAL)	13.2%	P	P				
NYSTATIN-TRIAMCINOLONE CREAM (TOPICAL)	0.8%	P	P				
ALEVAZOL OTC (TOPICAL)	0.0%	P	P				
KETOCONAZOLE CREAM (TOPICAL)	13.1%	P	P				
EXELDERM SOLUTION (TOPICAL)	0.0%	NP	NP				
ECONAZOLE (TOPICAL)	0.0%	NP	NP				
CICLOPIROX GEL (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE SOLUTION OTC (TOPICAL)	0.1%	P	P				
CICLOPIROX SHAMPOO (TOPICAL)	0.1%	NP	NP				
CLOTRIMAZOLE SOLUTION RX (TOPICAL)	0.6%	P	P				
CICLOPIROX SUSPENSION (AG) (TOPICAL)	0.0%	NP	NP				
CICLOPIROX SUSPENSION (TOPICAL)	0.0%	NP	NP				
JUBLIA (TOPICAL)	0.0%	NP	NP				
EXELDERM CREAM (TOPICAL)	0.0%	NP	NP				
LUZU (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE-BETAMETHASONE LOTION (TOPICAL)	0.0%	NP	NP				
SULCONAZOLE NITRATE SOLUTION (AG) (TOPICAL)	0.0%	NR	NP				
TAVABOROLE (TOPICAL)	0.0%	NP	NP				
SULCONAZOLE NITRATE CREAM (AG) (TOPICAL)	0.0%	NR	NP				
NAFTIFINE CREAM (TOPICAL)	0.0%	NP	NP				
LULICONAZOLE (AG) (TOPICAL)	0.0%	NP	NP				
NAFTIN GEL (TOPICAL)	0.0%	NP	NP				
MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM (AG) (TOPICAL)	0.0%	NP	NP				
NAFTIFINE GEL (TOPICAL)	0.0%	NP	NP				
OXICONAZOLE CREAM (TOPICAL)	0.0%	NP	NP				
BENSAL HP (TOPICAL)	0.0%	NP	NP				
KERYDIN (TOPICAL)	0.0%	NP	NP				
KETOCONAZOLE FOAM (AG) (TOPICAL)	0.0%	NP	NP				
KETOCONAZOLE FOAM (TOPICAL)	0.0%	NP	NP				
MYCOZYL AC CREAM OTC (TOPICAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
ANTIMIGRAINE AGENTS, OTHER		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
CAMBIA (ORAL)	0.2%	NP	NP				
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	10.8%	P	P				
AIMOVIG (SUBCUTANEOUS)	4.0%	NP	NP				
AJOVY (SUBCUTANEOUS)	4.6%	P	P				
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	3.9%	P	P				
EMGALITY PEN (SUBCUTANEOUS)	58.4%	P	P				
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	0.0%	P	Alternate				
EMGALITY PEN (SUBCUTANEOUS)	0.0%	P	Alternate				
NURTEC ODT (ORAL)	0.0%	NP	Alternate				
UBRELVY (ORAL)	12.1%	P	P				
QULIPTA (ORAL)	0.0%	NR	NP				
NURTEC ODT (ORAL)	5.2%	NP	P				
REYVOW (ORAL)	0.2%	NP	NP				
QULIPTA (ORAL)	0.0%	NR	Alternate				
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	0.4%	P	P				
NURTEC ODT (ORAL)	0.0%	NP	Alternate				
ELXYB SOLUTION (ORAL)	0.0%	NR	NP				
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.3%	NP	NP				

Wisconsin Medicaid		Recommendations					
ANTIMIGRAINE AGENTS, TRIPTANS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
IMITREX (NASAL)	1.7%	P	P				
ZOLMITRIPTAN SPRAY (AG) (NASAL)	0.0%	NP	NP				
SUMATRIPTAN (ORAL)	58.6%	P	P				
RIZATRIPTAN TABLET (ORAL)	16.2%	P	P				
RIZATRIPTAN ODT (ORAL)	9.0%	P	P				
ZOLMITRIPTAN TABLET (ORAL)	0.8%	P	P				
NARATRIPTAN (ORAL)	2.3%	P	P				
