MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
May 7, 2025

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Ward Brown, M.D.	No
3	David Dowell, M.D.	Yes
4	Kevin Izard, M.D.	Yes, joined virtual meeting at 11:30am
5	Jessie Lawton, Pharm. D.	Yes
6	Catherine A. Decker Lindsay, Pharm. D.	Yes
7	Samantha Marsh, Pharm D	Yes
8	William E. Raduege, M.D.	No
9	Chris Schwake, M.D.	Yes
10	Alicia Walker, Pharm. D.	No
11	Michael Witkovsky, M.D.	No

MAY 2025 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 (ANTIBIOTICS, BETA-LACTAM)
FLUOROQUINOLONES, ORAL
GI MOTILITY, CHRONIC
GLUCAGON AGENTS
GROWTH HORMONE
H. PYLORI TREATMENT
HEPATITIS B AGENTS
HEPATITIS C AGENTS
HIV/AIDS
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 1, 2024, 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:

- Acne Agents, Topical
- Analgesics, Miscellaneous
- Analgesics, Narcotics Long
- Angiotensin Modulator Combinations
- Antibiotics, Inhaled
- Antibiotics, Topical
- Antibiotics, Vaginal
- Anticoagulants
- Antifungals, Oral
- Antifungals, Topical
- Antimigraine Agents, Other
- Antimigraine Agents, Triptans
- Antiparasitics, Topical
- Antivirals, Oral
- Antivirals, Topical
- Beta Blockers
- BPH Treatments
- Cephalosporins and Related Antibiotics
- Fluoroquinolones, Oral
- Glucagon Agents
- Growth Hormone
- H. Pylori Treatment
- Hepatitis B Agents
- Hepatitis C Agents
- Hepatitis C Treatment Course
- HIV/AIDS
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Meglitinides
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZD
- Lipotropics, Statins
- Multiple Sclerosis Agents
- Penicillins
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Proton Pump Inhibitors
- Ulcerative Colitis Agents
- Uterine Disorder Treatments

- Discussion: None
- Roseanne Barber made a motion to accept staff recommendations as presented.
    - Second – David Dowell
    - All members were in favor of the motion, except for Kevin Izard who was not present for the vote
    - Motion passed

The following drug classes presented for review had recommended changes since the May 1, 2024, 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:

- Analgesics, Narcotics Short
- Androgenic Agents
- Androgenic Agents, Oral
- Androgenic Agents, Injectable
- Angiotensin Modulators
- Antibiotics, GI
- Antiemetic/Antivertigo Agents
- Bladder Relaxant Preparations
- Bone Resorption Suppression and Related Agents
- Calcium Channel Blockers
- GI Motility, Chronic
- Growth Hormone
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulin and Related Agents
- Hypoglycemics, Metformins
- Hypoglycemics, SGLT2
- Lipotropics, Other
- Macrolides/Ketolides
- Opiate Dependence Treatments
- Pancreatic Enzymes
- Prenatal Vitamins
- Skeletal Muscle Relaxants
- Tetracyclines

- Discussion:
- David Dowell made a motion to accept staff recommendations as presented
    - Second – Chris Schwake
    - All members were in favor of the motion
    - Motion passed

The Committee determined during the closed session the PAH Agents, Oral and Inhaled drug class would be voted on separately.

- Catherine Decker Lindsay made a motion to accept staff recommendations as presented in the PAH Agents, Oral and Inhaled drug class, requesting the Department research possible options for limiting Tyvaso prior authorization requirements for members with pulmonary hypertension due to lung disease that fall under WHO Group 3 (patients

diagnosed with conditions such as COPD, interstitial lung disease, or sleep apnea) given Tyvaso inhaled treatments are typically first line therapy treatments for such individuals.

- Second – Kevin Izard

- Discussion:

  Catherine Decker Lindsay suggested possible options to consider may include determining whether system changes can be made to eliminate Tyvaso prior authorization requirements for this subgroup and if not, investigating other ways to possibly limit Tyvaso prior authorization requirements for this member population.

  Kevin Izard noted that there does not appear to be many members who have been prescribed Tyvaso, and therefore limiting prior authorization requirements in this case is not likely to result in a large increase in utilization of the drug.

  Kevin Izard requested the Department provide an update to the Committee in this area during the next Committee meeting on November 5, 2025.

  - All members were in favor of the motion
  - Motion passed

Wisconsin Medicaid						
PAH AGENTS, ORAL AND INHALED			**Recommendations**			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VENTAVIS (INHALATION)	0.0%	NP	**NP**			
TYVASO (INHALATION)	0.5%	NP	**NP**			
TYVASO DPI (INHALATION)	3.5%	NP	**NP**			
TRACLEER TABLET (ORAL)	0.7%	P	**P**			
AMBRISENTAN (ORAL)	13.7%	P	**P**			
BOSENTAN TABLET (ORAL)	0.6%	NP	**NP**			
TRACLEER SUSPENSION (ORAL)	0.0%	NP	**NP**			
OPSUMIT (ORAL)	8.0%	P	**P**			
OPSYNVI TABLET (ORAL)	0.0%	NP	**NP**			
SILDENAFIL TABLET (ORAL)	18.6%	P	**P**			
TADALAFIL (ADCIRCA) (ORAL)	24.2%	P	**P**			
SILDENAFIL SUSPENSION (ORAL)	5.6%	NP	**NP**			
TADLIQ SUSPENSION (ORAL)	10.6%	NP	**NP**			
ORENITRAM TITRATION KIT (ORAL)	0.0%	NP	**NP**			
REVATIO SUSPENSION (ORAL)	0.0%	NP	**NP**			
ADEMPAS (ORAL)	3.0%	NP	**NP**			
ORENITRAM ER (ORAL)	1.9%	NP	**NP**			
UPTRAVI (ORAL)	6.0%	NP	**NP**			
UPTRAVI TABLET DOSE PACK (ORAL)	0.0%	NP	**NP**			
WINREVAIR KIT (SUBCUTANEOUS) *	3.1%	NR	**NP**			

