

**MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE**  
**Recommendations Summary**  
**May 6, 2020**

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**In Attendance:**

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Ward Brown, M.D.	No
3	Catherine Decker, Pharm.D.	Yes
4	John Fangman, M.D.	Yes
5	Kevin IZard, M.D.	Yes
6	Steve Maike, RPh	Yes
7	William E. Raduege, M.D.	Yes
8	Robert Rohloff, M.D.	Yes
9	Pat Towers	No
10	Alicia Walker, Pharm.D.	Yes
11	Michael Witkovsky, M.D.	Yes

*\*This meeting is traditionally in-person, but was held via webinar on May 6, 2020, given the COVID-19 outbreak*

## MAY 2020 THERAPEUTIC DRUG CLASSES

ACNE AGENTS, TOPICAL  
ANALGESICS, MISCELLANEOUS  
ANALGESICS, NARCOTICS LONG  
ANALGESICS, NARCOTICS SHORT  
ANDROGENIC AGENTS  
ANDROGENIC AGENTS, INJECTABLE  
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  
GROWTH HORMONE  
H. PYLORI TREATMENT  
HEPATITIS B AGENTS  
HEPATITIS C AGENTS  
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS  
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS  
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS  
HYPOGLYCEMICS, MEGLITINIDES  
HYPOGLYCEMICS, OTHER (METFORMINS AND SGLT2)  
HYPOGLYCEMICS, SULFONYLUREAS  
HYPOGLYCEMICS, TZD  
LIPOTROPICS, OTHER  
LIPOTROPICS, STATINS  
MACROLIDES/KETOLIDES  
MULTIPLE SCLEROSIS AGENTS  
OPIATE DEPENDENCY  
PAH AGENTS, ORAL AND INHALED  
PANCREATIC ENZYMES  
PENICILLINS  
PHOSPHATE BINDERS  
PLATELET AGGREGATION INHIBITORS  
PRENATAL VITAMINS  
PROTON PUMP INHIBITORS  
SKELETAL MUSCLE RELAXANTS  
TETRACYCLINES  
ULCERATIVE COLITIS AGENTS

## **Recommendations Summary:**

The following drug classes presented for review had no recommended changes since the May 9, 2019 Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

Drug Classes with no recommended changes included in the Committee block vote:

- Analgesics, Miscellaneous
- Androgenic Agents
- Androgenic Agents, Injectable
- Angiotensin Modulator Combinations
- Antibiotics, GI
- Antibiotics, Inhaled
- Antibiotics, Topical
- Anticoagulants
- Antiparasitics, Topical
- Antivirals, Oral
- Antivirals, Topical
- Beta Blockers
- Bladder Relaxant Preparations
- BPH Treatments
- Fluoroquinolones, Oral
- GI Motility, Chronic
- Growth Hormone
- H. Pylori Treatment
- Hepatitis B Agents
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Meglitinides
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZDs
- Lipotropics, Other
- Macrolides/Ketolides
- Pancreatic Enzymes
- Penicillins
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Proton Pump Inhibitors
- Tetracyclines
  
- Discussion: Kelsey Brundage stated that based on testimony offered in the morning, the Committee discussed possible provider outreach and education related to non-preferred products in the beta blockers drug class during the closed session, including the use of the PA/PDL Exemption Prior Authorization form and submission of a prior authorization utilizing the STAT PA system. In addition, expedited emergency supply is available within the STAT PA system for these products.
  
- Robert Rohloff made a motion to accept staff recommendations as presented.
  - Second – Alicia Walker
  - All members were in favor of the motion
  - Motion passes

The following drug classes presented for review had recommended changes since the May 9, 2019 Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

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

- Acne Agents, Topical
- Analgesics, Narcotics Long
- Analgesics, Narcotics Short
- Angiotensin Modulators
- Antibiotics, Vaginal
- Antiemetics/Antivertigo Agents
- Antifungals, Oral
- Antifungals, Topical
- Antimigraine Agents, Other
- Antimigraine Agents, Triptans
- Bone Resorption Suppression and Related Agents
- Calcium Channel Blockers
- Cephalosporins and Related Agents
- Hepatitis C Agents
- Hypoglycemics, Incretin/Mimetic Enhancers
- Hypoglycemics, Insulin and Related Agents
- Hypoglycemics, Other (Metformin & SGLT2)
- Lipotropics, Statins
- Multiple Sclerosis Agents
- Opiate Dependence Treatments
- PAH Agents, Oral and Inhaled
- Prenatal Vitamins
- Skeletal Muscle Relaxants
- Ulcerative Colitis Agents
  
- Discussion: None
- John Fangman made a motion to accept staff recommendations as presented.
  - Second – Kevin Izard
  - All members were in favor of the motion
  - Motion passes

Wisconsin Medicaid ACNE AGENTS, TOPICAL		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TAZORAC 0.1% CREAM (TOPICAL)	0.1%	NP	NP			
TAZORAC 0.1% GEL (TOPICAL)	0.1%	NP	NP			
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP			
ACZONE GEL (TOPICAL)	0.0%	NP	NP			
DIFFERIN GEL PUMP (TOPICAL)	4.8%	P	P			
DIFFERIN CREAM (TOPICAL)	6.7%	P	P			
EPIDUO FORTE GEL W/PUMP (TOPICAL)	0.4%	NP	NP			
EPIDUO (TOPICAL)	5.2%	P	P			
AZELEX (TOPICAL)	1.3%	P	P			
DIFFERIN LOTION (TOPICAL)	0.6%	P	P			
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.2%	P	P			
RETIN-A GEL (TOPICAL)	2.3%	P	P			
ZIANA (TOPICAL)	0.0%	NP	NP			
BENZOYL PEROXIDE GEL OTC (TOPICAL)	10.0%	P	P			
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	6.3%	P	P			
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	5.2%	P	P			
ACZONE GEL W/PUMP (TOPICAL)	0.6%	NP	NP			
RETIN-A CREAM (TOPICAL)	13.6%	P	P			
AVITA CREAM (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL (AG) (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN SOLUTION (TOPICAL)	0.6%	P	P			
RETIN-A MICRO 0.06% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	0.0%	NP	P			
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	9.8%	P	P			
ADAPALENE GEL (TOPICAL)	0.1%	NP	NP			
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.4%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	29.1%	P	P			
ONEXTON W/PUMP (TOPICAL)	0.0%	NP	NP			
ALTRENO (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SUSPENSION (TOPICAL)	0.1%	P	P			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.0%	NP	NP			
TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)	0.0%	NR	NP			
ADAPALENE GEL PUMP (AG) (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN GEL (TOPICAL)	0.8%	P	NP			
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	0.1%	NP	NP			
TRETINOIN CREAM (TOPICAL)	0.3%	NP	NP			
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE CREAM (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR CLEANSER (TOPICAL)	0.6%	P	P			
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.0%	NP	NP			
BP 10-1 (TOPICAL)	0.0%	NP	NP			
TRETINOIN GEL (ATRALIN) (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04% 0.1% PUMP (AG) (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04% 0.1% (AG) (TOPICAL)	0.1%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) (TOPICAL)	0.1%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN GEL (AG) (TOPICAL)	0.0%	P	NP			
DAPSONE GEL (AG) (TOPICAL)	0.2%	NP	NP			
BENZACLIN (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINOIN (TOPICAL)	0.0%	NP	NP			
BENZACLIN W/PUMP (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04% 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	NP			
TAZAROTENE CREAM (AG) (TOPICAL)	0.0%	NP	NP			
TAZAROTENE CREAM (TOPICAL)	0.1%	NP	NP			
ACANYA W/PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) W/PUMP (TOPICAL)	0.1%	NP	NP			
AMZEEQ (TOPICAL)	0.0%	NR	NP			
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.1%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.1%	NP	NP			
AVAR FOAM (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)	0.0%	NP	NP			
AKLIEF (TOPICAL)	0.0%	NR	NP			
DAPSONE GEL (TOPICAL)	0.1%	NP	NP			
AVAR CLEANSER (TOPICAL)	0.0%	NP	NP			
ATRALIN (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04% 0.1% (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04% 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
FABIOR (TOPICAL)	0.0%	NP	NP			
ADAPALENE SOLUTION (TOPICAL)	0.0%	NP	NP			