ELETRIPTAN (AG) (ORAL)	3.2%	P	P				
ELETRIPTAN (ORAL)	2.5%	P	P				
ZOLMITRIPTAN ODT (ORAL)	0.4%	P	P				
SUMATRIPTAN VIAL (SUBCUTANE.)	0.3%	P	P				
ZOMIG (NASAL)	0.5%	P	P				
ONZETRA XSAIL (NASAL)	0.0%	NP	NP				
FROVATRIPTAN (ORAL)	0.1%	NP	NP				
SUMATRIPTAN (NASAL)	0.0%	NP	NP				
SUMATRIPTAN (AG) (NASAL)	0.0%	NP	NP				
ALMOTRIPTAN (ORAL)	0.1%	NP	NP				
SUMATRIPTAN KIT (SUN) (SUBCUTANE.)	0.6%	P	P				
SUMATRIPTAN KIT (AG) (SUBCUTANE.)	1.2%	P	P				
SUMATRIPTAN KIT (SUBCUTANE.)	2.4%	P	P				
SUMATRIPTANNAPROXEN (ORAL)	0.0%	NP	NP				
ZOLMITRIPTAN SPRAY (NASAL)	0.0%	NR	NP				
TREXIMET (ORAL)	0.0%	NP	NP				
ZEMBRACE SYMTOUCH (SUBCUTANE.)	0.0%	NP	NP				
TOSYMRA (NASAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
BETA-BLOCKERS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
BISOPROLOL HCTZ (ORAL)	0.3%	P	P				
ATENOLOL / CHLOROTHALIDONE (ORAL)	0.4%	P	P				
METOPROLOL / HCTZ (ORAL)	0.0%	NP	NP				
BYSTOLIC (ORAL)	0.2%	NP	NP				
ATENOLOL (ORAL)	7.6%	P	P				
COREG CR (ORAL)	0.0%	NP	NP				
METOPROLOL (ORAL)	21.1%	P	P				
CARVEDILOL (ORAL)	14.6%	P	P				
PROPRANOLOL TABLET (ORAL)	11.1%	P	P				
METOPROLOL XL (ORAL)	34.6%	P	P				
SOTALOL (ORAL)	0.5%	P	P				
METOPROLOL XL (AG) (ORAL)	0.0%	P	P				
NADOLOL (ORAL)	0.5%	P	P				
PROPRANOLOL SOLUTION (ORAL)	0.4%	P	P				
PROPRANOLOL ER (AG) (ORAL)	0.0%	P	P				
LABETALOL (ORAL)	2.7%	P	P				
PROPRANOLOL ER (ORAL)	5.1%	P	P				
ACEBUTOLOL (ORAL)	0.0%	P	P				
BISOPROLOL (ORAL)	0.7%	P	P				
NEBIVOLOL (ORAL)	0.0%	NR	NP				
KAPSPARGO (ORAL)	0.0%	NP	NP				
BETAXOLOL (ORAL)	0.0%	NP	NP				
PINDOLOL (ORAL)	0.0%	NP	NP				
HEMANGEOL (ORAL)	0.0%	NP	NP				
CARVEDILOL ER (AG) (ORAL)	0.0%	NP	NP				
TIMOLOL (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		Recommendations					
BLADDER RELAXANT PREPARATIONS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
TOVIAZ (ORAL)	7.8%	P	P				
DETROL LA (ORAL)	0.0%	NP	NP				
DETROL (ORAL)	0.0%	NP	NP				
GELNIQUE (TRANSDERM.)	0.0%	NP	NP				
OXYTROL (TRANSDERM.)	0.3%	NP	NP				
OXYBUTYNIN SYRUP (ORAL)	2.0%	P	P				
OXYBUTYNIN TABLET (ORAL)	18.7%	P	P				
OXYBUTYNIN ER (ORAL)	37.1%	P	P				
SOLIFENACIN (ORAL)	21.8%	P	P				
TROSPIUM (ORAL)	0.3%	NP	NP				
TOLTERODINE (ORAL)	0.1%	NP	NP				
MYRBETRIQ (ORAL)	10.3%	NP	NP				
TOLTERODINE ER (AG) (ORAL)	0.3%	NP	NP				
TOLTERODINE ER (ORAL)	0.4%	NP	NP				
DARIFENACIN ER (ORAL)	0.4%	NP	NP				
MYRBETRIQ GRANULES (ORAL)	0.0%	NR	NP				
TROSPIUM ER (ORAL)	0.3%	NP	NP				
GEMTESA (ORAL)	0.2%	NP	NP				
VESICARE LS (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
BONE RESORPTION SUPPRESSION AND RELATED AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
ALENDRONATE TABLETS (ORAL)	87.4%	P	P				
IBANDRONATE TABLETS (ORAL)	2.7%	P	P				