Drug Classes with Changes:

Wisconsin Medicaid ANALGESICS, NARCOTICS SHORT			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DILAUDID LIQUID (ORAL)	0.0%	NP	**NP**			
TRAMADOL (ORAL)	17.2%	P	**P**			
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	**NP**			
APAP / CODEINE ELIXIR (ORAL)	0.0%	P	**P**			
TRAMADOL / APAP (ORAL)	0.0%	P	**P**			
MORPHINE SOLUTION (ORAL)	0.2%	P	**P**			
HYDROMORPHONE TABLET (ORAL)	1.1%	P	**P**			
APAP / CODEINE TABLET (ORAL)	5.5%	P	**P**			
OXYCODONE / APAP SOLUTION (ORAL)	0.0%	P	**P**			
OXYCODONE TABLET (ORAL)	29.5%	P	**P**			
HYDROCODONE / APAP TABLET (ORAL)	32.5%	P	**P**			
OXYCODONE SOLUTION (ORAL)	1.4%	P	**P**			
OXYCODONE / APAP TABLET (ORAL)	11.0%	P	**P**			
MORPHINE IR TABLET (ORAL)	1.2%	P	**P**			
OXYCODONE CAPSULE (ORAL)	0.0%	NP	**NP**			
MORPHINE CONC SOLUTION (ORAL)	0.1%	P	**P**			
HYDROCODONE / IBUPROFEN (ORAL)	0.0%	P	**P**			
BUTALBITAL COMPOUND W/CODEINE (ORAL)	0.1%	NP	**NP**			
CODEINE (ORAL)	0.0%	NP	**NP**			
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	**NP**			
OXYMORPHONE (ORAL)	0.0%	NP	**NP**			
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	**P**			
TRAMADOL 25 MG (ORAL)	0.0%	NP	**NP**			
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	**NP**			
BUTALBITAL / CAFFEINE / APAP W/CODEINE (ORAL)	0.1%	NP	**NP**			
TRAMADOL 100 MG (ORAL)	0.0%	NP	**NP**			
MORPHINE SOLUTION (AG) (ORAL)	0.0%	P	**P**			
HYDROMORPHONE SUPPOSITORIES (RECTAL)	0.0%	NP	**NP**			
CARISOPRODOL COMPOUND-CODEINE (ORAL)	0.0%	NP	**NP**			
OXYCODONE CONC (ORAL)	0.0%	NP	**NP**			
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	**NP**			
SEGLENTIS (ORAL)	0.0%	NP	**NP**			
TRAMADOL SOLUTION (AG) (ORAL)	0.0%	NP	**NP**			
FENTORA (BUCCAL)	0.0%	NP	**NP**			
MEPERIDINE TABLET (ORAL)	0.0%	NP	**NP**			
TRAMADOL 75 MG (ORAL)	0.0%	NR	**NP**			
ROXYBOND (ORAL)	0.0%	NP	**NP**			
LEVORPHANOL (ORAL)	0.0%	NP	**NP**			
FENTANYL (BUCCAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANDROGENIC AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TESTIM (TRANSDERM.)	0.0%	NP	**NP**			
ANDROGEL GEL PUMP (TRANSDERM)	0.3%	P	**P**			
TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM)	2.7%	P	**P**			
TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)	1.1%	P	**P**			
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)	80.9%	P	**P**			
TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)	8.0%	P	**P**			
TESTOSTERONE PUMP (AXIRON) (TRANSDERM)	0.2%	NP	**NP**			
TESTOSTERONE GEL (VOGELXO) (TRANSDERM)	3.6%	P	**P**			
TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM)	1.3%	P	**P**			
TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM)	1.8%	NP	**NP**			
TESTOSTERONE GEL (FORTESTA) (TRANSDERM)	0.0%	NP	**NP**			
NATESTO (NASAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANDROGENIC AGENTS, ORAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
JATENZO (ORAL)	100.0%	NP	**NP**			
METHITEST (ORAL)	0.0%	NP	**NP**			
TLANDO (ORAL)	0.0%	NP	**NP**			
METHYLTESTOSTERONE (ORAL)	0.0%	NP	**NP**			
UNDECATREX (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
ANDROGENIC AGENTS, INJECTABLE			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DEPO-TESTOSTERONE (INTRAMUSC)	0.1%	P	**P**			
TESTOSTERONE CYPIONATE (INTRAMUSC)	94.1%	P	**P**			
TESTOSTERONE ENANTHATE (INTRAMUSC)	3.5%	P	**P**			
AZMIRO (INTRAMUSC)	0.0%	NR	**NP**			
XYOSTED (SUBCUTANEOUS)	2.3%	NP	**NP**			