Wisconsin Medicaid ANALGESICS, NARCOTICS LONG			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NUCYNTA ER (ORAL)	0.6%	NP	NP			
BUTRANS (TRANSDERM)	6.4%	P	P			
OXYCONTIN (ORAL)	11.5%	NP	NP			
METHADONE TABLET (ORAL)	5.8%	NP	NP			
METHADONE SOLUTION (ORAL)	0.3%	NP	NP			
METHADONE SOL TABLET (ORAL)	0.0%	P	P			
XTAMPZA ER (ORAL)	2.9%	NP	NP			
MORPHINE ER TABLET (ORAL)	30.1%	P	P			
METHADONE CONC (ORAL)	19.1%	P	P			
EMBEDA (ORAL)	0.4%	P	P			
FENTANYL (TRANSDERM)	12.8%	P	P			
TRAMADOL ER (ULTRAM ER) (ORAL)	1.8%	P	P			
ZOHYDRO ER (ORAL)	0.1%	NP	NP			
TRAMADOL ER (RYZOLT) (ORAL)	0.0%	NP	NP			
MORPHINE ER CAPSULE (KADIAN) (ORAL)	0.6%	NP	NP			
HYSINGLA ER (ORAL)	4.0%	P	P			
BELBUCA (BUCCAL)	2.7%	NP	NP			
OXYMORPHONE ER (ORAL)	0.3%	NP	NP			
TRAMADOL ER (CONZIP) (AG) (ORAL)	0.0%	NP	NP			
HYDROMORPHONE ER (ORAL)	0.1%	NP	NP			
MORPHINE ER CAPSULE (AVINZA) (ORAL)	0.0%	NP	NP			
KADIAN (ORAL)	0.1%	NP	NP			
OXYCODONE ER (AG) (ORAL)	0.6%	NP	NP			
MORPHABOND ER (ORAL)	0.0%	NP	NP			
BUPRENORPHINE (AG) (TRANSDERM)	0.0%	NP	NP			
HYDROCODONE ER (AG) (ORAL)	0.0%	NR	NP			
BUPRENORPHINE (TRANSDERM)	0.0%	NP	NP			
HYDROCODONE ER (ORAL)	0.0%	NR	NP			
FENTANYL (37.5, 62.5, 87.5 MCG) (TRANSDERM)	0.0%	NP	NP			
ARYMO ER (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid ANALGESICS, NARCOTICS SHORT			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NUCYNTA (ORAL)	0.1%	NP	NP			
OXAYDO (ORAL)	0.0%	NP	NP			
TRAMADOL 100MG TABLET (ORAL)	0.0%	NP	NP			
TRAMADOL 50MG TABLET (ORAL)	21.2%	P	P			
APAP / CODEINE ELIXIR (ORAL)	0.1%	P	P			
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	NP			
APAP / CODEINE TABLET (ORAL)	6.8%	P	P			
MORPHINE IR TABLET (ORAL)	1.0%	P	P			
HYDROCODONE / APAP TABLET (ORAL)	33.3%	P	P			
MORPHINE SOLUTION (ORAL)	0.1%	P	P			
HYDROMORPHONE TABLET (ORAL)	0.8%	P	P			
TRAMADOL / APAP (ORAL)	0.0%	P	P			
BENZHYDROCODONE/ACETAMINOPHEN (AG) (ORAL)	0.0%	NR	NP			
MEPERIDINE TABLET (ORAL)	0.0%	NP	NP			
OXYCODONE TABLET (ORAL)	21.9%	P	P			
MORPHINE CONC SOLUTION (ORAL)	0.1%	P	P			
OXYCODONE / APAP TABLET (ORAL)	12.6%	P	P			
OXYCODONE SOLUTION (ORAL)	1.1%	P	P			
OXYCODONE CAPSULE (ORAL)	0.0%	NP	NP			
HYDROCODONE / APAP SOLUTION (ORAL)	0.5%	P	P			
HYDROCODONE / IBUPROFEN (ORAL)	0.1%	P	P			
DILAUIDD LIQUID (ORAL)	0.0%	NP	NP			
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	NP			
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	NP			
HYDROMORPHONE SUPPOSITORIES (RECTAL)	0.0%	NP	NP			
OXYMORPHONE (ORAL)	0.1%	NP	NP			
BUTALBITAL COMPOUND W/CODEINE (ORAL)	0.0%	NP	NP			
BUTALBITAL / CAFFEINE / APAP W/CODEINE (ORAL)	0.1%	NP	NP			
CODEINE (ORAL)	0.0%	NP	NP			
OXYCODONE / IBUPROFEN (ORAL)	0.0%	NP	NP			
LORTAB (ORAL)	0.0%	NP	NP			
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	P			
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	NP			
OXYCODONE / ASA (ORAL)	0.0%	NP	NP			
CARISOPRODOL COMPOUND-CODEINE (ORAL)	0.0%	NP	NP			
OXYCODONE CONC (ORAL)	0.0%	NP	NP			
ABSTRAL (SUBLINGUAL)	0.0%	NP	NP			
DIHYDROCODEINE / APAP / CAFFEINE (ORAL)	0.0%	NP	NP			
ROXYBOND (ORAL)	0.0%	NP	NP			
FENTORA (BUCCAL)	0.0%	NP	NP			
PRIMLEV (ORAL)	0.0%	NP	NP			
NALOCET (ORAL)	0.0%	NP	NP			
OXYCODONE / APAP TABLET (PRIMLEV) (ORAL)	0.0%	NR	NP			
FENTANYL (BUCCAL)	0.0%	NP	NP			
LEVORPHANOL (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
ANGIOTENSIN MODULATORS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
LISINOPRIL HCTZ (ORAL)	9.2%	P	P				
FOSINOPRIL HCTZ (ORAL)	0.0%	NP	NP				
ENALAPRIL HCTZ (ORAL)	0.2%	P	P				
CAPTROPRI HCTZ (ORAL)	0.0%	NP	NP				
QUINAPRIL HCTZ (ORAL)	0.0%	NP	NP				
BENAZEPRIL HCTZ (ORAL)	0.0%	NP	NP				
LISINOPRIL (ORAL)	47.2%	P	P				
BENAZEPRIL (ORAL)	1.9%	P	P				
RAMIPRIL (ORAL)	0.3%	P	P				
QUINAPRIL (ORAL)	0.0%	NP	NP				
FOSINOPRIL (ORAL)	0.1%	P	P				
MOEXIPRIL (ORAL)	0.0%	NP	NP				
TRANDOLAPRIL (ORAL)	0.0%	NP	NP				
ENALAPRIL (ORAL)	2.9%	P	P				
PERINDOPRIL (ORAL)	0.0%	NP	NP				
CAPTROPRI (ORAL)	0.2%	P	P				
EPANED SOLUTION (ORAL)	0.7%	NP	NP				
QBRELIS SOLUTION (ORAL)	0.1%	NP	NP				
TELMISARTAN (AG) (ORAL)	0.0%	NP	NP				
MICARDIS (ORAL)	0.0%	NP	NP				
EDARBI (ORAL)	0.0%	NP	NP				
BENICAR (ORAL)	0.0%	NP	NP				
LOSARTAN (ORAL)	28.4%	P	P				
IRBESARTAN (ORAL)	0.2%	NP	P				
OLMESARTAN (ORAL)	0.1%	NP	P				
OLMESARTAN (AG) (ORAL)	0.0%	NP	P				
TELMISARTAN (ORAL)	0.1%	NP	NP				
VALSARTAN (ORAL)	2.9%	P	P				
CANDESARTAN (AG) (ORAL)	0.1%	NP	NP				
CANDESARTAN (ORAL)	0.1%	NP	NP				
EPROSARTAN (ORAL)	0.0%	NP	NP				
MICARDIS HCT (ORAL)	0.0%	NP	NP				
EDARBYCLOR (ORAL)	0.0%	NP	NP				
TELMISARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP				
IRBESARTAN HCTZ (ORAL)	0.0%	NP	P				
OLMESARTAN HCTZ (ORAL)	0.0%	NP	P				
OLMESARTAN HCTZ (AG) (ORAL)	0.0%	NP	P				
LOSARTAN HCTZ (ORAL)	2.7%	P	P				
BENICAR HCT (ORAL)	0.0%	NP	NP				
VALSARTAN HCTZ (ORAL)	1.3%	P	P				
TELMISARTAN HCTZ (ORAL)	0.0%	NP	NP				
CANDESARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP				
CANDESARTAN HCTZ (ORAL)	0.0%	NP	NP				
ENTRESTO (ORAL)	1.2%	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%	NR	NP				
ALISKIREN (ORAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations					
ANTIBIOTICS, VAGINAL		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
CLEOCIN OVULES (VAGINAL)	1.7%	P	P				
VANDAZOLE (VAGINAL)	4.6%	P	P				
CLINDESSE (VAGINAL)	0.4%	P	P				
NUVESSA (VAGINAL)	0.3%	P	P				
CLINDAMYCIN (VAGINAL)	6.4%	P	P				
METRONIDAZOLE (VAGINAL)	86.5%	P	NP				

