

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
May 8, 2019

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes – arrived @ 9:05am
2	Catherine Decker, Pharm.D.	Yes
3	John Fangman, M.D.	Yes
4	Kevin Izard, M.D.	Yes – arrived @ 9:10am
5	Steve Maike, RPh	Yes
6	William E. Raduege, M.D.	Yes
7	Robert Rohloff, M.D	Not present
8	Pat Towers	Yes
9	Alicia Walker, Pharm.D.	Yes – arrived @ 9:15am

MAY 2019 THERAPEUTIC DRUG CLASS

ACNE AGENTS, TOPICAL
ANALGESICS, MISCELLANEOUS
ANALGESICS, NARCOTICS LONG
ANALGESICS, NARCOTICS SHORT
ANDROGENIC AGENTS
ANDROGENIC AGENTS, INJECTABLE – *New Class*
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, 2018 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
 - Angiotensin Modulator Combinations
 - Antibiotics, Inhaled
 - Antibiotics, Topical
 - Anticoagulants
 - Antiemetic/Antivertigo Agents
 - Antimigraine Agents, Triptans
 - Bladder Relaxant Preparations
 - Bone Resorption Suppression and Related Agents
 - Calcium Channel Blockers
 - Cephalosporins and Related Antibiotics
 - Fluoroquinolones, Oral
 - Growth Hormone
 - H. Pylori Treatment
 - Hepatitis B Agents
 - Hypoglycemics, Alpha-Glucosidase Inhibitors
 - Hypoglycemics, Incretin Mimetics/Enhancers
 - Hypoglycemics, Meglitinides
 - Hypoglycemics, Metformins
 - Hypoglycemics, SGLT2
 - Hypoglycemics, Sulfonylureas
 - Hypoglycemics, TZDs
 - Macrolides/Ketolides
 - PAH Agents, Oral and Inhaled
 - Pancreatic Enzymes
 - Penicillins
 - Phosphate Binders
 - Prenatal Vitamins
 - Proton Pump Inhibitors
 - Skeletal Muscle Relaxants
 - Ulcerative Colitis
-
- Discussion: Catherine Decker indicated that there may be clinical implications with the use of Tracleer Tablets, a preferred product, for PAH treatment that requires twice daily dosing and monthly liver testing due to potential toxicity. Options may include keeping Tracleer Tablets preferred and adding another ETRA (endothelin receptor antagonist) as preferred, or making Tracleer Tablets non-preferred and making another ETRA agent preferred.

Kimberly Smithers stated that utilization of Tracleer is already low, and providers have shifted to prescribing Letairis, another preferred product. Staff will research these options further, but a change to the status of Tracleer may be unnecessary at this time.

Kevin Izard made a motion to accept staff recommendations as presented.

- Second – William Raduege
- All members were in favor of the motion
- Motion passes

Update

After the Committee meeting, the State reviewed options for the PAH Agents, Oral and Inhaled drug class and determined that adding Opsumit (Oral), an ETRA, as a preferred product would not have a significant impact on costs for this drug class. Therefore, based on Committee discussion and financial analysis, the State recommends Opsumit (Oral) be a preferred product in this class effective July 1, 2019.

Wisconsin Medicaid			Recommendations			
PAH AGENTS, ORAL AND INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VENTAVIS (INHALATION)	0.0%	NP	NP			
TYVASO (INHALATION)	2.7%	NP	NP			
TRACLEER TABLET (ORAL)	3.7%	P	P			
LETAIRIS (ORAL)	0.0%	P	Alternate			
LETAIRIS (ORAL)	11.5%	P	P			
TRACLEER SUSPENSION (ORAL)	1.3%	NP	NP			
OPSUMIT (ORAL)	7.4%	NP	NP		P	
ORENITRAM ER (ORAL)	6.8%	NP	NP			
ADEMPAS (ORAL)	2.8%	NP	NP			
UPTRAVI (ORAL)	4.8%	NP	NP			
UPTRAVI TABLET DOSE PACK (ORAL)	0.1%	NP	NP			
SILDENAFIL (ORAL)	32.0%	P	P			
ADCIRCA (ORAL)	16.1%	P	P			
TADALAFIL (ADCIRCA) (ORAL)	9.8%	NP	NP			
REVATIO SUSPENSION (ORAL)	0.9%	NP	NP			