Wisconsin Medicaid						
ANGIOTENSIN MODULATORS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LISINOPRIL HCTZ (ORAL)	5.2%	P	**P**			
ENALAPRIL HCTZ (ORAL)	0.0%	P	**P**			
BENAZEPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
FOSINOPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
CAPTOPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
QUINAPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
QUINAPRIL HCTZ (AG) (ORAL)	0.0%	NP	**NP**			
LISINOPRIL (ORAL)	36.5%	P	**P**			
BENAZEPRIL (ORAL)	0.9%	P	**P**			
RAMIPRIL (ORAL)	0.2%	P	**P**			
ENALAPRIL (ORAL)	1.7%	P	**P**			
TRANDOLAPRIL (ORAL)	0.0%	NP	**NP**			
FOSINOPRIL (ORAL)	0.1%	P	**P**			
PERINDOPRIL (ORAL)	0.0%	NP	**NP**			
CAPTOPRIL (ORAL)	0.1%	P	**P**			
MOEXIPRIL (ORAL)	0.0%	NP	**NP**			
ENALAPRIL SOLUTION (AG) (ORAL)	0.2%	P	**P**			
ENALAPRIL SOLUTION (ORAL)	0.4%	P	**P**			
QUINAPRIL (ORAL)	0.0%	P	**NP**			
QBRELIS SOLUTION (ORAL)	0.1%	NP	**NP**			
VALSARTAN SOLUTION (ORAL)	0.0%	NP	**NP**			
EDARBI (ORAL)	0.0%	NP	**NP**			
LOSARTAN (ORAL)	32.6%	P	**P**			
OLMESARTAN (ORAL)	2.3%	P	**P**			
IRBESARTAN (ORAL)	1.9%	P	**P**			
VALSARTAN (ORAL)	5.1%	P	**P**			
TELMISARTAN (ORAL)	0.1%	NP	**NP**			
OLMESARTAN (AG) (ORAL)	0.0%	P	**P**			
CANDESARTAN (ORAL)	0.1%	NP	**NP**			
CANDESARTAN (AG) (ORAL)	0.0%	NP	**NP**			
BENICAR (ORAL)	0.0%	NP	**NP**			
MICARDIS (ORAL)	0.0%	NP	**NP**			
EPROSARTAN (ORAL)	0.0%	NP	**NP**			
ENTRESTO (ORAL)	6.0%	P	**P**			
ENTRESTO SPRINKLE CAP (ORAL)	0.0%	NR	**NP**			
EDARBYCLOR (ORAL)	0.0%	NP	**NP**			
VALSARTAN HCTZ (ORAL)	1.2%	P	**P**			
LOSARTAN HCTZ (ORAL)	4.3%	P	**P**			
IRBESARTAN HCTZ (ORAL)	0.3%	P	**P**			
OLMESARTAN HCTZ (ORAL)	0.5%	P	**P**			
OLMESARTAN HCTZ (AG) (ORAL)	0.0%	P	**P**			
TELMISARTAN HCTZ (ORAL)	0.0%	NP	**NP**			
CANDESARTAN HCTZ (AG) (ORAL)	0.0%	NP	**NP**			
CANDESARTAN HCTZ (ORAL)	0.0%	NP	**NP**			
MICARDIS HCT (ORAL)	0.0%	NP	**NP**			
BENICAR HCT (ORAL)	0.0%	NP	**NP**			
TEKTURNA (ORAL)	0.0%	NP	**NP**			
ALISKIREN (AG) (ORAL)	0.0%	NP	**NP**			
ALISKIREN (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid

ANTIBIOTICS, GI

Brand Name	Curr. MS	Curr. PDL Status	Recommendations: PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METRONIDAZOLE TABLET (ORAL)	85.5%	P	**P**			
NEOMYCIN (ORAL)	0.9%	P	**P**			
TINIDAZOLE (ORAL)	0.9%	P	**P**			
VANCOMYCIN CAPSULE (AG) (ORAL)	1.2%	P	**P**			
VANCOMYCIN CAPSULE (ORAL)	1.8%	P	**P**			
VANCOMYCIN SOLUTION (FIRVANQ) (AG) (ORAL)	0.2%	P	**P**			
VANCOMYCIN SOLUTION (FIRVANQ) (ORAL)	0.2%	P	**P**			
METRONIDAZOLE CAPSULE (ORAL)	0.0%	NP	**NP**			
SOLOSEC (ORAL)	0.0%	NP	**NP**			
AEMCOLO (ORAL)	0.0%	NP	**NP**			
METRONIDAZOLE 125 MG TABLET (ORAL)	0.0%	NR	**NP**			
FIRVANQ (ORAL)	0.0%	NP	**NP**			
LIKMEZ SUSPENSION (ORAL)	0.2%	NP	**NP**			
NITAZOXANIDE TABLET (ORAL)	0.1%	NP	**NP**			
XIFAXAN (ORAL)	8.7%	P	**P**			
DIFICID TABLET (ORAL)	0.2%	NP	**NP**			
DIFICID SUSPENSION (ORAL)	0.0%	NP	**NP**			
VOWST CAPSULE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid

ANTIEMETIC/ANTIVERTIGO AGENTS

Brand Name	Curr. MS	Curr. PDL Status	Recommendations: PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METOCLOPRAMIDE SOLUTION (ORAL)	0.2%	P	**P**			
PROMETHAZINE TABLET (ORAL)	1.8%	P	**P**			
MECLIZINE OTC (ORAL)	0.9%	P	**P**			
ONDANSETRON TABLETS (ORAL)	14.4%	P	**P**			
METOCLOPRAMIDE TABLET (ORAL)	5.9%	P	**P**			
MECLIZINE (AG) (ORAL)	0.8%	P	**P**			
MECLIZINE (ORAL)	4.3%	P	**P**			
ONDANSETRON ODT (ORAL)	57.4%	P	**P**			
PROCHLORPERAZINE (ORAL)	3.4%	P	**P**			
PROMETHAZINE SYRUP (ORAL)	3.3%	P	**P**			
ONDANSETRON SOLUTION (ORAL)	3.9%	P	**P**			
ANTIVERT (ORAL)	0.0%	NP	**NP**			
DICLEGIS (ORAL)	2.4%	P	**P**			
BONJESTA (ORAL)	0.0%	P	**P**			
DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)	0.0%	NP	**NP**			
GRANISETRON (ORAL)	0.1%	P	**P**			
DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)	0.0%	NP	**NP**			
DRONABINOL (ORAL)	0.0%	NP	**NP**			
DRONABINOL (AG) (ORAL)	0.0%	NP	**NP**			
AKYNZEO (ORAL)	0.0%	NP	**NP**			
TRIMETHOBENZAMIDE (ORAL)	0.0%	P	**P**			
APREPITANT PACK (ORAL)	0.0%	P	**P**			
APREPITANT CAPSULE (ORAL)	0.1%	P	**P**			
ONDANSETRON ODT 16 MG (ORAL)	0.0%	NR	**NP**			
GIMOTI (NASAL)	0.0%	NP	**NP**			
PROMETHAZINE (RECTAL)	0.2%	P	**P**			
PROCHLORPERAZINE (RECTAL)	0.1%	P	**P**			
PROMETHAZINE 50 MG (RECTAL)	0.0%	P	**P**			
TRANSDERM-SCOP (TRANSDERM)	0.5%	P	**P**			
SCOPOLAMINE (TRANSDERM)	0.2%	NP	**NP**			
SANCUSO (TRANSDERMAL)	0.0%	NP	**NP**			