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ANTIEMETIC/ANTIVERTIGO AGENTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
MECLIZINE OTC (ORAL)		1.2%	P	P			
PROMETHAZINE TABLET (ORAL)		3.3%	P	P			
METOCLOPRAMIDE TABLET (ORAL)		8.0%	P	P			
ONDANSETRON TABLETS (ORAL)		18.5%	P	P			
PROMETHAZINE SYRUP (ORAL)		6.7%	P	P			
ONDANSETRON ODT (ORAL)		42.6%	P	P			
MECLIZINE (ORAL)		6.7%	P	P			
PROCHLORPERAZINE (ORAL)		4.3%	P	P			
ONDANSETRON SOLUTION (ORAL)		2.5%	P	P			
TRANSDERM-SCOP (TRANSDERM)		1.5%	P	P			
METOCLOPRAMIDE SOLUTION (ORAL)		0.3%	P	P			
TRIMETHOENZAMIDE (ORAL)		0.0%	P	P			
DICLEGIS (ORAL)		3.4%	P	P			
GRANISETRON (ORAL)		0.1%	P	P			
PROMETHAZINE (RECTAL)		0.4%	P	P			
BONJESTA (ORAL)		0.0%	NP	NP			
PROCHLORPERAZINE (RECTAL)		0.1%	P	P			
SCOPOLAMINE (TRANSDERM)		0.0%	NP	NP			
DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)		0.0%	NR	NP			
DRONABINOL (ORAL)		0.0%	NP	NP			
EMEND POWDER PACKET (ORAL)		0.0%	NP	NP			
AKYNZEO (ORAL)		0.0%	NP	NP			
DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)		0.0%	NR	NP			
METOCLOPRAMIDE ODT (ORAL)		0.0%	NP	NP			
PROMETHAZINE 50 MG (RECTAL)		0.0%	P	P			
EMEND PACK (ORAL)		0.1%	P	P			
EMEND CAPSULE (ORAL)		0.1%	P	P			
VARUBI (ORAL)		0.0%	NP	NP			
APREPITANT CAPSULE (ORAL)		0.1%	NP	NP			
ZUPLENZ (ORAL)		0.0%	NP	NP			
SANCUSO (TRANSDERMAL)		0.0%	NP	NP			
APREPITANT PACK (ORAL)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ANTIFUNGALS, ORAL		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
NOXAFIL TABLET (ORAL)		0.1%	P	P			
SPORANOX SOLUTION (ORAL)		0.1%	P	P			
FLUCONAZOLE TABLET (ORAL)		68.5%	P	P			
TERBINAFINE (ORAL)		7.1%	P	P			
NYSTATIN SUSPENSION (ORAL)		15.8%	P	P			
KETOCONAZOLE (ORAL)		0.2%	P	P			
FLUCONAZOLE SUSPENSION (ORAL)		2.6%	P	P			
NYSTATIN TABLET (ORAL)		0.4%	P	P			
ORAVIG (BUCCAL)		0.0%	NP	NP			
CLOTRIMAZOLE (MUCOUS MEM)		1.0%	P	P			
ITRACONAZOLE CAPSULE (ORAL)		0.6%	P	P			
GRISEFULVIN SUSPENSION (ORAL)		2.7%	P	P			
GRISEFULVIN TABLETS (ORAL)		0.0%	NP	NP			
GRISEFULVIN ULTRAMICROSIZED (ORAL)		0.3%	P	P			
ITRACONAZOLE SOLUTION (ORAL)		0.0%	NP	NP			
VORICONAZOLE TABLETS (ORAL)		0.2%	NP	NP			
ONMEL (ORAL)		0.0%	NP	NP			
VORICONAZOLE SUSPENSION (ORAL)		0.2%	NP	NP			
NOXAFIL SUSPENSION (ORAL)		0.0%	P	P			
TOLSURA (ORAL)		0.0%	NP	NP			
CRESEMBA (ORAL)		0.1%	NP	NP			
POSACONAZOLE TABLET (AG) (ORAL)		0.1%	NR	NP			
POSACONAZOLE SUSPENSION (AG) (ORAL)		0.0%	NR	NP			
VFEND SUSPENSION (ORAL)		0.0%	NP	NP			
POSACONAZOLE TABLET (ORAL)		0.0%	NR	NP			
FLUCYTOSINE (ORAL)		0.0%	NP	NP			