RALOXIFENE (ORAL)	0.9%	NP	NP				
RISEDRONATE (ACTONEL) (AG) (ORAL)	0.0%	NP	NP				
CALCITONIN SALMON (NASAL)	3.4%	P	P				
RISEDRONATE (ACTONEL) (ORAL)	0.4%	NP	NP				
ATELVIA (ORAL)	0.0%	NP	NP				
ACTONEL (ORAL)	0.0%	NP	NP				
BONIVA (ORAL)	0.0%	NP	NP				
FOSAMAX PLUS D (ORAL)	0.0%	NP	NP				
RISEDRONATE (ATELVIA) (ORAL)	0.0%	NP	NP				
ALENDRONATE SOLUTION (ORAL)	0.5%	NP	NP				
RISEDRONATE (ATELVIA) (AG) (ORAL)	0.0%	NP	NP				
FORTEO (SUBCUTANE.)	1.0%	NP	P				
TERIPARATIDE (BRAND) (SUBCUTANEOUS)	3.4%	P	NP				
TYMLOS (SUBCUTANE.)	0.2%	NP	NP				

Wisconsin Medicaid		Recommendations					
CEPHALOSPORINS AND RELATED ANTIBIOTICS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
CEPHALEXIN CAPSULE (ORAL)	25.5%	P	P				
CEFADROXIL CAPSULE (ORAL)	1.6%	P	P				
AMOXICILLIN/CLAV TABLET (ORAL)	35.4%	P	P				
AMOXICILLIN/CLAV SUSPENSION (ORAL)	11.1%	P	P				
CEPHALEXIN SUSPENSION (ORAL)	4.2%	P	P				
CEFADROXIL SUSPENSION (ORAL)	0.1%	P	P				
CEFADROXIL TABLET (ORAL)	0.0%	NP	NP				
AMOXICILLIN/CLAV CHEW TABLET (ORAL)	0.1%	P	P				
AMOXICILLIN/CLAV XR (ORAL)	0.0%	NP	NP				
CEPHALEXIN TABLET (ORAL)	0.0%	NP	NP				
CEFUROXIME TABLET (ORAL)	2.3%	P	P				
CEFPROZIL TABLET (ORAL)	0.2%	P	P				
CEFPROZIL SUSPENSION (ORAL)	0.3%	P	P				
CEFACLOL CAPSULE (ORAL)	0.0%	P	NP				
CEFACLOL TABLET ER (ORAL)	0.0%	NP	NP				
CEFACLOL SUSPENSION (ORAL)	0.0%	NP	NP				
CEFDINIR CAPSULE (ORAL)	7.5%	P	P				
CEFDINIR SUSPENSION (ORAL)	11.3%	P	P				
CEFIXIME CAPSULE (ORAL)	0.2%	P	P				
SUPRAX CAPSULE (ORAL)	0.0%	P	NP				
CEFIXIME CAPSULE (AG) (ORAL)	0.0%	P	P				
CEFPODOXIME TABLET (ORAL)	0.0%	NP	NP				
CEFPODOXIME SUSPENSION (ORAL)	0.0%	NP	NP				
CEFIXIME SUSPENSION (ORAL)	0.0%	P	P				
SUPRAX SUSPENSION (ORAL)	0.0%	P	NP				
SUPRAX TAB CHEW (ORAL)	0.0%	P	NP				

Wisconsin Medicaid		Recommendations				
GLUCAGON AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
GLUCAGON (INJECTION)	6.0%	P	P			
PROGLYCEM SUSPENSION (ORAL)	2.5%	P	P			
GVOKE VIAL (SUBCUTANEOUS)	0.0%	NR	NP			
GLUCAGON EMERGENCY KIT (FRESENIUS) (INJECTION)	0.1%	NP	NP			
GLUCAGON EMERGENCY KIT (LILLY) (INJECTION)	42.7%	P	P			
ZEGALOGUE AUTOINJECTOR (SUBCUTANEOUS)	0.0%	NR	P			
ZEGALOGUE SYRINGE (SUBCUTANEOUS)	0.0%	NR	P			
GVOKE SYRINGE (SUBCUTANEOUS)	0.0%	NP	NP			
BAQSIMI (NASAL)	46.9%	P	P			
GVOKE PEN (SUBCUTANEOUS)	0.5%	NP	NP			
DIAZOXIDE SUSPENSION (ORAL)	1.4%	NP	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	Alternate			
ZOMACTON VIAL (INJECTION)	0.0%	NP	NP			
GENOTROPIN CARTRIDGE (INJECTION)	3.3%	P	P			
GENOTROPIN DISP SYRIN (INJECTION)	1.4%	P	P			
NUTROPIN AQ PEN (INJECTION)	0.0%	NP	NP			
NUTROPIN AQ PEN (INJECTION)	0.0%	NP	Alternate			
OMNITROPE CARTRIDGE (INJECTION)	0.0%	NP	NP			
NORDITROPIN PEN (INJECTION)	0.0%	P	Alternate			