Wisconsin Medicaid

BLADDER RELAXANT PREPARATIONS

Brand Name	Curr. MS	Curr. PDL Status	Recommendations: PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DETROL LA (ORAL)	0.0%	NP	**NP**			
DETROL (ORAL)	0.0%	NP	**NP**			
OXYTROL (TRANSDERM.)	0.1%	NP	**NP**			
OXYBUTYNIN TABLET (ORAL)	16.9%	P	**P**			
OXYBUTYNIN SYRUP (ORAL)	1.7%	P	**P**			
OXYBUTYNIN ER (ORAL)	38.6%	P	**P**			
SOLIFENACIN (ORAL)	24.6%	P	**P**			
TOLTERODINE ER (ORAL)	0.6%	NP	**P**			
TOLTERODINE ER (AG) (ORAL)	0.1%	NP	**P**			
MYRBETRIQ (ORAL)	13.1%	NP	**P**			
TOLTERODINE (ORAL)	0.1%	NP	**P**			
TROSPIUM (ORAL)	0.7%	NP	**NP**			
DARIFENACIN ER (ORAL)	0.1%	NP	**NP**			
FESOTERODINE ER (ORAL)	0.0%	P	**P**			
TROSPIUM ER (ORAL)	0.4%	NP	**NP**			
OXYBUTYNIN 2.5MG (ORAL)	0.0%	NP	**NP**			
MYRBETRIQ GRANULES (ORAL)	0.2%	NP	**NP**			
GEMTESA (ORAL)	2.9%	NP	**NP**			
VESICARE LS (ORAL)	0.1%	NP	**NP**			
MIRABEGRON ER (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
BONE RESORPTION SUPPRESSION AND RELATED AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ATELVIA (ORAL)	0.0%	NP	**NP**			
ALENDRONATE TABLETS (ORAL)	90.2%	P	**P**			
IBANDRONATE TABLETS (ORAL)	3.6%	P	**P**			
RISEDRONATE (ACTONEL) (ORAL)	0.4%	NP	**NP**			
RISEDRONATE (ACTONEL) (AG) (ORAL)	0.0%	NP	**NP**			
ALENDRONATE SOLUTION (ORAL)	0.1%	NP	**NP**			
RISEDRONATE (ATELVIA) (AG) (ORAL)	0.0%	NP	**NP**			
FOSAMAX PLUS D (ORAL)	0.0%	NP	**NP**			
RISEDRONATE (ATELVIA) (ORAL)	0.0%	NP	**NP**			
BINOSTO (ORAL)	0.0%	NP	**NP**			
FORTEO (SUBCUTANE.)	3.5%	P	**P**			
TERIPARATIDE (BRAND) (SUBCUTANE.)	0.0%	NP	**NP**			
TERIPARATIDE (FORTEO) (SUBCUTANE.)	0.0%	NP	**NP**			
TYMLOS (SUBCUTANE.)	0.1%	NP	**NP**			
CALCITONIN SALMON (NASAL)	1.5%	P	**P**			
RALOXIFENE (ORAL)	0.5%	NP	**P**			

Wisconsin Medicaid						
CALCIUM CHANNEL BLOCKERS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMLODIPINE (ORAL)	80.7%	P	**P**			
NIFEDIPINE ER (ORAL)	7.2%	P	**P**			
FELODIPINE ER (ORAL)	0.0%	NP	**NP**			
NIFEDIPINE IR (ORAL)	0.1%	P	**P**			
LEVAMLODIPINE MALEATE (AG) (ORAL)	0.0%	NP	**NP**			
ISRADIPINE (ORAL)	0.0%	NP	**NP**			
NISOLDIPINE (ORAL)	0.0%	NP	**NP**			
NIMODIPINE (ORAL)	0.0%	P	**NP**			
NICARDIPINE (ORAL)	0.0%	NP	**NP**			
NORLIQVA (ORAL)	0.0%	NP	**NP**			
KATERZIA (ORAL)	0.5%	NP	**NP**			
NIMODIPINE SOLUTION (ORAL)	0.0%	NR	**NP**			
NYMALIZE SOLUTION (ORAL)	0.0%	NP	**NP**			
CARDIZEM LA (ORAL)	0.0%	NP	**NP**			
DILTIAZEM LA (AG) (ORAL)	0.0%	NP	**NP**			
VERAPAMIL TABLET (ORAL)	0.8%	P	**P**			
DILTIAZEM TABLET (ORAL)	0.8%	P	**P**			
VERAPAMIL TABLET ER (ORAL)	2.5%	P	**P**			
DILTIAZEM CAPSULE ER (ORAL)	7.3%	P	**P**			
VERAPAMIL CAPSULE ER (ORAL)	0.0%	NP	**NP**			
DILTIAZEM LA (ORAL)	0.0%	NP	**NP**			
MATZIM LA (ORAL)	0.0%	NP	**NP**			
VERAPAMIL ER PM (AG) (ORAL)	0.0%	NP	**NP**			
VERAPAMIL ER PM (ORAL)	0.0%	NP	**NP**			
VERAPAMIL CAPSULE SR (AG) (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
GI MOTILITY, CHRONIC			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LOTRONEX (ORAL)	0.0%	NP	**NP**			
LINZESS (ORAL)	78.1%	P	**P**			
TRULANCE (ORAL)	4.0%	P	**P**			
LUBIPROSTONE (ORAL)	2.7%	P	**P**			
LUBIPROSTONE (AG) (ORAL)	8.3%	P	**P**			
SYMPROIC (ORAL)	0.1%	NP	**NP**			
MOVANTIK (ORAL)	1.1%	NP	**NP**			
ALOSETRON (ORAL)	0.3%	P	**P**			
ALOSETRON (AG) (ORAL)	0.0%	P	**P**			
MOTEGRITY (ORAL)	3.8%	NP	**NP**			
PRUCALOPRIDE TABLET (ORAL)	0.1%	NR	**NP**			
VIBERZI (ORAL)	0.2%	NP	**NP**			
RELISTOR (ORAL)	0.3%	NP	**NP**			
IBSRELA (ORAL)	1.0%	NP	**NP**			