Wisconsin Medicaid		ANTIFUNGALS, TOPICAL					
Brand Name	Curr. MS	Curr. PDL Status	Recommendations				
			PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS	
NAFTIN GEL (TOPICAL)	0.0%	NP	NP				
ERTACZO (TOPICAL)	0.0%	NP	NP				
MICONAZOLE OINT OTC (TOPICAL)	0.0%	P	P				
TOLNAFTATE POWDER OTC (TOPICAL)	0.1%	P	P				
MICONAZOLE CREAM OTC (TOPICAL)	1.8%	P	P				
MICONAZOLE POWDER OTC (TOPICAL)	0.5%	P	P				
TOLNAFTATE CREAM OTC (TOPICAL)	0.1%	P	P				
MENTAX (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE CREAM OTC (TOPICAL)	6.0%	P	P				
LOTTRIM AF CREAM OTC (TOPICAL)	0.0%	P	P				
ALEVAZOL OTC (TOPICAL)	0.0%	P	P				
CICLOPIROX SOLUTION (TOPICAL)	1.8%	P	P				
NYSTATIN CREAM (TOPICAL)	17.1%	P	P				
CLOTRIMAZOLE CREAM RX (TOPICAL)	12.4%	P	P				
KETOCONAZOLE SHAMPOO (TOPICAL)	17.7%	P	P				
NYSTATIN OINT (TOPICAL)	8.1%	P	P				
CLOTRIMAZOLE SOLUTION OTC (TOPICAL)	0.1%	P	P				
KETOCONAZOLE CREAM (TOPICAL)	13.2%	P	P				
JUBLIA (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)	8.3%	P	P				
NYSTATIN-TRIAMCINOLONE CREAM (TOPICAL)	0.0%	NP	NP				
NYSTATIN POWDER (TOPICAL)	12.2%	P	P				
CICLOPIROX CREAM (TOPICAL)	0.0%	NP	NP				
CLOTRIMAZOLE SOLUTION RX (TOPICAL)	0.4%	P	P				
EXELDERM CREAM (TOPICAL)	0.0%	NP	NP				
CICLOPIROX SHAMPOO (TOPICAL)	0.1%	NP	NP				
EXELDERM SOLUTION (TOPICAL)	0.0%	NP	NP				
CICLOPIROX SUSPENSION (AG) (TOPICAL)	0.0%	NR	NP				
LULICONAZOLE (AG) (TOPICAL)	0.0%	NP	NP				
CICLOPIROX SUSPENSION (TOPICAL)	0.0%	NP	NP				
ECONAZOLE (TOPICAL)	0.1%	NP	NP				
CLOTRIMAZOLE-BETAMETHASONE LOTION (TOPICAL)	0.0%	NP	NP				
KERYDIN (TOPICAL)	0.0%	NP	NP				
MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM (AG) (TOPICAL)	0.0%	NP	NP				
OXISTAT LOTION (TOPICAL)	0.0%	NP	NP				
NYSTATIN-TRIAMCINOLONE OINT (TOPICAL)	0.0%	NP	NP				
KETOCONAZOLE FOAM (AG) (TOPICAL)	0.0%	NP	NP				
CICLOPIROX GEL (TOPICAL)	0.0%	NP	NP				
NAFTIFINE CREAM (AG) (TOPICAL)	0.0%	NP	NP				
VUSION (TOPICAL)	0.0%	NP	NP				
NAFTIFINE GEL (TOPICAL)	0.0%	NR	NP				
NAFTIFINE CREAM (TOPICAL)	0.0%	NP	NP				
LUZU (TOPICAL)	0.0%	NP	NP				
KETOCONAZOLE FOAM (TOPICAL)	0.0%	NP	NP				
OXICONAZOLE CREAM (TOPICAL)	0.0%	NP	NP				
BENSAL HP (TOPICAL)	0.0%	NP	NP				

Wisconsin Medicaid		ANTIMIGRAINE AGENTS, OTHER					
Brand Name	Curr. MS	Curr. PDL Status	Recommendations				
			PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS	
AJOVY (SUBCUTANEOUS)	5.6%	NP	P				
AJOVY (SUBCUTANEOUS)	0.0%	NP	Alternate				
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	0.0%	NR	P				
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	0.0%	NR	Alternate				
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	2.6%	P	P				
EMGALITY PEN (SUBCUTANEOUS)	0.0%	P	Alternate				
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	0.0%	P	Alternate				
EMGALITY PEN (SUBCUTANEOUS)	57.3%	P	P				
AIMOVIG (SUBCUTANEOUS)	34.2%	NP	NP				
REYVOW (ORAL)	0.0%	NR	NP				
NURTEC ODT (ORAL)	0.0%	NR	Alternate				
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.0%	NP	Alternate				
NURTEC ODT (ORAL)	0.0%	NR	NP				
UBRELVY (ORAL)	0.0%	NR	Alternate				
NURTEC ODT (ORAL)	0.0%	NR	Alternate				
UBRELVY (ORAL)	0.0%	NR	Alternate				
UBRELVY (ORAL)	0.0%	NR	NP				
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.2%	P	NP				