NORDITROPIN PEN (INJECTION)	95.1%	P	P			
GENOTROPIN CARTRIDGE (INJECTION)	0.0%	P	Alternate			
NUTROPIN AQ PEN (INJECTION)	0.0%	NP	Alternate			
GENOTROPIN DISP SYRIN (INJECTION)	0.0%	P	Alternate			
NORDITROPIN PEN (INJECTION)	0.0%	P	Alternate			
OMNITROPE VIAL (INJECTION)	0.0%	NP	NP			
NORDITROPIN PEN (INJECTION)	0.0%	P	Alternate			
SAIZEN VIAL (INJECTION)	0.0%	NP	NP			
SAIZEN CARTRIDGE (INJECTION)	0.2%	NP	NP			
SEROSTIM VIAL (INJECTION)	0.0%	NP	NP			
SKYTROFA CARTRIDGE (SUBCUTANEOUS)	0.0%	NR	NP			
ZORBTIVE VIAL (INJECTION)	0.0%	NP	NP			
HUMATROPE CARTRIDGE (INJECTION)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS)	0.3%	P	P				
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.7%	P	P				
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.2%	P	P				
HUMALOG MIX PEN (SUBCUTANE.)	0.9%	P	P				
HUMALOG MIX VIAL (SUBCUTANE.)	0.2%	P	P				
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	2.3%	P	P				
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.2%	P	P				
NOVOLOG MIX PEN (SUBCUTANE.)	0.6%	P	P				
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	1.1%	P	P				
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANEOUS)	0.1%	P	P				
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	NP				
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	NP				
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	NP				
NOVOLIN VIAL OTC (SUBCUTANE.)	0.0%	NP	NP				
HUMULIN VIAL OTC (SUBCUTANE.)	2.1%	P	P				
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	P				
HUMULIN PEN OTC (SUBCUTANE.)	1.4%	P	P				
LEVEMIR PENS (SUBCUTANE.)	5.6%	P	P				
LEVEMIR VIAL (SUBCUTANE.)	0.6%	P	P				
LANTUS VIAL (SUBCUTANE.)	4.1%	P	P				
LANTUS SOLOSTAR PEN (SUBCUTANE.)	42.0%	P	P				
SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)	0.0%	NR	NP				
INSULIN GLARGINE-YFGN VIAL (SUBCUTANEOUS)	0.0%	NR	NP				
SEMGLEE (YFGN) PEN (SUBCUTANEOUS)	0.0%	NR	NP				
SEMGLEE PEN (SUBCUTANEOUS)	0.0%	NP	NP				
INSULIN GLARGINE-YFGN PEN (SUBCUTANEOUS)	0.0%	NR	NP				
SEMGLEE VIAL (SUBCUTANEOUS)	0.0%	NP	NP				
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	NP				
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP				
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)	0.1%	NP	NP				
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.2%	NP	NP				
BASAGLAR KWIKPEN (SUBCUTANE.)	0.0%	NP	NP				
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)	0.1%	NP	NP				
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	7.3%	P	P				
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	1.4%	P	P				
INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANEOUS)	0.4%	P	P				
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	NP				