Wisconsin Medicaid						
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
JANUVIA (ORAL)	11.5%	P	**P**			
JANUMET (ORAL)	2.0%	P	**P**			
JANUMET XR (ORAL)	1.1%	P	**P**			
TRADJENTA (ORAL)	2.8%	P	**P**			
JENTADUETO (ORAL)	0.2%	P	**P**			
ONGLYZA (ORAL)	0.0%	NP	**NP**			
KOMBIGLYZE XR (ORAL)	0.0%	NP	**NP**			
JENTADUETO XR (ORAL)	0.0%	NP	**NP**			
SITAGLIPTIN/METFORMIN (ZITUVIMET) (AG) (ORAL)	0.0%	NR	**NP**			
KAZANO (ORAL)	0.0%	NP	**NP**			
NESINA (ORAL)	0.0%	NP	**NP**			
TRIJARDY XR (ORAL)	0.0%	NP	**NP**			
ZITUVIMET XR (ORAL)	0.0%	NR	**NP**			
OSENI (ORAL)	0.0%	NP	**NP**			
GLYXAMBI (ORAL)	0.0%	NP	**NP**			
ZITUVIMET (ORAL)	0.0%	NR	**NP**			
SITAGLIPTIN (ZITUVIO) (AG) (ORAL)	0.0%	NR	**NP**			
SAXAGLIPTIN (ORAL)	0.0%	NP	**NP**			
QTERN (ORAL)	0.0%	NP	**NP**			
ALOGLIPTIN/METFORMIN (AG) (ORAL)	0.0%	NP	**NP**			
ALOGLIPTIN (AG) (ORAL)	0.0%	NP	**NP**			
ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)	0.0%	NP	**NP**			
STEGLUJAN (ORAL)	0.0%	NP	**NP**			
SAXAGLIPTIN/METFORMIN ER (ORAL)	0.0%	NP	**NP**			
BYETTA PENS (SUBCUTANE.)	0.2%	P	**P**			
SYMLIN PENS (SUBCUTANE.)	0.0%	P	**P**			
VICTOZA (SUBCUTANE.)	3.3%	P	**P**			
LIRAGLUTIDE (AG) (SUBCUTANE.) *	0.0%	NR	**NP**			
SOLIQUA (SUBCUTANE.)	0.0%	NP	**P**			
TRULICITY (SUBCUTANE.)	62.0%	P	**P**			
RYBELSUS (ORAL)	0.2%	NP	**NP**			
BYDUREON BCISE (SUBCUTANE.)	0.0%	NP	**NP**			
OZEMPIC (SUBCUTANE.)	13.5%	NP	**P**			
XULTOPHY (SUBCUTANE.)	0.0%	NP	**NP**			
LIRAGLUTIDE (SUBCUTANE.) *	0.0%	NR	**NP**			
MOUNJARO (SUBCUTANE.)	3.0%	NP	**NP**			

Wisconsin Medicaid HYPOGLYCEMICS, INSULIN AND RELATED AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.1%	P	**P**			
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.9%	P	**P**			
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	1.7%	P	**P**			
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	0.4%	P	**P**			
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	**NP**			
INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS)	0.3%	P	**P**			
HUMULIN VIAL OTC (SUBCUTANE.)	0.9%	P	**P**			
NOVOLIN VIAL OTC (SUBCUTANE.)	0.0%	NP	**NP**			
HUMULIN PEN OTC (SUBCUTANE.)	0.9%	P	**P**			
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	**NP**			
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	**NP**			
HUMALOG MIX VIAL (SUBCUTANE.)	0.1%	P	**P**			
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.3%	P	**P**			
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANE.)	0.0%	P	**P**			
NOVOLOG MIX PEN (SUBCUTANE.)	0.3%	P	**NP**			
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	**NP**			
HUMALOG MIX PEN (SUBCUTANE.)	0.4%	P	**P**			
INSULIN GLARGINE VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)	0.0%	NP	**NP**			
INSULIN GLARGINE PEN (SUBCUTANE.)	0.0%	NP	**NP**			
LANTUS SOLOSTAR PEN (SUBCUTANE.)	46.5%	P	**P**			
LANTUS VIAL (SUBCUTANE.)	2.4%	P	**P**			
INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.)	0.3%	P	**P**			
SEMGLEE (YFGN) PEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
INSULIN GLARGINE-YFGN PEN (SUBCUTANE.)	3.4%	P	**P**			
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	**NP**			
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)	0.2%	NP	**NP**			
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	**NP**			
INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN DEGLUDEC PEN 100U/ML (SUBCUTANE.)	0.0%	NP	**NP**			
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.2%	NP	**NP**			
REZVOGLAR KWIKPEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
INSULIN DEGLUDEC VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
LEVEMIR PENS (SUBCUTANE.)	0.5%	P	**P**			
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)	0.2%	NP	**NP**			
INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANE.)	0.0%	NP	**NP**			
LEVEMIR VIAL (SUBCUTANE.)	0.2%	P	**P**			
INSULIN DEGLUDEC PEN 200U/ML (SUBCUTANE.)	0.0%	NP	**NP**			
BASAGLAR TEMPO PEN (SUBCUTANE.)	0.0%	NP	**NP**			
BASAGLAR KWIKPEN (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANE.)	1.7%	P	**P**			
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	13.5%	P	**P**			
FIASP PENFILL (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	3.7%	P	**P**			
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.0%	NP	**NP**			
HUMALOG TEMPO PEN (SUBCUTANE.)	0.0%	NP	**NP**			
FIASP PUMPCART (SUBCUTANE.)	0.0%	NP	**NP**			
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	**NP**			
FIASP VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	1.2%	P	**P**			
HUMALOG PEN (SUBCUTANE.)	5.2%	P	**P**			
INSULIN ASPART PEN (AG) (SUBCUTANE.)	4.1%	P	**P**			
INSULIN ASPART VIAL (AG) (SUBCUTANE.)	1.1%	P	**P**			
HUMALOG VIAL (SUBCUTANE.)	1.9%	P	**P**			
HUMALOG CARTRIDGE (SUBCUTANE.)	0.9%	P	**P**			
NOVOLOG VIAL (SUBCUTANE.)	1.1%	P	**NP**			
NOVOLOG PEN (SUBCUTANE.)	3.9%	P	**NP**			
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANE.)	0.2%	P	**P**			
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.4%	P	**NP**			
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	**NP**			
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
LYUMJEV TEMPO PEN (SUBCUTANE.)	0.0%	NP	**NP**			
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
LYUMJEV VIAL (SUBCUTANEOUS)	0.1%	NP	**NP**			
HUMALOG 200 U/ML PEN (SUBCUTANE.)	0.3%	NP	**NP**			
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	**NP**			
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	**NP**			