Wisconsin Medicaid			Recommendations				
ANTIMIGRAINE AGENTS, TRIPTANS							
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS	
ZOLMITRIPTAN TABLET (AG) (ORAL)	0.0%	NP	NP				
ZOLMITRIPTAN ODT (AG) (ORAL)	0.0%	NP	NP				
RIZATRIPTAN TABLET (ORAL)	15.4%	P	P				
SUMATRIPTAN (ORAL)	64.4%	P	P				
RIZATRIPTAN ODT (ORAL)	8.8%	P	P				
NARATRIPTAN (ORAL)	1.0%	NP	P				
ZOLMITRIPTAN TABLET (ORAL)	0.4%	NP	NP				
ELETRIPTAN (ORAL)	0.2%	P	P				
ZOLMITRIPTAN ODT (ORAL)	0.1%	NP	NP				
ELETRIPTAN (AG) (ORAL)	0.2%	P	P				
ZOMIG (NASAL)	0.4%	NP	NP				
SUMATRIPTAN VIAL (SUBCUTANE.)	0.3%	P	P				
SUMATRIPTAN/NAPROXEN (ORAL)	0.0%	NP	NP				
ONZETRA XSAIL (NASAL)	0.0%	NP	NP				
SUMATRIPTAN DISP SYRN (SUBCUTANE.)	0.0%	P	P				
FROVATRIPTAN (ORAL)	0.3%	NP	NP				
SUMATRIPTAN KIT (SUN) (SUBCUTANE.)	0.5%	P	P				
SUMATRIPTAN KIT (SUBCUTANE.)	5.1%	P	P				
SUMATRIPTAN (NASAL)	2.9%	P	P				
ALMOTRIPTAN (ORAL)	0.1%	NP	NP				
ZEMBRACE SYMTOUCH (SUBCUTANE.)	0.1%	NP	NP				
TOSYMRA (NASAL)	0.0%	NR	NP				
TREXIMET (ORAL)	0.0%	NP	NP				

Wisconsin Medicaid			Recommendations			
BONE RESORPTION SUPPRESSION AND RELATED AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AELVIA (ORAL)	0.0%	NP	NP			
ALENDRONATE TABLETS (ORAL)	92.3%	P	P			
IBANDRONATE TABLETS (ORAL)	1.2%	NP	P			
ACTONEL (ORAL)	0.0%	NP	NP			
RALOXIFENE (ORAL)	1.3%	NP	NP			
RISEDRONATE (ACTONEL) (ORAL)	0.6%	NP	NP			
FOSAMAX PLUS D (ORAL)	0.0%	NP	NP			
RISEDRONATE (ACTONEL) (AG) (ORAL)	0.0%	NP	NP			
ALENDRONATE SOLUTION (ORAL)	0.2%	NP	NP			
CALCITONIN SALMON (NASAL)	2.5%	P	P			
BINOSTO (ORAL)	0.0%	NP	NP			
BONIVA (ORAL)	0.0%	NP	NP			
RISEDRONATE (ATELVIA) (AG) (ORAL)	0.1%	NP	NP			
RISEDRONATE (ATELVIA) (ORAL)	0.0%	NP	NP			
FORTEO (SUBCUTANE.)	1.5%	NP	P			
TYMLOS (SUBCUTANE.)	0.3%	NP	NP			