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			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)	0.0%	NR	NP			
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP			
ONEXTON W/PUMP (TOPICAL)	0.0%	NP	NP			
TAZORAC 0.1% GEL (TOPICAL)	0.1%	NP	NP			
EPIDUO (TOPICAL)	5.4%	P	P			
ZIANA (TOPICAL)	0.0%	NP	NP			
EPIDUO FORTE GEL W/PUMP (TOPICAL)	0.3%	NP	NP			
RETIN-A GEL (TOPICAL)	3.3%	P	P			
AZELEX (TOPICAL)	1.3%	P	P			
RETIN-A CREAM (TOPICAL)	16.5%	P	P			
DIFFERIN GEL (TOPICAL)	0.3%	P	P			
RETIN-A MICRO 0.06% PUMP (TOPICAL)	0.0%	NP	NP			
DIFFERIN LOTION (TOPICAL)	0.4%	P	P			
DIFFERIN CREAM (TOPICAL)	5.6%	P	P			
DIFFERIN GEL PUMP (TOPICAL)	4.2%	P	P			
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.3%	P	P			
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	5.6%	P	P			
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	4.6%	P	P			
BENZOYL PEROXIDE GEL OTC (TOPICAL)	9.5%	P	P			
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	9.5%	P	P			
AVITA CREAM (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN SOLUTION (TOPICAL)	1.0%	P	P			
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (AG) (TOPICAL)	0.0%	NR	NP			
ERYTHROMYCIN GEL (TOPICAL)	0.1%	NP	P			
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	29.2%	P	P			
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.0%	NP	NP			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.1%	NP	NP			
ADAPALENE GEL (AG) (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	0.0%	NP	NP			
ACANYA W/PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.4%	NP	NP			
TRETINOIN CREAM (TOPICAL)	0.1%	NP	NP			
ADAPALENE GEL (TOPICAL)	0.1%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) (TOPICAL)	0.0%	NP	NP			
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.1%	NP	NP			
CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)	0.0%	NR	NP			
ACZONE GEL W/PUMP (TOPICAL)	0.6%	NP	NP			
ALTRENO (TOPICAL)	0.0%	NR	NP			
BENZOYL PEROXIDE GEL (TOPICAL)	0.0%	NP	NP			
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	0.1%	NP	NP			
ADAPALENE CREAM (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL PUMP (AG) (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) W/PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	NP			
BENZACLIN (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (TOPICAL)	0.0%	NP	NP			
BENZACLIN W/PUMP (TOPICAL)	0.0%	NP	NP			
TAZAROTENE 0.1% CREAM (TOPICAL)	0.1%	NP	NP			
ERYTHROMYCIN GEL (AG) (TOPICAL)	0.0%	NP	P			
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)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	NP			
TAZAROTENE 0.1% CREAM (AG) (TOPICAL)	0.0%	NP	NP			
BP 10-1 (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% (TOPICAL)	0.0%	NP	NP			
DAPSONE GEL (AG) (TOPICAL)	0.0%	NP	NP			
DAPSONE GEL (TOPICAL)	0.1%	NP	NP			
AVAR FOAM (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.0%	NP	NP			
FABIOR (TOPICAL)	0.0%	NP	NP			
ACZONE GEL (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINOIN (TOPICAL)	0.0%	NP	NP			
AVAR CLEANSER (TOPICAL)	0.0%	NP	NP			
ATRALIN (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE SOLUTION (TOPICAL)	0.0%	NR	NP			