Wisconsin Medicaid HYPOGLYCEMICS, METFORMINS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
GLUMETZA (ORAL)	0.0%	NP	**NP**			
METFORMIN (ORAL)	49.1%	P	**P**			
METFORMIN ER (GLUCOPHAGE XR) (ORAL)	50.4%	P	**P**			
METFORMIN ER (FORTAMET) (ORAL)	0.0%	NP	**NP**			
METFORMIN ER (GLUMETZA) (ORAL)	0.0%	NP	**NP**			
METFORMIN SOLUTION (ORAL)	0.4%	NP	**NP**			
METFORMIN 750 MG TABLET (ORAL)	0.0%	NR	**NP**			
METFORMIN 625 MG (ORAL)	0.0%	NP	**NP**			
GLYBURIDE-METFORMIN (ORAL)	0.1%	P	**P**			
GLIPIZIDE-METFORMIN (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid HYPOGLYCEMICS, SGLT2			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
JARDIANCE (ORAL)	72.9%	P	**P**			
FARXIGA (ORAL)	22.4%	P	**P**			
XIGDUO XR (ORAL)	0.5%	P	**P**			
SYNJARDY (ORAL)	0.3%	P	**P**			
SYNJARDY XR (ORAL)	0.1%	NP	**NP**			
DAPAGLIFLOZIN (AG) (ORAL)	0.0%	NP	**NP**			
STEGLATRO (ORAL)	0.0%	NP	**NP**			
INVOKANA (ORAL)	3.7%	P	**NP**			
INVOKAMET (ORAL)	0.1%	P	**NP**			
SEGLUROMET (ORAL)	0.0%	NP	**NP**			
DAPAGLIFLOZIN-METFORMIN ER (AG) (ORAL)	0.0%	NP	**NP**			
INPEFA (ORAL)	0.0%	NP	**NP**			
INVOKAMET XR (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid LIPOTROPICS, OTHER			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
COLESEVELAM (AG) (ORAL)	0.0%	P	**P**			
COLESEVELAM (ORAL)	0.0%	P	**P**			
CHOLESTYRAMINE/ASPARTAME (ORAL)	1.1%	P	**P**			
COLESTIPOL TABLET (ORAL)	3.9%	P	**P**			
CHOLESTYRAMINE/SUCROSE (ORAL)	3.2%	P	**P**			
COLESEVELAM POWDER PACK (AG) (ORAL)	0.0%	NP	**NP**			
COLESEVELAM POWDER PACK (ORAL)	0.0%	NP	**NP**			
COLESTIPOL GRANULES (ORAL)	0.0%	NP	**NP**			
WELCHOL POWDER PACK (ORAL)	0.0%	P	**NP**			
REPATHA SYRINGE (SUBCUTANEOUS)	0.0%	NP	**P**			
REPATHA SURECLICK (SUBCUTANEOUS)	1.1%	NP	**P**			
REPATHA PUSHTRONEX (SUBCUTANEOUS)	0.0%	NP	**NP**			
PRALUENT PEN (SUBCUTANEOUS)	2.9%	P	**P**			
JUXTAPID (ORAL)	0.0%	NP	**NP**			
NIACIN ER (ORAL)	1.0%	P	**P**			
EZETIMIBE (ORAL)	38.6%	P	**P**			
NEXLETOL (ORAL)	0.1%	NP	**NP**			
NEXLIZET (ORAL)	0.0%	NP	**NP**			
FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)	0.2%	P	**P**			
FENOFIBRATE TABLET (TRICOR) (ORAL)	30.6%	P	**P**			
FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)	0.2%	NP	**NP**			
FENOFIBRATE TABLET (LOFIBRA) (ORAL)	0.2%	NP	**NP**			
FENOFIBRATE (ANTARA) (AG) (ORAL)	0.0%	NP	**NP**			
FENOFIBRIC ACID (TRILIPIX) (ORAL)	1.3%	P	**P**			
GEMFIBROZIL (ORAL)	3.4%	P	**P**			
OMEGA-3 ACID ETHYL ESTERS (ORAL)	11.9%	P	**P**			
FENOFIBRATE (ANTARA) (ORAL)	0.0%	NP	**NP**			
FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)	0.0%	NP	**NP**			
LIPOFEN (ORAL)	0.0%	NP	**NP**			
ICOSAPENT ETHYL (ORAL)	0.3%	NP	**NP**			
FENOFIBRATE (FENOGLIDE) (AG) (ORAL)	0.0%	NP	**NP**			
FENOFIBRIC ACID (FIBRICOR) (ORAL)	0.0%	NP	**NP**			
FENOFIBRATE (FENOGLIDE) (ORAL)	0.0%	NP	**NP**			
TRYNGOLZA AUTOINJECTOR (SUBCUTANEOUS)	0.0%	NR	**NP**			