Wisconsin Medicaid			Recommendations			
CALCIUM CHANNEL BLOCKERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMLODIPINE (ORAL)	77.3%	P	P			
FELODIPINE ER (ORAL)	0.1%	NP	NP			
ISRADIPINE (ORAL)	0.0%	NP	NP			
NIFEDIPINE ER (ORAL)	5.6%	P	P			
NIFEDIPINE IR (ORAL)	0.2%	P	P			
NISOLDIPINE (ORAL)	0.0%	NP	NP			
KATERZIA (ORAL)	0.4%	NR	NP			
NICARDIPINE (ORAL)	0.0%	NP	NP			
NIMODIPINE (ORAL)	0.0%	P	P			
NYMALIZE (ORAL)	0.0%	NP	NP			
VERAPAMIL TABLET (ORAL)	0.9%	P	P			
DILTIAZEM TABLET (ORAL)	1.0%	P	P			
VERAPAMIL TABLET ER (ORAL)	3.1%	P	P			
DILTIAZEM CAPSULE ER (ORAL)	11.2%	P	P			
DILTIAZEM LA (AG) (ORAL)	0.0%	NP	NP			
MATZIM LA (ORAL)	0.0%	NP	NP			
CARDIZEM LA (ORAL)	0.0%	NP	NP			
VERAPAMIL CAPSULE ER (ORAL)	0.1%	NP	NP			
VERAPAMIL ER PM (ORAL)	0.0%	NP	NP			
VERAPAMIL 360 MG CAPSULE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid			Recommendations			
CEPHALOSPORINS AND RELATED ANTIBIOTICS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CEPHALEXIN CAPSULE (ORAL)	22.3%	P	P			
CEFADROXIL CAPSULE (ORAL)	1.3%	P	P			
AMOXICILLIN/CLAV TABLET (ORAL)	30.8%	P	P			
AMOXICILLIN/CLAV TABLET (AG) (ORAL)	0.0%	P	P			
CEPHALEXIN SUSPENSION (ORAL)	4.8%	P	P			
AMOXICILLIN/CLAV SUSPENSION (ORAL)	14.7%	P	P			
CEFADROXIL SUSPENSION (ORAL)	0.2%	P	P			
CEFADROXIL TABLET (ORAL)	0.0%	NP	NP			
AMOXICILLIN/CLAV CHEW TABLET (ORAL)	0.2%	P	P			
CEPHALEXIN TABLET (ORAL)	0.0%	NP	NP			
AMOXICILLIN/CLAV XR (ORAL)	0.0%	NP	NP			
AUGMENTIN 125 SUSPENSION (ORAL)	0.0%	P	P			
CEFUROXIME TABLET (ORAL)	2.8%	P	P			
CEFPROZIL TABLET (ORAL)	0.2%	P	P			
CEFACTOR CAPSULE (ORAL)	0.0%	P	P			
CEFPROZIL SUSPENSION (ORAL)	0.4%	P	P			
CEFACTOR SUSPENSION (ORAL)	0.0%	NP	NP			
CEFACTOR TABLET ER (ORAL)	0.0%	NP	NP			
CEFDINIR CAPSULE (ORAL)	6.8%	P	P			
SUPRAX CAPSULE (ORAL)	0.3%	P	P			
CEFDINIR SUSPENSION (ORAL)	14.9%	P	P			
CEFIXIME CAPSULE (ORAL)	0.0%	NR	NP			
CEFIXIME CAPSULE (AG) (ORAL)	0.0%	NR	NP			
CEFPODOXIME SUSPENSION (ORAL)	0.0%	NP	NP			
SUPRAX TAB CHEW (ORAL)	0.0%	P	P			
CEFPODOXIME TABLET (ORAL)	0.0%	NP	NP			
SUPRAX SUSPENSION (ORAL)	0.0%	P	P			
CEFIXIME SUSPENSION (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid			Recommendations			
HEPATITIS C AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PEG-INTRON (SUBCUTANE.)	0.0%	P	P			
PEGASYS VIAL (SUBCUTANE.)	5.3%	P	P			
PEGASYS SYRINGE (SUB-Q)	10.5%	P	P			
RIBASPHERE 600 MG (ORAL)	0.0%	NP	NP			
RIBAVIRIN CAPSULE (ORAL)	31.6%	P	P			
RIBAVIRIN TABLET (ORAL)	52.6%	P	P			
RIBAPAK (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid			Recommendations			
HEP C TRTMENT CRSE						
Brand Name	Current Market Share	Current PDL Status	PDL Rec.	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ZEPATIER (ORAL)	0.4%	P	NP			
MAVYRET (ORAL) (8 WEEKS)	55.3%	P	P			
EPCLUSA (ORAL)	30.2%	P	P			
SOFOSBUVIR/VELPATASVIR (AG) (ORAL)	0.0%	NP	P			
HARVONI (ORAL) (8 WEEKS)	0.0%	P	Alternate			
MAVYRET (ORAL) (12 WEEKS)	0.0%	P	Alternate			
LEDIPASVIR-SOFOSBUVIR (AG) (ORAL) (8 WEEKS)	0.0%	NP	Alternate			
HARVONI (ORAL) (12 WEEKS)	12.5%	P	NP			
LEDIPASVIR-SOFOSBUVIR (AG) (ORAL) (12 WEEKS)	0.0%	NP	NP			
VOSEVI (ORAL)	1.6%	NP	NP			
SOVALDI (ORAL) (12 WEEKS)	0.0%	NP	NP			
SOVALDI (ORAL) (24 WEEKS)	0.0%	NP	Alternate			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
KAZANO (ORAL)	0.0%	NP	NP				
TRADJENTA (ORAL)	9.2%	P	P				
JENTADUETO (ORAL)	1.2%	P	P				
JANUVIA (ORAL)	31.4%	P	P				
JANUMET (ORAL)	6.1%	P	P				
ONGLYZA (ORAL)	0.2%	NP	NP				
JANUMET XR (ORAL)	2.9%	P	P				
KOMBIGLYZE XR (ORAL)	0.1%	NP	NP				
OSENI (ORAL)	0.0%	NP	NP				
JENTADUETO XR (ORAL)	0.0%	NP	NP				
GLYXAMBI (ORAL)	0.4%	P	P				
QTERN (ORAL)	0.0%	NP	NP				
ALOGLIPTIN (AG) (ORAL)	0.0%	NP	NP				
ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)	0.0%	NP	NP				
ALOGLIPTIN/METFORMIN (AG) (ORAL)	0.0%	NP	NP				
NESINA (ORAL)	0.0%	NP	NP				
STEGLUJAN (ORAL)	0.0%	NP	NP				
SYMLIN PENS (SUBCUTANE.)	0.0%	P	P				
BYETTA PENS (SUBCUTANE.)	0.8%	P	P				
VICTOZA (SUBCUTANE.)	14.2%	P	P				
BYDUREON PENS (SUBCUTANE.)	8.7%	P	P				
TRULICITY (SUBCUTANE.)	24.8%	P	P				
SOLIQUA (SUBCUTANE.)	0.0%	NP	NP				
BYDUREON BCISE (SUBCUTANE.)	0.0%	NP	NP				
RYBELSUS (ORAL)	0.0%	NR	NP				
XULTOPHY (SUBCUTANE.)	0.0%	NP	NP				
OZEMPIC (SUBCUTANE.)	0.0%	NP	NP				
ADLYXIN (SUBCUTANE.)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.3%	P	P				
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.4%	NP	P				
HUMALOG MIX VIAL (SUBCUTANE.)	0.2%	P	P				
NOVOLOG MIX PEN (SUBCUTANE.)	0.7%	P	P				
HUMALOG MIX PEN (SUBCUTANE.)	1.6%	P	P				
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	1.6%	P	P				
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	P				
HUMULIN PEN OTC (SUBCUTANE.)	1.0%	P	P				