- Discussion: None
- Pat Towers made a motion to accept staff recommendations as presented.
 - Second – Roseanne Barber
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANALGESICS, NARCOTICS LONG						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NUCYNTA ER (ORAL)	0.7%	NP	NP			
BUTRANS (TRANSDERM)	5.9%	P	P			
METHADONE SOLUTION (ORAL)	0.3%	NP	NP			
METHADONE TABLET (ORAL)	5.8%	NP	NP			
METHADONE SOL TABLET (ORAL)	0.0%	P	P			
METHADONE CONC (ORAL)	10.0%	P	P			
MORPHINE ER TABLET (ORAL)	35.2%	P	P			
EMBEDA (ORAL)	0.5%	P	P			
OXYCONTIN (ORAL)	13.4%	NP	NP			
XTAMPZA ER (ORAL)	3.0%	NP	NP			
TRAMADOL ER (RYZOLT) (ORAL)	0.0%	NP	NP			
FENTANYL (TRANSDERM)	15.1%	P	P			
TRAMADOL ER (ULTRAM ER) (ORAL)	1.3%	P	P			
KADIAN (ORAL)	0.3%	NP	NP			
ZOHYDRO ER (ORAL)	0.2%	NP	NP			
CONZIP (ORAL)	0.0%	NP	NP			
BELBUCA (BUCCAL)	1.5%	NP	NP			
HYSINGLA ER (ORAL)	3.9%	P	P			
TRAMADOL ER (CONZIP) (AG) (ORAL)	0.0%	NP	NP			
BUPRENORPHINE (TRANSDERM)	0.0%	NR	NP			
MORPHINE ER CAPSULE (KADIAN) (ORAL)	0.3%	NP	NP			
BUPRENORPHINE (AG) (TRANSDERM)	0.0%	NP	NP			
HYDROMORPHONE ER (AG) (ORAL)	0.0%	NP	NP			
OXYCODONE ER (AG) (ORAL)	1.8%	NP	NP			
OXYMORPHONE ER (ORAL)	0.3%	NP	NP			
MORPHABOND ER (ORAL)	0.0%	NP	NP			
MORPHINE ER CAPSULE (AVINZA) (ORAL)	0.0%	NP	NP			
FENTANYL (37.5, 62.5, 87.5 MG) (TRANSDERM)	0.0%	NP	NP			
HYDROMORPHONE ER (ORAL)	0.2%	NP	NP			
ARYMO ER (ORAL)	0.0%	NP	NP			
EXALGO (ORAL)	0.0%	NP	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – John Fangman
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid				Recommendations		
ANALGESICS, NARCOTICS SHORT						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
FENTORA (BUCCAL)	0.0%	NP	NP			
NUCYNTA (ORAL)	0.1%	NP	NP			
SUBSYS (SUBLINGUAL)	0.0%	NP	NP			
LAZANDA (NASAL)	0.0%	NP	NP			
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	NP			
TRAMADOL (ORAL)	22.3%	P	P			
APAP / CODEINE ELIXIR (ORAL)	0.1%	P	P			
TRAMADOL / APAP (ORAL)	0.0%	NP	P			
APAP / CODEINE TABLET (ORAL)	6.9%	P	P			
HYDROCODONE / APAP TABLET (ORAL)	37.0%	P	P			
MORPHINE SOLUTION (ORAL)	0.1%	P	P			
HYDROMORPHONE TABLET (ORAL)	0.8%	P	P			
MORPHINE IR TABLET (ORAL)	1.1%	P	P			
OXYCODONE TABLET (ORAL)	23.0%	P	P			
OXYCODONE / APAP TABLET (ORAL)	6.4%	P	P			
MORPHINE CONC SOLUTION (ORAL)	0.1%	P	P			
OXYCODONE SOLUTION (ORAL)	1.0%	P	P			
HYDROCODONE / APAP SOLUTION (ORAL)	0.5%	P	P			
MEPERIDINE TABLET (ORAL)	0.0%	NP	NP			
OXYCODONE CAPSULE (ORAL)	0.0%	NP	NP			
HYDROCODONE / IBUPROFEN (ORAL)	0.1%	P	P			
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	NP			
LORTAB (ORAL)	0.0%	NP	NP			
CODEINE (ORAL)	0.0%	NP	NP			
OXYCODONE / ASA (ORAL)	0.0%	NP	NP			
BUTALBITAL / CAFFEINE / APAP W/CODEINE	0.1%	NP	NP			
BUTALBITAL COMPOUND W/CODEINE (ORA	0.0%	NP	NP			
OXYMORPHONE (ORAL)	0.0%	NP	NP			
OXYCODONE / IBUPROFEN (ORAL)	0.0%	NP	NP			
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	NP			
OXAYDO (ORAL)	0.0%	NP	NP			
IBUDONE (ORAL)	0.0%	NP	NP			
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	P			
CARISOPRODOL COMPOUND-CODEINE (OF	0.0%	NP	NP			
DILAUDID LIQUID (ORAL)	0.0%	NP	NP			
OXYCODONE CONC (ORAL)	0.0%	NP	NP			
DIHYDROCODEINE / APAP / CAFFEINE (ORA	0.0%	NP	NP			
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	NP			
HYDROMORPHONE SUPPOSITORIES (RECT	0.0%	NP	NP			
LEVORPHANOL (ORAL)	0.0%	NP	NP			
ABSTRAL (SUBLINGUAL)	0.0%	NP	NP			
ROXYBOND (ORAL)	0.0%	NR	NP			
PRIMLEV (ORAL)	0.0%	NP	NP			
NALOCET (ORAL)	0.0%	NR	NP			
CAPITAL W-CODEINE (ORAL)	0.0%	NP	NP			
FENTANYL (BUCCAL)	0.0%	NP	NP			

- Alicia Walker expressed concern about the acetaminophen (apap) component in some of the combination drugs in this class, specifically that she did not agree with adding tramadol/apap (oral) as a preferred product. Walker stated that prescribers may initiate treatment with just apap and then prescribe tramadol if needed.
- Alicia Walker made a motion to accept staff recommendations as presented, the exception being leaving tramadol/apap (oral) a non-preferred product.
 - Second – Pat Towers
 - Four members were in favor of the motion and four members were opposed to the motion
 - Kimberly Smithers, Chair, opposed the motion and therefore the motion did not pass
- Kevin Izard made a motion to accept staff recommendations as presented.
 - Second – John Fangman
 - 7 members were in favor of the motion. Alicia Walker opposed the motion.
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANDROGENIC AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ANDRODERM (TRANSDERM)	1.1%	NP	NP			
TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSE	0.0%	NP	P			
TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRAN	0.0%	NP	P			
TESTOSTERONE GEL PUMP (AXIRON) (TRANSDERM)	0.3%	NP	NP			
TESTOSTERONE GEL (AG) (TESTIM) (TRANSDERM)	0.0%	NP	NP			
ANDROGEL GEL PACKET (TRANSDERM.)	31.4%	P	P			
TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)	0.0%	NP	P			
TESTOSTERONE GEL PUMP (AG) (ANDROGEL) (TRANS	9.3%	NP	NP			
TESTOSTERONE GEL (VOGELXO) (TRANSDERM)	0.0%	NP	P			
TESTIM (TRANSDERM.)	0.6%	NP	NP			
TESTOSTERONE GEL (AG) (FORTESTA) (TRANSDERM)	0.0%	NP	NP			
VOGELXO GEL PUMP (TRANSDERM)	0.0%	NP	NP			
TESTOSTERONE GEL PACKET (AG) (ANDROGEL) (TRA	1.0%	NP	NP			
TESTOSTERONE GEL (FORTESTA) (TRANSDERM)	0.0%	NR	NP			
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDER	0.6%	NP	NP			
FORTESTA (TRANSDERM)	0.0%	NP	NP			
ANDROGEL GEL PUMP (TRANSDERM)	55.1%	P	P			
TESTOSTERONE GEL PACKET (ANDROGEL) (TRANS	0.5%	NP	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Catherine Decker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANDROGENIC AGENTS, INJECTABLE						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TESTOSTERONE CYPIONATE (INTRAMUS	89.6%	NR	P			
DEPO-TESTOSTERONE (INTRAMUSC)	7.2%	NR	P			
TESTOSTERONE ENANTHATE (INTRAMU	3.2%	NR	P			
XYOSTED (SUBCUTANEOUS)	0.0%	NR	NP			