Wisconsin Medicaid MACROLIDES/KETOLIDES			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AZITHROMYCIN TABLET (ORAL)	61.9%	P	**P**			
AZITHROMYCIN SUSPENSION (ORAL)	36.1%	P	**P**			
AZITHROMYCIN PACKET (AG) (ORAL)	0.0%	P	**P**			
CLARITHROMYCIN TABLET (ORAL)	1.0%	P	**P**			
CLARITHROMYCIN ER (ORAL)	0.0%	NP	**NP**			
CLARITHROMYCIN SUSPENSION (ORAL)	0.2%	P	**P**			
ERY-TAB (ORAL)	0.0%	P	**P**			
ERYTHROMYCIN BASE TABLET (ORAL)	0.0%	NP	**NP**			
ERYTHROMYCIN BASE TABLET DR (ORAL)	0.2%	P	**P**			
ERYTHROMYCIN BASE CAPSULE DR (ORAL)	0.0%	NP	**NP**			
E.E.S. 400 TABLET (ORAL)	0.0%	NP	**NP**			
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (AG) (ORAL)	0.0%	P	**P**			
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (ORAL)	0.3%	P	**P**			
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (AG) (ORAL)	0.0%	P	**P**			
E.E.S. 200 SUSPENSION (ORAL)	0.0%	P	**NP**			
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (ORAL)	0.2%	P	**P**			
ERYPED 400 SUSPENSION (ORAL)	0.0%	P	**NP**			
ERYTHROCIN (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid OPIATE DEPENDENCE TREATMENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NALOXONE VIAL (INJECTION)	0.0%	P	**P**			
NALOXONE SYRINGE (INJECTION)	0.0%	P	**P**			
NALTREXONE (ORAL)	9.1%	P	**P**			
NARCAN SPRAY OTC (NASAL)	7.2%	P	**P**			
OPVEE SPRAY (NASAL)	0.0%	NP	**P**			
KLOXXADO SPRAY (NASAL)	0.0%	NP	**P**			
REXTOVY SPRAY (NASAL)	0.0%	NR	**NP**			
NALOXONE SPRAY OTC (NASAL)	0.0%	NP	**NP**			
NALOXONE SPRAY (NASAL)	0.0%	NP	**NP**			
NARCAN SPRAY (NASAL)	0.1%	P	**P**			
NALOXONE SPRAY (AG) (NASAL)	0.0%	NP	**NP**			
ZIMHI (INJECTION)	0.0%	NP	**NP**			
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	3.0%	P	**P**			
BUPRENORPHINE HCL (SUBLINGUAL)	0.6%	NP	**NP**			
SUBOXONE FILM (SUBLINGUAL)	0.0%	P	**Alternate**			
SUBOXONE FILM (SUBLINGUAL)	68.4%	P	**P**			
BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)	0.0%	NP	**NP**			
ZUBSOLV (SUBLINGUAL)	5.0%	P	**P**			
VIVITROL (INTRAMUSC)	3.2%	P	**P**			
SUBLOCADE (SUBCUTANEOUS)	2.5%	P	**P**			
BRIXADI MONTHLY (SUBCUTANEOUS)	0.6%	P	**P**			
BRIXADI WEEKLY (SUBCUTANEOUS)	0.2%	P	**P**			
BRIXADI MONTHLY (SUBCUTANEOUS)	0.0%	P	**Alternate**			
BRIXADI WEEKLY (SUBCUTANEOUS)	0.0%	P	**Alternate**			
BRIXADI MONTHLY (SUBCUTANEOUS)	0.0%	P	**Alternate**			
BRIXADI WEEKLY (SUBCUTANEOUS)	0.0%	P	**Alternate**			
BRIXADI MONTHLY (SUBCUTANEOUS)	0.0%	P	**Alternate**			
BRIXADI WEEKLY (SUBCUTANEOUS)	0.0%	P	**Alternate**			

Wisconsin Medicaid PANCREATIC ENZYMES			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CREON (ORAL)	13.9%	NP	**P**			
ZENPEP (ORAL)	84.5%	P	**P**			
VIOKACE (ORAL)	0.4%	NP	**NP**			
PERTZYE (ORAL)	1.3%	NP	**NP**			