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	1.1%	P	P				
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	0.0%	NP	NP				
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	0.0%	NP	NP				
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	NP				
HUMULIN VIAL OTC (SUBCUTANE.)	2.1%	P	P				
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	NP				
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANEOUS)	0.0%	NR	NP				
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	NP				
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.0%	NR	NP				
NOVOLIN VIAL OTC (SUBCUTANE.)	0.0%	NP	NP				
LEVEMIR VIAL (SUBCUTANE.)	0.7%	P	P				
LEVEMIR PENS (SUBCUTANE.)	6.2%	P	P				
LANTUS VIAL (SUBCUTANE.)	5.7%	P	P				
LANTUS SOLOSTAR PEN (SUBCUTANE.)	42.0%	P	P				
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP				
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	NP				
TRESIBA FLEXTOUCH 100 U/MIL PEN (SUBCUTANEOUS)	0.1%	NP	NP				
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP				
TRESIBA FLEXTOUCH 200 U/MIL PEN (SUBCUTANEOUS)	0.1%	NP	NP				
BASAGLAR KWIKPEN (SUBCUTANE.)	0.0%	NP	NP				
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP				
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.3%	P	P				
HUMALOG CARTRIDGE (SUBCUTANE.)	2.3%	P	P				
HUMALOG PEN (SUBCUTANE.)	19.6%	P	P				
NOVOLOG PEN (SUBCUTANE.)	5.7%	P	P				
HUMALOG VIAL (SUBCUTANE.)	5.9%	P	P				
NOVOLOG VIAL (SUBCUTANE.)	1.6%	P	P				
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	NP				
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	0.2%	P	P				
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.0%	NP	NP				
FIASP PENFILL (SUBCUT)	0.0%	NR	NP				
FIASP VIAL (SUBCUTANE.)	0.0%	NP	NP				
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	NP				
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP				
INSULIN ASPART VIAL (AG) (SUBCUTANEOUS)	0.0%	NR	NP				
INSULIN ASPART PEN (AG) (SUBCUTANEOUS)	0.0%	NR	NP				
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANEOUS)	0.0%	NR	NP				
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	NP				
HUMALOG 200 U/MIL PEN (SUBCUTANE.)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, METFORMINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METFORMIN (ORAL)	63.3%	P	P			
METFORMIN ER (GLUCOPHAGE XR) (ORAL)	35.8%	P	P			
GLYBURIDE-METFORMIN (ORAL)	0.5%	P	P			
RIOMET SOLUTION (ORAL)	0.3%	NP	NP			
GLIPIZIDE-METFORMIN (ORAL)	0.0%	NP	NP			
METFORMIN ER (FORTAMET) (ORAL)	0.0%	NP	NP			
RIOMET ER SUSPENSION (ORAL)	0.0%	NR	NP			
METFORMIN ER (GLUMETZA) (ORAL)	0.1%	NP	NP			
GLUMETZA (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, SGLT2						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
JARDIANCE (ORAL)	44.6%	P	P			
INVOKANA (ORAL)	31.2%	P	P			
INVOKAMET (ORAL)	0.1%	NP	P			
FARXIGA (ORAL)	23.8%	P	P			
XIGDUO XR (ORAL)	0.2%	NP	P			
SYNJARDY (ORAL)	0.0%	NP	NP			
INVOKAMET XR (ORAL)	0.1%	NP	NP			
SYNJARDY XR (ORAL)	0.1%	NP	NP			
STEGLATRO (ORAL)	0.0%	NP	NP			
SEGLUROMET (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
LIPOTROPICS, STATINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SIMVASTATIN TABLET (ORAL)	15.8%	P	P			
LOVASTATIN (ORAL)	3.3%	P	P			
ROSUVASTATIN (ORAL)	14.4%	P	P			
PRAVASTATIN (ORAL)	9.2%	P	P			
ATORVASTATIN (ORAL)	57.2%	P	P			
VYTORIN (ORAL)	0.0%	NP	NP			
EZETIMBE-SIMVASTATIN (ORAL)	0.0%	NP	NP			
LIVALO (ORAL)	0.1%	NP	NP			
EZALLOR SPRINKLE (ORAL)	0.0%	NR	NP			
AMLODIPINE-ATORVASTATIN (ORAL)	0.0%	NP	NP			
ZYPITAMAG (ORAL)	0.0%	NP	NP			
ALTOPREV (ORAL)	0.0%	NP	NP			
FLUVASTATIN (ORAL)	0.0%	NP	NP			
FLUVASTATIN ER (ORAL)	0.0%	NP	NP			
FLUVASTATIN ER (AG) (ORAL)	0.0%	NP	NP			
LESCOL XL (ORAL)	0.0%	NP	NP			
CADUET (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							
DALFAMPRIDINE ER (AG) (ORAL)	0.0%	NP	NP				
AVONEX PEN (INTRAMUSC.)	4.3%	P	P				
AVONEX (INTRAMUSC.)	2.4%	P	P				
COPAXONE 20 MG/ML (SUBCUTANE.)	4.3%	P	P				
AMPYRA (ORAL)	8.9%	NP	P				
DALFAMPRIDINE ER (ORAL)	0.0%	NP	NP				
BETASERON KIT (SUBCUTANE.)	2.4%	P	P				
REBIF (SUBCUTANE.)	2.5%	P	P				
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)	2.3%	P	P				
COPAXONE 40 MG/ML (SUBCUTANE.)	27.5%	P	P				
GLATIRAMER 20 MG/ML (SUBCUTANE.)	0.0%	NP	NP				
GLATIRAMER 40 MG/ML (SUBCUTANE.)	0.0%	NP	NP				
GILENYA (ORAL)	20.1%	P	P				
AUBAGIO (ORAL)	16.4%	P	P				
TECFIDERA (ORAL)	7.8%	NP	P				
TECFIDERA STARTER PACK (ORAL)	0.3%	NP	P				
EXTAVIA KIT (SUBCUTANE.)	0.0%	NP	NP				
EXTAVIA VIAL (SUBCUTANE.)	0.0%	NP	NP				
PLEGRIDY (SUBCUTANE.)	0.3%	NP	NP				
VUMERITY (ORAL)	0.0%	NR	NP				
MAYZENT TABLET (ORAL)	0.3%	NR	NP				
MAVENCLAD (ORAL)	0.2%	NR	NP				