- Discussion: None
- John Fangman made a motion to accept staff recommendations as presented.
 - Second – William Raduege
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANGIOTENSIN MODULATORS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LISINOPRIL HCTZ (ORAL)	9.4%	P	P			
FOSINOPRIL HCTZ (ORAL)	0.0%	NP	NP			
ENALAPRIL HCTZ (ORAL)	0.2%	P	P			
QUINAPRIL HCTZ (ORAL)	0.0%	NP	NP			
BENAZEPRIL HCTZ (ORAL)	0.0%	NP	NP			
CAPTOPRIL HCTZ (ORAL)	0.0%	NP	NP			
MOEXIPRIL HCTZ (ORAL)	0.0%	NP	NP			
LISINOPRIL (ORAL)	47.6%	P	P			
BENAZEPRIL (ORAL)	2.1%	P	P			
RAMIPRIL (ORAL)	0.3%	P	P			
QUINAPRIL (ORAL)	0.0%	NP	NP			
TRANDOLAPRIL (ORAL)	0.0%	NP	NP			
FOSINOPRIL (ORAL)	0.1%	P	P			
ENALAPRIL (ORAL)	3.2%	P	P			
PERINDOPRIL (ORAL)	0.0%	NP	NP			
MOEXIPRIL (ORAL)	0.0%	NP	NP			
CAPTOPRIL (ORAL)	0.2%	P	P			
EPANED SOLUTION (ORAL)	0.6%	NP	NP			
QBRELIS SOLUTION (ORAL)	0.0%	NP	NP			
TELMISARTAN (AG) (ORAL)	0.0%	NP	NP			
BENICAR (ORAL)	0.0%	NP	NP			
MICARDIS (ORAL)	0.0%	NP	NP			
EDARBI (ORAL)	0.0%	NP	NP			
LOSARTAN (ORAL)	26.1%	P	P			
OLMESARTAN (ORAL)	0.2%	NP	NP			
OLMESARTAN (AG) (ORAL)	0.0%	NP	NP			
VALSARTAN (ORAL)	1.4%	P	P			
IRBESARTAN (ORAL)	0.3%	NP	NP			
OLMESARTAN HCTZ (ORAL)	0.0%	NP	NP			
OLMESARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP			
TELMISARTAN (ORAL)	0.0%	NP	NP			
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			
VALSARTAN HCTZ (ORAL)	1.0%	P	P			
LOSARTAN HCTZ (ORAL)	6.4%	P	P			
IRBESARTAN HCTZ (ORAL)	0.0%	NP	NP			
BENICAR HCT (ORAL)	0.0%	NP	NP			
TELMISARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP			
TELMISARTAN HCTZ (ORAL)	0.0%	NP	NP			
CANDESARTAN HCTZ (ORAL)	0.0%	NP	NP			
CANDESARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP			
ENTRESTO (ORAL)	0.6%	NP	P			
TEKTURNA HCT (ORAL)	0.0%	NP	NP			
TEKTURNA (ORAL)	0.0%	NP	NP			

- Discussion: None
- Catherine Decker made a motion to accept staff recommendations as presented.
 - Second – John Fangman
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, GI						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METRONIDAZOLE TABLET (ORAL)	88.2%	P	P			
NEOMYCIN (ORAL)	0.8%	P	P			
TINIDAZOLE (ORAL)	0.6%	P	P			
VANCOMYCIN CAPSULE (AG) (ORAL)	0.2%	P	P			
FIRVANQ (ORAL)	0.1%	NP	P			
METRONIDAZOLE CAPSULE (ORAL)	0.0%	NP	NP			
VANCOMYCIN CAPSULE (ORAL)	3.0%	P	P			
SOLOSEC (ORAL)	0.1%	NP	NP			
XIFAXAN (ORAL)	6.8%	P	P			
DIFICID TABLET (ORAL)	0.1%	NP	NP			

- Discussion: None
- John Fangman made a motion to accept staff recommendations as presented.
 - Second – William Raduege
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, VAGINAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLEOCIN OVULES (VAGINAL)	2.4%	P	P			
VANDAZOLE (VAGINAL)	2.5%	P	P			
CLINDESSE (VAGINAL)	0.3%	P	P			
NUVESSA (VAGINAL)	0.0%	NP	P			
METRONIDAZOLE (VAGINAL)	87.8%	P	P			
CLINDAMYCIN (VAGINAL)	6.9%	P	P			