HUMALOG PEN (SUBCUTANE.)	10.9%	P	P				
HUMALOG CARTRIDGE (SUBCUTANE.)	1.6%	P	P				
HUMALOG VIAL (SUBCUTANE.)	3.5%	P	P				
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.4%	P	P				
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP				
NOVOLOG VIAL (SUBCUTANE.)	1.3%	P	P				
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	1.4%	P	P				
NOVOLOG PEN (SUBCUTANE.)	5.2%	P	P				
INSULIN ASPART VIAL (AG) (SUBCUTANEOUS)	0.6%	P	P				
INSULIN ASPART PEN (AG) (SUBCUTANEOUS)	2.7%	P	P				
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANEOUS)	0.1%	P	P				
FIASP PENFILL (SUBCUT)	0.0%	NP	NP				
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.1%	NP	NP				
FIASP VIAL (SUBCUTANE.)	0.1%	NP	NP				
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP				
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	NP				
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	NP				
LYUMJEV VIAL (SUBCUTANEOUS)	0.0%	NP	NP				
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	NP				
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	NP				
HUMALOG 200 U/ML PEN (SUBCUTANE.)	0.1%	NP	NP				

Wisconsin Medicaid		Recommendations					
LIPOTROPICS, OTHER		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
WELCHOL POWDER PACK (ORAL)	0.1%	P	P				
WELCHOL TABLET (ORAL)	1.4%	P	P				
COLESTID GRANULES (ORAL)	0.0%	NP	NP				
COLESEVELAM (AG) (ORAL)	0.0%	NP	NP				
COLESEVELAM (ORAL)	0.0%	NP	NP				
CHOLESTYRAMINE/ASPARTAME (ORAL)	2.2%	P	P				
COLESTIPOL TABLET (ORAL)	4.9%	P	P				
CHOLESTYRAMINE/SUCROSE (ORAL)	7.0%	P	P				
COLESTIPOL GRANULES (ORAL)	0.0%	NP	NP				
COLESEVELAM POWDER PACK (AG) (ORAL)	0.0%	NP	NP				
COLESEVELAM POWDER PACK (ORAL)	0.0%	NP	NP				
PRALUENT PEN (SUBCUTANEOUS)	0.6%	NP	P				
PRALUENT PEN (SUBCUTANEOUS)	0.0%	NP	Alternate				
REPATHA SYRINGE (SUBCUTANEOUS)	0.1%	NP	NP				
NEXLETOL (ORAL)	0.0%	NP	NP				
REPATHA SURECLICK (SUBCUTANEOUS)	2.3%	NP	NP				
NEXLIZET (ORAL)	0.0%	NP	NP				
JUXTAPID (ORAL)	0.0%	NP	NP				
REPATHA PUSHTRONEX (SUBCUTANEOUS)	0.2%	NP	NP				
ANTARA (ORAL)	0.0%	NP	NP				
FENOGLIDE (ORAL)	0.0%	NP	NP				
GEMFIBROZIL (AG) (ORAL)	0.0%	P	P				
EZETIMIBE (ORAL)	27.9%	P	P				
FENOFIBRATE TABLET (TRICOR) (ORAL)	30.3%	P	P				
FENOFIBRATE TABLET (LOFIBRA) (ORAL)	0.3%	NP	NP				
GEMFIBROZIL (ORAL)	9.5%	P	P				
FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)	0.2%	NP	NP				
FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)	0.3%	P	P				
FENOFIBRIC ACID (TRILIPIX) (ORAL)	2.1%	P	P				
FENOFIBRATE (ANTARA) (AG) (ORAL)	0.0%	NP	NP				
LIPOFEN (ORAL)	0.0%	NP	NP				
FENOFIBRIC ACID (FIBRICOR) (ORAL)	0.0%	NP	NP				
FENOFIBRATE (ANTARA) (ORAL)	0.0%	NP	NP				
FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)	0.0%	NP	NP				