Wisconsin Medicaid		Recommendations					
OPIATE DEPENDENCE TREATMENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
NALTREXONE (ORAL)	6.1%	P	P				
NALOXONE VIAL (INJECTION)	0.0%	P	P				
NALOXONE SYRINGE (INJECTION)	0.0%	P	P				
NARCAN SPRAY (NASAL)	3.5%	P	P				
VIVITROL (INTRAMUSC)	3.9%	P	P				
SUBOXONE FILM (SUBLINGUAL)	0.0%	P	Alternate				
SUBOXONE FILM (SUBLINGUAL)	79.4%	P	P				
BUPRENORPHINE HCL (SUBLINGUAL)	2.9%	NP	NP				
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	0.1%	NP	P				
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate				
BUNAVAIL (BUCCAL)	0.0%	NP	NP				
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate				
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate				
ZUBSOLV (SUBLINGUAL)	3.8%	P	P				
BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)	0.0%	NP	NP				
BUPRENORPHINE/NALOXONE FILM (AG) (SUBLINGUAL)	0.0%	NP	NP				
SUBLOCADE (SUBCUTANEOUS)	0.3%	NP	P				

Wisconsin Medicaid		Recommendations					
PAH AGENTS, ORAL AND INHALED		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
VENTAVIS (INHALATION)	0.0%	NP	NP				
TYVASO (INHALATION)	2.6%	NP	NP				
BOSENTAN TABLET (AG) (ORAL)	0.0%	NR	NP				
TRACLEER TABLET (ORAL)	4.1%	P	P				
AMBRISENTAN (ORAL)	0.7%	NR	P				
BOSENTAN TABLET (ORAL)	0.0%	NR	NP				
TRACLEER SUSPENSION (ORAL)	0.4%	NP	NP				
OPSUMIT (ORAL)	10.5%	P	P				
ORENTRAM ER (ORAL)	5.9%	NP	NP				
ADEMPAS (ORAL)	3.3%	NP	NP				
UPTRAVI (ORAL)	7.8%	NP	NP				
UPTRAVI TABLET DOSE PACK (ORAL)	1.3%	NP	NP				
REVATIO SUSPENSION (ORAL)	0.7%	NP	NP				
SILDENAFIL TABLET (ORAL)	47.9%	P	P				
TADALAFIL (ADCIRCA) (ORAL)	14.8%	P	P				
SILDENAFIL SUSPENSION (AG) (ORAL)	0.0%	NR	NP				
SILDENAFIL SUSPENSION (ORAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations					
PRENATAL VITAMINS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
CONCEPT DHA (ORAL)	0.0%	NP	P				
CONCEPT OB (ORAL)	0.0%	NP	P				
PNV WITH CA,NO.72/IRON/FA (ORAL)	57.3%	P	P				
PUREFE PLUS (ORAL)	0.0%	NP	P				
PUREFE OB PLUS (ORAL)	0.0%	NP	P				
VITAFOL TAB CHEW (ORAL)	0.0%	NP	NP				
PNV69/IRON,CARBONYL/FA/DSS/DHA (ORAL)	0.0%	NR	NP				
TRICARE (ORAL)	0.0%	NP	P				
VITAFOL ULTRA (ORAL)	0.0%	NP	NP				
VP-PNV-DHA (ORAL)	0.0%	NP	NP				
TRINATAL RX 1 (ORAL)	0.5%	P	P				
CITRANATAL HARMONY (ORAL)	0.0%	NP	NP				
PNV NO.15/IRON FUM & PS CMP/FA (ORAL)	0.1%	P	P				
PRENATAL VIT NO.78/IRON/FA (ORAL)	0.8%	P	P				
VITAFOL-ONE (ORAL)	0.0%	NP	NP				
PROVIDA OB (ORAL)	0.0%	NP	P				
PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)	0.0%	P	P				
VITAFOL NANO (ORAL)	0.0%	NP	NP				
VOL-PLUS (ORAL)	2.0%	P	P				
PRENATAL VIT #76/IRON,CARB/FA (ORAL)	2.3%	P	P				
FE C/FA (ORAL)	0.0%	P	P				
NESTABS (ORAL)	0.0%	NP	NP				
VITAFOL-OB (ORAL)	0.0%	NP	NP				
PNV NO.118/IRON FUMARATE/FA CHEW TABLET (ORAL)	4.8%	P	P				
PNV66/IRON FUMARATE/FA/DSS/DHA (ORAL)	0.0%	NP	NP				
PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL)	25.6%	P	P				
PNV 11-IRON FUM-FOLIC ACID-OM3 (ORAL)	0.0%	NP	NP				
COMPLETENATE CHEW TABLET (ORAL)	0.7%	P	P				
OB COMPLETE TABLET (ORAL)	0.0%	NP	NP				
PNV80/IRON FUMARATE/FA/DSS/DHA (ORAL)	0.0%	NP	NP				
VP-CH-PNV (ORAL)	0.0%	NP	NP				
TARON-PREX PRENATAL (ORAL)	0.0%	NP	NP				
PNV WITH CA NO.68/IRON/FA NO.1/DHA (ORAL)	0.0%	NP	NP				
OB COMPLETE WITH DHA (ORAL)	0.0%	NP	NP				
CITRANATAL RX (ORAL)	0.0%	NP	NP				
PNV W-CA NO.40/IRON FUM/FA CMB NO.1 (ORAL)	0.0%	NP	NP				
PNV COMBO#47/IRON/FA #1/DHA (ORAL)	4.8%	P	P				
OB COMPLETE PETTIE (ORAL)	0.0%	NP	NP				
TRISTART DHA (ORAL)	0.0%	NP	NP				
PRENATE STAR (ORAL)	0.0%	NP	NP				
OB COMPLETE ONE (ORAL)	0.0%	NP	NP				
PRENATE CHEWABLE TABLET (ORAL)	0.0%	NP	NP				
SELECT-OB TAB CHEW (ORAL)	0.0%	NP	NP				
PRENATE AM (ORAL)	0.0%	NP	NP				
NESTABS ONE (ORAL)	0.0%	NP	NP				
PRENATE DHA (ORAL)	0.0%	NP	NP				
OB COMPLETE PREMIER (ORAL)	0.0%	NP	NP				
PRENATE ELITE (ORAL)	0.0%	NP	NP				
PRENATE ENHANCE (ORAL)	0.0%	NP	NP				
PRENATE ESSENTIAL (ORAL)	0.0%	NP	NP				
ENBRACE HR (ORAL)	0.2%	NP	NP				
PRENATE MINI (ORAL)	0.8%	NP	NP				
PRENATE PIXIE (ORAL)	0.1%	NP	NP				
PRENATE RESTORE (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							
CYCLOBENZAPRINE 10 MG (ORAL)	33.2%	P	P				
CYCLOBENZAPRINE 5 MG (ORAL)	9.5%	P	P				
TIZANIDINE TABLETS (ORAL)	30.0%	P	P				
METHOCARBAMOL (ORAL)	5.5%	P	P				
CARISOPRODOL (ORAL)	0.7%	NP	NP				
BACLOFEN (ORAL)	20.0%	P	P				
ORPHENADRINE ER (ORAL)	0.1%	NP	NP				
CHLORZOXAZONE 500 MG (ORAL)	0.2%	P	P				
CYCLOBENZAPRINE 7.5 MG (ORAL)	0.0%	NP	NP				
TIZANIDINE CAPSULES (ORAL)	0.0%	NP	NP				
AMRIX (ORAL)	0.0%	NP	NP				
METAXALONE (ORAL)	0.4%	NP	NP				
CARISOPRODOL COMPOUND (ORAL)	0.0%	NP	NP				
DANTROLENE SODIUM (ORAL)	0.3%	P	P				
DANTROLENE SODIUM (AG) (ORAL)	0.0%	P	P				
CARISOPRODOL 250 MG (ORAL)	0.1%	NP	NP				
CYCLOBENZAPRINE ER (AG) (ORAL)	0.0%	NP	NP				
CHLORZOXAZONE 375 MG (ORAL)	0.0%	NP	NP				
CYCLOBENZAPRINE ER (ORAL)	0.0%	NP	NP				
CHLORZOXAZONE 750 MG (ORAL)	0.0%	NP	NP				
LORZONE (ORAL)	0.0%	NP	NP				
NORGESIC FORTE (ORAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ULCERATIVE COLITIS AGENTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
MESALAMINE (LIALDA) (AG) (ORAL)	0.0%	NP	NP				
DELZICOL (ORAL)	0.0%	NP	NP				
LIALDA (ORAL)	44.9%	P	P				
PENTASA (ORAL)	2.5%	NP	NP				
MESALAMINE ER (APRISO) (AG) (ORAL)	1.4%	NR	NP				
APRISO (ORAL)	13.8%	P	P				
DIPENTUM (ORAL)	0.3%	NP	NP				
SULFASALAZINE (ORAL)	18.4%	P	P				
SULFASALAZINE DR (ORAL)	4.7%	P	P				
ASACOL HD (ORAL)	0.1%	NP	NP				
BALSALAZIDE (ORAL)	5.3%	P	P				
MESALAMINE (DELZICOL) (AG) (ORAL)	0.0%	NR	NP				
MESALAMINE (DELZICOL) (ORAL)	0.2%	NR	NP				
MESALAMINE ER (APRISO) (ORAL)	0.0%	NR	NP				
MESALAMINE (LIALDA) (ORAL)	0.2%	NP	NP				
MESALAMINE (ASACOL HD) (ORAL)	1.1%	NP	NP				
BUDESONIDE DR (AG) (ORAL)	2.0%	P	P				
BUDESONIDE DR (ORAL)	0.1%	P	P				
CANASA (RECTAL)	3.0%	P	P				
ROWASA (RECTAL)	1.7%	P	P				
MESALAMINE (SFROWASA) (RECTAL)	0.0%	NP	NP				
UCERIS (RECTAL)	0.0%	NP	NP				
MESALAMINE (CANASA) (AG) (RECTAL)	0.0%	NP	NP				
MESALAMINE KIT (ROWASA) (RECTAL)	0.0%	NP	NP				
MESALAMINE (CANASA) (RECTAL)	0.0%	NP	NP				