- Discussion: None
- Pat Towers made a motion to accept staff recommendations as presented.
 - Second – Catherine Decker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANTIFUNGALS, ORAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
FLUCONAZOLE TABLET (ORAL)	67.4%	P	P			
TERBINAFINE (ORAL)	7.1%	P	P			
SPORANOX SOLUTION (ORAL)	0.1%	P	P			
NYSTATIN SUSPENSION (ORAL)	17.2%	P	P			
CLOTRIMAZOLE (MUCOUS MEM)	1.0%	P	P			
KETOCONAZOLE (ORAL)	0.2%	P	P			
FLUCONAZOLE SUSPENSION (ORAL)	2.5%	P	P			
NYSTATIN TABLET (ORAL)	0.6%	P	P			
GRISEOFULVIN SUSPENSION (ORAL)	2.3%	P	P			
ORAVIG (BUCCAL)	0.0%	NP	NP			
ITRACONAZOLE CAPSULE (ORAL)	0.7%	P	P			
GRISEOFULVIN ULTRAMICROSIZE (ORAL)	0.4%	P	P			
GRISEOFULVIN TABLETS (ORAL)	0.0%	NP	NP			
ONMEL (ORAL)	0.0%	NP	NP			
VORICONAZOLE TABLETS (ORAL)	0.2%	NP	NP			
ANCOBON (ORAL)	0.0%	NP	NP			
ITRACONAZOLE SOLUTION (ORAL)	0.0%	NR	NP			
NOXAFIL SUSPENSION (ORAL)	0.0%	NP	NP			
VORICONAZOLE SUSPENSION (ORAL)	0.0%	NP	NP			
VFEND SUSPENSION (ORAL)	0.0%	NP	NP			
CRESEMBA (ORAL)	0.1%	NP	NP			
TOLSURA (ORAL)	0.0%	NR	NP			
NOXAFIL TABLET (ORAL)	0.1%	NP	NP			
FLUCYTOSINE (ORAL)	0.0%	NP	NP			

- Discussion: None
- Kevin Izard made a motion to accept staff recommendations as presented.
 - Second – Alicia Walker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid ANTIFUNGALS, TOPICAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EXTINA (TOPICAL)	0.0%	NP	NP			
KETOCONAZOLE FOAM (AG) (TOPICAL)	0.0%	NR	NP			
OXISTAT LOTION (TOPICAL)	0.0%	NP	NP			
MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM (AG)	0.0%	NR	NP			
ERTACZO (TOPICAL)	0.0%	NP	NP			
JUBLIA (TOPICAL)	0.0%	NP	NP			
LULICONAZOLE (AG) (TOPICAL)	0.0%	NR	NP			
TOLNAFTATE POWDER OTC (TOPICAL)	0.1%	P	P			
CLOTRIMAZOLE CREAM OTC (TOPICAL)	6.0%	P	P			
MICONAZOLE CREAM OTC (TOPICAL)	2.0%	P	P			
TOLNAFTATE CREAM OTC (TOPICAL)	0.1%	P	P			
MICONAZOLE POWDER OTC (TOPICAL)	0.7%	P	P			
MENTAX (TOPICAL)	0.0%	NP	NP			
KETOCONAZOLE SHAMPOO (TOPICAL)	16.4%	P	P			
NYSTATIN CREAM (TOPICAL)	17.7%	P	P			
LOTRIMIN AF CREAM OTC (TOPICAL)	0.0%	P	P			
CLOTRIMAZOLE CREAM RX (TOPICAL)	12.0%	P	P			
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)	8.5%	P	P			
CICLOPIROX CREAM (TOPICAL)	0.1%	NP	NP			
ALEVAZOL OTC (TOPICAL)	0.0%	P	P			
NYSTATIN OINT (TOPICAL)	8.0%	P	P			
NYSTATIN POWDER (TOPICAL)	13.2%	P	P			
CICLOPIROX SOLUTION (TOPICAL)	1.5%	P	P			
ECONAZOLE (TOPICAL)	0.1%	NP	NP			
CLOTRIMAZOLE SOLUTION RX (TOPICAL)	0.6%	P	P			
KETOCONAZOLE CREAM (TOPICAL)	12.8%	P	P			
CLOTRIMAZOLE SOLUTION OTC (TOPICAL)	0.1%	P	P			
NYSTATIN-TRIAMCINOLONE OINT (TOPICAL)	0.0%	NP	NP			
MICONAZOLE OINT OTC (TOPICAL)	0.0%	P	P			
CICLOPIROX SUSPENSION (TOPICAL)	0.0%	NP	NP			
CICLOPIROX SHAMPOO (TOPICAL)	0.1%	NP	NP			
NYSTATIN-TRIAMCINOLONE CREAM (TOPICAL)	0.0%	NP	NP			
CICLOPIROX GEL (TOPICAL)	0.0%	NP	NP			
NAFTIN GEL (TOPICAL)	0.0%	NP	NP			
EXELDERM CREAM (TOPICAL)	0.0%	NP	NP			
VUSION (TOPICAL)	0.0%	NP	NP			
EXELDERM SOLUTION (TOPICAL)	0.0%	NP	NP			
CLOTRIMAZOLE-BETAMETHASONE LOTION (TOPICAL)	0.0%	NP	NP			
KERYDIN (TOPICAL)	0.0%	NP	NP			
NAFTIFINE CREAM (AG) (TOPICAL)	0.0%	NP	NP			
LUZU (TOPICAL)	0.0%	NP	NP			
NAFTIFINE CREAM (TOPICAL)	0.0%	NP	NP			
NAFTIN CREAM (TOPICAL)	0.0%	NP	NP			
KETOCONAZOLE FOAM (TOPICAL)	0.0%	NP	NP			
BENSAL HP (TOPICAL)	0.0%	NP	NP			
OXICONAZOLE CREAM (TOPICAL)	0.0%	NP	NP			
OXISTAT CREAM (TOPICAL)	0.0%	NP	NP			