FENOFIBRATE (FENOGLIDE) (AG) (ORAL)	0.0%	NP	NP				
FENOFIBRATE (FENOGLIDE) (ORAL)	0.0%	NP	NP				
NIACIN ER (ORAL)	2.2%	P	P				
OMEGA-3 ACID ETHYL ESTERS (ORAL)	8.0%	P	P				
VASCEPA (ORAL)	0.3%	NP	NP				
ICOSAPENT ETHYL (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
MACROLIDES/KETOLIDES		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
AZITHROMYCIN TABLET (ORAL)	77.5%	P	P				
AZITHROMYCIN SUSPENSION (ORAL)	18.6%	P	P				
CLARITHROMYCIN TABLET (ORAL)	2.2%	P	P				
AZITHROMYCIN PACKET (AG) (ORAL)	0.4%	P	P				
CLARITHROMYCIN ER (ORAL)	0.0%	NP	NP				
ERY-TAB (ORAL)	0.0%	P	P				
E.E.S. 400 TABLET (ORAL)	0.0%	P	NP				
CLARITHROMYCIN SUSPENSION (ORAL)	0.3%	P	P				
ERYTHROCIN (ORAL)	0.0%	P	NP				
ERYTHROMYCIN BASE CAPSULE DR (ORAL)	0.0%	P	P				
ERYTHROMYCIN BASE TABLET DR (ORAL)	0.3%	P	P				
ERYTHROMYCIN BASE TABLET (ORAL)	0.0%	NP	NP				
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (AG) (ORAL)	0.4%	P	P				
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (AG) (ORAL)	0.0%	P	P				
ERYPED 400 SUSPENSION (ORAL)	0.0%	P	P				
ERYPED 200 SUSPENSION (ORAL)	0.0%	P	P				
E.E.S. 200 SUSPENSION (ORAL)	0.0%	P	P				
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (ORAL)	0.2%	P	P				



Wisconsin Medicaid		Recommendations					
MULTIPLE SCLEROSIS AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
DALFAMPRIDINE ER (AG) (ORAL)	0.0%	P	P				
AVONEX PEN (INTRAMUSC.)	6.8%	P	P				
AVONEX (INTRAMUSC.)	2.4%	P	P				
COPAXONE 20 MG/ML (SUBCUTANE.)	3.1%	P	P				
DIMETHYL FUMARATE DR (ORAL)	0.0%	P	P				
DALFAMPRIDINE ER (ORAL)	11.4%	P	P				
DIMETHYL FUMARATE DR STARTER PACK (ORAL)	0.0%	P	P				
MAYZENT DOSE PACK (ORAL)	0.1%	NP	NP				
ZEPOSIA STARTER PACK (ORAL)	0.4%	NP	NP				
COPAXONE 40 MG/ML (SUBCUTANE.)	27.2%	P	P				
REBIF (SUBCUTANE.)	1.7%	P	P				
GLATIRAMER 40 MG/ML (SUBCUTANE.)	0.0%	NP	NP				
BETASERON KIT (SUBCUTANE.)	2.0%	P	P				
GLATIRAMER 20 MG/ML (SUBCUTANE.)	0.0%	NP	NP				
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)	3.3%	P	P				
GILENYA (ORAL)	21.1%	P	P				
GILENYA (ORAL)	0.0%	P	Alternate				
PONVORY STARTER PACK (ORAL)	0.0%	NR	NP				
AUBAGIO (ORAL)	16.1%	P	P				
EXTAVIA KIT (SUBCUTANE.)	0.0%	NP	NP				
EXTAVIA VIAL (SUBCUTANE.)	0.0%	NP	NP				
BAFIERTAM CAPSULE DR (ORAL)	0.0%	NP	NP				
PLEGRIDY (INTRAMUSC.)	0.0%	NP	NP				
KESIMPTA (SUBCUTANE.)	1.4%	NP	NP				
VUMERITY (ORAL)	0.0%	NP	NP				
ZEPOSIA CAPSULE (ORAL)	1.3%	NP	NP				
KESIMPTA (SUBCUTANE.)	0.0%	NP	Alternate				
ZEPOSIA STARTER KIT (ORAL)	0.0%	NP	NP				
MAYZENT TABLET (ORAL)	0.3%	NP	NP				
PONVORY TABLET (ORAL)	0.0%	NR	NP				
PLEGRIDY (SUBCUTANE.)	0.1%	NP	NP				
MAVENCLAD (ORAL)	1.2%	NP	NP				

Wisconsin Medicaid		Recommendations					