Wisconsin Medicaid PRENATAL VITAMINS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PRENATAL VIT #76/IRON,CARB/FA (ORAL)	4.4%	P	**P**			
PNV WITH CA,NO.72/IRON/FA (ORAL)	52.9%	P	**P**			
TRINATAL RX 1 (ORAL)	1.1%	P	**P**			
PNV NO.15/IRON FUM & PS CMP/FA (ORAL)	0.1%	P	**P**			
VITAFOL ULTRA (ORAL)	0.0%	NP	**NP**			
PNV NO.118/IRON FUMARATE/FA CHEW TABLET (ORAL)	4.6%	P	**P**			
VITAFOL-ONE (ORAL)	0.0%	NP	**NP**			
PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL)	33.9%	P	**P**			
FE C/FA (ORAL)	0.0%	P	**P**			
VITAFOL-OB (ORAL)	0.0%	NP	**NP**			
PNV WITH CA NO.68/IRON/FA NO.1/DHA (ORAL)	0.0%	NP	**NP**			
PNV COMBO#47/IRON/FA #1/DHA (ORAL)	1.0%	P	**P**			
COMPLETENATE CHEW TABLET (ORAL)	1.0%	P	**P**			
NESTABS (ORAL)	0.0%	NP	**NP**			
PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)	0.9%	P	**P**			
PRENATAL + DHA OTC (ORAL)	0.0%	NP	**NP**			
PNV 11-IRON FUM-FOLIC ACID-OM3 (ORAL)	0.0%	NP	**NP**			
PNV W-CA NO.40/IRON FUM/FA CMB NO.1 (ORAL)	0.0%	NP	**NP**			
OB COMPLETE TABLET (ORAL)	0.0%	NP	**NP**			
OB COMPLETE WITH DHA (ORAL)	0.0%	NP	**NP**			
ENBRACE HR (ORAL)	0.1%	NP	**NP**			
TRISTART DHA (ORAL)	0.0%	NP	**NP**			
PRENATE STAR (ORAL)	0.0%	NP	**NP**			
PRENATE ENHANCE (ORAL)	0.0%	NP	**NP**			
PRENATE RESTORE (ORAL)	0.0%	NP	**NP**			
SELECT-OB TAB CHEW (ORAL)	0.0%	NP	**NP**			
PRENATE AM (ORAL)	0.0%	NP	**NP**			
PRENATE CHEWABLE TABLET (ORAL)	0.0%	NP	**NP**			
OB COMPLETE PREMIER (ORAL)	0.0%	NP	**NP**			
PRENATE PIXIE (ORAL)	0.0%	NP	**NP**			
OB COMPLETE ONE (ORAL)	0.0%	NP	**NP**			
PRENATE DHA (ORAL)	0.0%	NP	**NP**			
PRENATE ESSENTIAL (ORAL)	0.0%	NP	**NP**			
WESTGEL DHA (ORAL)	0.0%	P	**P**			
PRENATE MINI (ORAL)	0.0%	NP	**NP**			
PRENATE ELITE (ORAL)	0.0%	NP	**NP**			
OB COMPLETE PETITE (ORAL)	0.0%	NP	**NP**			
NEO-VITAL RX TABLET OTC (ORAL)	0.0%	NR	**NP**			
NESTABS ONE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid SKELETAL MUSCLE RELAXANTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMRIX (ORAL)	0.0%	NP	**NP**			
CYCLOBENZAPRINE (ORAL)	40.8%	P	**P**			
METHOCARBAMOL (ORAL)	8.8%	P	**P**			
TIZANIDINE TABLETS (ORAL)	30.8%	P	**P**			
BACLOFEN (ORAL)	18.0%	P	**P**			
CARISOPRODOL (ORAL)	0.5%	NP	**NP**			
TIZANIDINE CAPSULES (ORAL)	0.0%	NP	**NP**			
CHLORZOXAZONE (ORAL) *	0.1%	P	**P**			
ORPHENADRINE ER (ORAL)	0.1%	NP	**NP**			
CARISOPRODOL 250 MG (ORAL)	0.0%	NP	**NP**			
CYCLOBENZAPRINE ER (AG) (ORAL)	0.0%	NP	**NP**			
DANTROLENE SODIUM (ORAL)	0.1%	P	**P**			
DANTROLENE SODIUM (AG) (ORAL)	0.1%	P	**P**			
CYCLOBENZAPRINE ER (ORAL)	0.0%	NP	**NP**			
METAXALONE (ORAL)	0.2%	NP	**NP**			
CARISOPRODOL COMPOUND (ORAL)	0.0%	NP	**NP**			
FEXMID (ORAL)	0.0%	NP	**NP**			
BACLOFEN SOLUTION (AG) (ORAL)	0.0%	P	**P**			
LYVISPAH (ORAL)	0.0%	NP	**NP**			
BACLOFEN SOLUTION (OZOBAX DS) (ORAL)	0.1%	NP	**P**			
BACLOFEN SUSPENSION (FLEQSUVY) (AG) (ORAL)	0.3%	NP	**NP**			
FLEQSUVY (ORAL)	0.0%	NP	**NP**			
BACLOFEN SUSPENSION (FLEQSUVY) (ORAL)	0.0%	NP	**NP**			
TANLOR TABLET (ORAL)	0.0%	NR	**NP**			
ORPHENADRINE COMPOUND (ORAL)	0.0%	NP	**NP**			
NORGESIC FORTE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
TETRACYCLINES			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE (AG) (ORAL)	0.0%	P	**P**			
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE (AG) (ORAL)	0.0%	P	**P**			
DOXYCYCLINE HYCLATE CAPSULE (ORAL)	40.7%	P	**P**			
DOXYCYCLINE HYCLATE TABLET (ORAL)	0.8%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE (ORAL)	29.2%	P	**P**			
DOXYCYCLINE MONOHYDRATE TABLET (ORAL)	19.0%	P	**P**			
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE (ORAL)	1.9%	P	**P**			
MINOCYCLINE TABLETS (ORAL)	0.0%	NP	**P**			
MINOCYCLINE CAPSULES (ORAL)	8.0%	P	**P**			
TETRACYCLINE (ORAL)	0.1%	NP	**NP**			
DOXYCYCLINE HYCLATE TABLET DR (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE SUSPENSION (ORAL)	0.2%	NP	**NP**			
MINOCYCLINE ER TABLET (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (ORAL)	0.0%	NP	**NP**			
DEMECLOCYCLINE (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE (AG) (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (AG) (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE MONOHYDRATE 40 MG CAPSULE (AG) (ORAL)	0.0%	NP	**NP**			
DORYX MPC (ORAL)	0.0%	NP	**NP**			
ORACEA (ORAL)	0.0%	NP	**NP**			
DOXYCYCLINE HYCLATE TABLET DR (AG) (ORAL)	0.0%	NP	**NP**			
NUZYRA TABLET (ORAL)	0.1%	NP	**NP**			