- Discussion: None
- Alicia Walker made a motion to accept staff recommendations as presented.
 - Second – Pat Towers
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid			Recommendations			
ANTIMIGRAINE AGENTS, OTHER						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EMGALITY SYRINGE (SUBCUTANEOUS)	0.0%	NR	P			
EMGALITY PEN (SUBCUTANEOUS)	2.5%	NR	P			
EMGALITY SYRINGE (SUBCUTANEOUS)	0.0%	NR	Alternate			
EMGALITY PEN (SUBCUTANEOUS)	0.0%	NR	Alternate			
AJOVY (SUBCUTANEOUS)	4.3%	NR	NP			
AIMOVIG (SUBCUTANEOUS)	93.2%	NR	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Catherine Decker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid			Recommendations			
ANTIPARASITICS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PERMETHRIN OTC (TOPICAL)	6.9%	P	P			
PERMETHRIN CREAM (TOPICAL)	45.5%	P	P			
SKLICE (TOPICAL)	43.9%	P	P			
EURAX CREAM (TOPICAL)	0.0%	P	P			
NATROBA (TOPICAL)	3.6%	P	P			
LINDANE SHAMPOO (TOPICAL)	0.0%	NP	NP			
EURAX LOTION (TOPICAL)	0.0%	NP	NP			
SPINOSAD (TOPICAL)	0.0%	NP	NP			
MALATHION BRAND (TOPICAL)	0.1%	NP	NP			
CROTAN (TOPICAL)	0.0%	NR	NP			

- Discussion: None
- John Fangman made a motion to accept staff recommendations as presented.
 - Second – William Raduege
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANTIVIRALS, ORAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ACYCLOVIR TABLET (ORAL)	18.4%	P	P			
ACYCLOVIR CAPSULE (ORAL)	2.7%	P	P			
VALACYCLOVIR (ORAL)	72.9%	P	P			
FAMCICLOVIR (ORAL)	0.2%	NP	NP			
ACYCLOVIR SUSPENSION (ORAL)	1.7%	P	P			
RIMANTADINE (ORAL)	0.0%	P	NP			
TAMIFLU CAPSULE (ORAL)	2.4%	P	NP			
RELENZA (INHALATION)	0.0%	P	P			
OSELTAMIVIR CAPSULE (ORAL)	0.0%	NP	P			
OSELTAMIVIR SUSPENSION (ORAL)	0.0%	NP	P			
TAMIFLU SUSPENSION (ORAL)	1.6%	P	NP			
XOFLUZA (ORAL)	0.0%	NR	NP			

- Discussion: None
- Catherine Decker made a motion to accept staff recommendations as presented.
 - Second – Kevin Izard
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
ANTIVIRALS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ZOVIRAX CREAM (TOPICAL)	48.0%	P	P			
ZOVIRAX OINTMENT (TOPICAL)	51.5%	P	P			
XERESE (TOPICAL)	0.3%	NP	NP			
DENAVIR (TOPICAL)	0.3%	NP	NP			
ACYCLOVIR OINTMENT (TOPICAL)	0.0%	NP	NP			
ACYCLOVIR CREAM (TOPICAL)	0.0%	NR	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Steve Maike
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
BETA-BLOCKERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ATENOLOL / CHLOROTHALIDONE (ORAL)	0.6%	P	P			
BISOPROLOL HCTZ (ORAL)	0.3%	P	P			
METOPROLOL / HCTZ (ORAL)	0.0%	NP	NP			
PROPRANOLOL / HCTZ (ORAL)	0.0%	NP	NP			
NADOLOL / BENDROFLUMETHIAZIDE (ORAL)	0.0%	NP	NP			
KAPSPARGO (ORAL)	0.0%	NR	NP			
INNOPRAN XL (ORAL)	0.0%	NP	NP			
PROPRANOLOL ER (AG) (ORAL)	0.1%	P	P			
BYSTOLIC (ORAL)	0.8%	NP	NP			
CARVEDILOL (ORAL)	13.7%	P	P			
ATENOLOL (ORAL)	10.2%	P	P			
METOPROLOL (ORAL)	26.7%	P	P			
PROPRANOLOL TABLET (ORAL)	8.5%	P	P			
METOPROLOL XL (ORAL)	30.7%	P	P			
SOTALOL (ORAL)	0.6%	P	P			
BETAXOLOL (ORAL)	0.0%	NP	NP			
PROPRANOLOL SOLUTION (ORAL)	0.4%	P	P			
LABETALOL (ORAL)	2.3%	P	P			
ACEBUTOLOL (ORAL)	0.0%	NP	NP			
BISOPROLOL (ORAL)	0.6%	P	P			
PROPRANOLOL ER (ORAL)	4.0%	P	P			
PINDOLOL (ORAL)	0.0%	NP	NP			
NADOLOL (ORAL)	0.3%	NP	NP			
TIMOLOL (ORAL)	0.0%	NP	NP			
HEMANGEOL (ORAL)	0.0%	NP	NP			
COREG CR (ORAL)	0.0%	NP	NP			
CARVEDILOL ER (ORAL)	0.0%	NP	NP			
INDERAL XL (ORAL)	0.0%	NP	NP			
SOTYLIZE (ORAL)	0.0%	NP	NP			