OPIATE DEPENDENCE TREATMENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
NALTREXONE (ORAL)	5.9%	P	P				
NARCAN SPRAY (NASAL)	5.8%	P	P				
NALOXONE SPRAY (AG) (NASAL)	0.0%	NR	NP				
NALOXONE SYRINGE (INJECTION)	0.0%	P	P				
NALOXONE SPRAY (NASAL)	0.0%	NR	NP				
NALOXONE VIAL (INJECTION)	0.0%	P	P				
KLOXXADO SPRAY (NASAL)	0.0%	NR	NP				
ZIMHI (INJECTION)	0.0%	NR	NP				
VIVITROL (INTRAMUSC)	3.1%	P	P				
BUPRENORPHINE HCL (SUBLINGUAL)	0.9%	NP	NP				
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	1.7%	P	P				
SUBOXONE FILM (SUBLINGUAL)	0.0%	P	Alternate				
SUBOXONE FILM (SUBLINGUAL)	77.1%	P	P				
BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)	0.0%	NP	NP				
SUBOXONE FILM (SUBLINGUAL)	0.0%	P	Alternate				
ZUBSOLV (SUBLINGUAL)	4.1%	P	P				
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate				
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate				
SUBLOCADE (SUBCUTANEOUS)	1.4%	P	P				

Wisconsin Medicaid		Recommendations				
PHOSPHATE BINDERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RENAGEL (ORAL)	58.7%	P	P			
RENVELA TABLET (ORAL)	1.2%	NP	P			
PHOSLYRA (ORAL)	0.6%	P	P			
RENVELA POWDER PACK (ORAL)	0.7%	NP	P			
SEVELAMER CARBONATE TABLET (AG) (ORAL)	0.0%	NP	NP			
SEVELAMER CARBONATE TABLET (ORAL)	0.0%	NP	NP			
CALCIUM ACETATE CAPSULE (ORAL)	30.0%	P	P			
FOSRENOL CHEWABLE TABLET (ORAL)	1.4%	NP	NP			
CALCIUM ACETATE TABLET (ORAL)	2.7%	P	P			
VELPHORO (ORAL)	1.8%	NP	NP			
SEVELAMER HCL TABLET (AG) (ORAL)	0.0%	NP	NP			
SEVELAMER CARBONATE POWDER PACK (ORAL)	0.0%	NP	NP			
AURYXIA (ORAL)	2.9%	NP	NP			
FOSRENOL POWDER PACK (ORAL)	0.1%	NP	NP			
SEVELAMER HCL TABLET (ORAL)	0.0%	NP	NP			
LANTHANUM CARBONATE CHEWABLE TABLET (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
PRENATAL VITAMINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PRENATAL VIT #76/IRON,CARB/FA (ORAL)	2.5%	P	P			
PNV WITH CA,NO.72/IRON/FA (ORAL)	52.4%	P	P			
PUREFE PLUS (ORAL)	0.0%	P	P			
PUREFE OB PLUS (ORAL)	0.0%	P	P			
VITAFOL TAB CHEW (ORAL)	0.0%	NP	NP			
TRINATAL RX 1 (ORAL)	0.7%	P	P			
VITAFOL ULTRA (ORAL)	0.0%	NP	NP			
VP-PNV-DHA (ORAL)	0.0%	NP	NP			
PNV NO.15/IRON FUM & PS CMP/FA (ORAL)	0.0%	P	P			
VITAFOL-ONE (ORAL)	0.0%	NP	NP			
TRICARE (ORAL)	0.0%	P	P			
PRENATAL VIT NO.78/IRON/FA (ORAL)	0.9%	P	P			
FE C/FA (ORAL)	0.0%	P	P			
PNV NO.118/IRON FUMARATE/FA CHEW TABLET (ORAL)	5.3%	P	P			
NESTABS (ORAL)	0.0%	NP	NP			
VITAFOL-OB (ORAL)	0.0%	NP	NP			
PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)	0.1%	P	P			
PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL)	31.4%	P	P			
PNV WITH CA NO.68/IRON/FA NO.1/DHA (ORAL)	0.0%	NP	NP			
COMPLETENATE CHEW TABLET (ORAL)	0.7%	P	P			
OB COMPLETE TABLET (ORAL)	0.0%	NP	NP			