- Discussion: None
- Pat Towers made a motion to accept staff recommendations as presented.
 - Second – Alicia Walker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
BPH TREATMENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RAPAFLO (ORAL)	0.2%	NP	NP			
FINASTERIDE (ORAL)	19.5%	P	P			
TAMSULOSIN (ORAL)	68.4%	P	P			
ALFUZOSIN (ORAL)	2.6%	P	P			
DUTASTERIDE (ORAL)	1.0%	P	P			
CARDURA XL (ORAL)	0.0%	NP	NP			
TERAZOSIN (ORAL)	7.6%	P	P			
DOXAZOSIN (ORAL)	0.7%	NP	NP			
DUTASTERIDE/TAMSULOSIN (ORAL)	0.0%	NP	NP			
SILODOSIN (ORAL)	0.0%	NR	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – John Fangman
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid GI MOTILITY, CHRONIC		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LOTRONEX (ORAL)	0.6%	P	P			
LINZESS (ORAL)	64.6%	P	P			
AMITIZA (ORAL)	21.9%	P	P			
MOVANTIK (ORAL)	8.9%	P	P			
TRULANCE (ORAL)	2.0%	NP	NP			
SYMPROIC (ORAL)	0.1%	NP	NP			
MOTEGRITY (ORAL)	0.0%	NR	NP			
VIBERZI (ORAL)	1.6%	NP	NP			
ALOSETRON (AG) (ORAL)	0.0%	NP	NP			
RELISTOR (ORAL)	0.3%	NP	NP			
ALOSETRON (ORAL)	0.0%	NP	NP			

- 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 HEPATITIS C AGENTS		Recommendations				
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.)	0.6%	P	P			
PEGASYS SYRINGE (SUB-Q)	0.0%	P	P			
PEGASYS PROCLICK (SUB-Q)	0.0%	P	P			
ZEPATIER (ORAL)	0.0%	P	Alternate			
ZEPATIER (ORAL)	0.0%	P	Alternate			
EPCLUSA (ORAL)	27.6%	P	P			
SOFOSBUVIR/VELPATASVIR (AG) (ORAL)	0.0%	NR	NP			
ZEPATIER (ORAL)	1.9%	P	P			
MAVYRET (ORAL)	43.2%	P	P			
HARVONI (ORAL)	21.8%	P	P			
LEDIPASVIR-SOFOSBUVIR (AG) (ORAL)	0.0%	NR	NP			
TECHNIVIE (ORAL)	0.0%	NP	NP			
SOVALDI (ORAL)	0.0%	NP	NP			
DAKLINZA (ORAL)	0.0%	NP	NP			
VOSEVI (ORAL)	1.5%	NP	NP			
RIBAVIRIN CAPSULE (ORAL)	0.0%	P	P			
RIBAVIRIN TABLET (ORAL)	3.2%	P	P			
RIBASPHERE 400 MG (ORAL)	0.0%	NP	NP			
REBETOL SOLUTION (ORAL)	0.0%	NP	NP			
RIBAVIRIN DOSE PACK (ORAL)	0.0%	NP	NP			
RIBASPHERE 600 MG (ORAL)	0.0%	NP	NP			
RIBAPAK (ORAL)	0.0%	NP	NP			

- Discussion: Pat Towers stated there was good discussion during the public testimony as well as during the closed session, and it is clear the State is working closely with the provider community and other stakeholders to revise criteria and take into consideration public health implications.

John Fangman commended the State for balancing clinical and fiscal aspects of HCV treatment over time. Fangman added that the State has an opportunity to continue to work with clinicians to address the challenges of a variety of patients, regardless of alcohol and/or drug use.

Kimberly Smithers indicated the State has been working on revising the HCV criteria based on feedback from providers and other stakeholders.

- Pat Towers made a motion to accept staff recommendations as presented.
 - Second – John Fangman
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.4%	P	P			
HUMALOG MIX VIAL (SUBCUTANE.)	0.3%	P	P			
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	1.4%	P	P			
NOVOLOG MIX PEN (SUBCUTANE.)	0.6%	P	P			
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	P			
HUMALOG MIX PEN (SUBCUTANE.)	2.0%	P	P			
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.4%	NP	NP			
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	NP			
HUMULIN VIAL OTC (SUBCUTANE.)	2.5%	P	P			
NOVOLIN VIAL OTC (SUBCUTANE.)	0.0%	NP	NP			
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	1.7%	P	P			
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	NP			
HUMULIN PEN OTC (SUBCUTANE.)	1.0%	P	P			
LEVEMIR VIAL (SUBCUTANE.)	0.7%	P	P			
LEVEMIR PENS (SUBCUTANE.)	6.2%	P	P			
LANTUS VIAL (SUBCUTANE.)	7.0%	P	P			
LANTUS SOLOSTAR PEN (SUBCUTANE.)	39.3%	P	P			
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTAN	0.1%	NP	NP			
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NR	NP			
BASAGLAR KWIKPEN (SUBCUTANE.)	0.0%	NP	NP			
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.0%	NR	NP			
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP			
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTAN	0.1%	NP	NP			
HUMALOG VIAL (SUBCUTANE.)	6.7%	P	P			
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP			
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.3%	P	P			
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	NP			
NOVOLOG PEN (SUBCUTANE.)	4.3%	P	P			
NOVOLOG VIAL (SUBCUTANE.)	1.4%	P	P			
HUMALOG CARTRIDGE (SUBCUTANE.)	2.5%	P	P			
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	0.1%	NP	NP			
HUMALOG PEN (SUBCUTANE.)	20.6%	P	P			
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.0%	NP	NP			
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	0.0%	NR	NP			
FIASP VIAL (SUBCUTANE.)	0.0%	NP	NP			
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	0.0%	NR	NP			
HUMALOG 200 U/ML PEN (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			