PNV COMBO#47/IRON/FA #1/DHA (ORAL)	5.8%	P	NP			
PNV 11-IRON FUM-FOLIC ACID-OM3 (ORAL)	0.0%	NP	NP			
OB COMPLETE WITH DHA (ORAL)	0.0%	NP	NP			
PNV W-CA NO.40/IRON FUM/FA CMB NO.1 (ORAL)	0.0%	NP	NP			
OB COMPLETE PREMIER (ORAL)	0.0%	NP	NP			
SELECT-OB TAB CHEW (ORAL)	0.0%	NP	NP			
PRENATE ENHANCE (ORAL)	0.0%	NP	NP			
OB COMPLETE ONE (ORAL)	0.0%	NP	NP			
PRENATE STAR (ORAL)	0.0%	NP	NP			
TRISTART DHA (ORAL)	0.0%	NP	NP			
PRENATE CHEWABLE TABLET (ORAL)	0.0%	NP	NP			
OB COMPLETE PETITE (ORAL)	0.0%	NP	NP			
PRENATE RESTORE (ORAL)	0.0%	NP	NP			
ENBRACE HR (ORAL)	0.1%	NP	NP			
PRENATE AM (ORAL)	0.0%	NP	NP			
PRENATE DHA (ORAL)	0.0%	NP	NP			
PRENATE ELITE (ORAL)	0.0%	NP	NP			
PRENATE ESSENTIAL (ORAL)	0.0%	NP	NP			
NESTABS ONE (ORAL)	0.0%	NP	NP			
PRENATE MINI (ORAL)	0.0%	NP	NP			
PRENATE PIXIE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
PROTON PUMP INHIBITORS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
DEXILANT (ORAL)	0.6%	NP	NP				
ZEGERID (ORAL)	0.0%	NP	NP				
OMEPRAZOLE (ORAL)	59.9%	P	P				
PANTOPRAZOLE (ORAL)	32.2%	P	P				
ESOMEPRAZOLE CAPSULES (AG) (ORAL)	0.0%	P	P				
LANSOPRAZOLE CAPSULES (ORAL)	2.5%	P	P				
LANSOPRAZOLE CAPSULES OTC (ORAL)	0.0%	P	P				
ESOMEPRAZOLE CAPSULES (ORAL)	3.6%	P	P				
RABEPRAZOLE TABLETS (ORAL)	0.4%	NP	NP				
PROTONIX SUSPENSION (ORAL)	0.1%	P	P				
NEXIUM SUSPENSION (ORAL)	0.2%	P	P				
PREVACID SOLUTAB (ORAL)	0.1%	NP	NP				
PRILOSEC SUSPENSION (ORAL)	0.2%	P	NP				
LANSOPRAZOLE SOLUTAB (ORAL)	0.1%	NP	NP				
DEXLANSOPRAZOLE CAPSULES (AG) (ORAL)	0.0%	NR	NP				
PANTOPRAZOLE SUSPENSION (ORAL)	0.0%	NP	NP				
ESOMEPRAZOLE SUSPENSION (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 RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
CYCLOBENZAPRINE (ORAL)	42.4%	P	P				
TIZANIDINE TABLETS (ORAL)	32.1%	P	P				
CARISOPRODOL (ORAL)	0.6%	NP	NP				
METHOCARBAMOL (ORAL)	6.3%	P	P				
BACLOFEN (ORAL)	17.8%	P	P				
ORPHENADRINE ER (ORAL)	0.0%	NP	NP				
CHLORZOXAZONE (ORAL)	0.2%	P	P				
TIZANIDINE CAPSULES (ORAL)	0.0%	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				
CARISOPRODOL COMPOUND (ORAL)	0.0%	NP	NP				
METAXALONE (ORAL)	0.3%	NP	NP				
AMRIX (ORAL)	0.0%	NP	NP				
CYCLOBENZAPRINE ER (AG) (ORAL)	0.0%	NP	NP				
LORZONE (ORAL)	0.0%	NP	NP				
FLEQSUVY (ORAL)	0.0%	NR	NP				
CYCLOBENZAPRINE ER (ORAL)	0.0%	NP	NP				
BACLOFEN SOLUTION (AG) (ORAL)	0.0%	NR	NP				
NORGESIC FORTE (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations					
UTERINE DISORDER TREATMENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATION S	STATE MODIFICATION S	SECRETARY MODIFICATIONS
Brand Name							
MYFEMBREE (ORAL)	0.0%	NR	P				
ORILISSA (ORAL)	93.3%	NR	P				
ORIAHNN (ORAL)	6.7%	NR	P				