- Discussion: Kevin Izard asked if any generic insulin products such as Walmart brand are covered by Medicaid.

Lynn Radmer stated that such products are not covered by Wisconsin Medicaid due to the fact that their manufacturers do not participate in the federal rebate program.

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

Wisconsin Medicaid		Recommendations				
LIPOTROPICS, OTHER						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
WELCHOL POWDER PACK (ORAL)	0.1%	P	P			
WELCHOL TABLET (ORAL)	1.4%	P	P			
COLESTIPOL TABLET (ORAL)	4.0%	P	P			
CHOLESTYRAMINE/ASPARTAME (ORAL)	2.2%	P	P			
CHOLESTYRAMINE/SUCROSE (ORAL)	4.8%	P	P			
COLESTIPOL GRANULES (ORAL)	0.0%	NP	NP			
COLESTID GRANULES (ORAL)	0.0%	NP	NP			
COLESEVELAM (AG) (ORAL)	0.0%	NR	NP			
COLESEVELAM POWDER PACK (AG)	0.0%	NR	NP			
COLESEVELAM (ORAL)	0.0%	NR	NP			
COLESEVELAM POWDER PACK (ORAL)	0.0%	NR	NP			
REPATHA SURECLICK (SUBCUTANEOUS)	0.5%	NP	NP			
REPATHA SYRINGE (SUBCUTANEOUS)	0.0%	NP	NP			
REPATHA PUSHTRONEX (SUBCUTANEOUS)	0.0%	NP	NP			
PRALUENT PEN (SUBCUTANEOUS)	0.2%	NP	NP			
FENOGLIDE (ORAL)	0.0%	NP	NP			
ANTARA (ORAL)	0.0%	NP	NP			
EZETIMIBE (ORAL)	23.5%	P	P			
FENOFIBRATE TABLET (TRICOR) (ORAL)	38.7%	P	P			
FENOFIBRATE TABLET (AG) (TRICOR)	2.0%	P	P			
GEMFIBROZIL (ORAL)	10.3%	P	P			
FENOFIBRATE TABLET (LOFIBRA) (ORAL)	0.3%	NP	NP			
FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)	0.2%	NP	NP			
FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)	1.6%	P	P			
LIPOFEN (ORAL)	0.0%	NP	NP			
OMEGA-3 ACID ETHYL ESTERS (ORAL)	1.6%	P	P			
FENOFIBRIC ACID (TRILIPIX) (ORAL)	3.7%	P	P			
FENOFIBRATE (ANTARA) (AG) (ORAL)	0.0%	NP	NP			
TRIGLIDE (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			
VASCEPA (ORAL)	0.1%	NP	NP			
FENOFIBRATE TABLET (AG) (TRIGLIDE)	0.0%	NR	NP			
FENOFIBRATE (FENOGLIDE) (AG) (ORAL)	0.0%	NP	NP			
FENOFIBRATE (FENOGLIDE) (ORAL)	0.0%	NP	NP			
JUXTAPID (ORAL)	0.0%	NP	NP			
NIACOR (ORAL)	0.0%	P	P			
NIACIN ER (ORAL)	4.6%	P	P			

- Discussion: None
- Alicia Walker made a motion to accept staff recommendations as presented.
 - Second – Catherine Decker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid			Recommendations			
LIPTROPICS, STATINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ROSUVASTATIN (ORAL)	10.8%	P	P			
SIMVASTATIN (ORAL)	18.9%	P	P			
LOVASTATIN (ORAL)	4.2%	P	P			
ATORVASTATIN (ORAL)	55.3%	P	P			
PRAVASTATIN (ORAL)	10.5%	P	P			
VYTORIN (ORAL)	0.0%	NP	NP			
EZETIMIBE-SIMVASTATIN (ORAL)	0.0%	NP	NP			
LVALO (ORAL)	0.1%	NP	NP			
AMLODIPINE-ATORVASTATIN (OR)	0.0%	NP	NP			
FLUVASTATIN (ORAL)	0.0%	NP	NP			
FLUVASTATIN ER (AG) (ORAL)	0.0%	NP	NP			
FLUVASTATIN ER (ORAL)	0.0%	NP	NP			
ZYPITAMAG (ORAL)	0.0%	NR	NP			
ALTOPREV (ORAL)	0.0%	NP	NP			
LESCOL XL (ORAL)	0.0%	NP	NP			
CADUET (ORAL)	0.0%	NP	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Roseanne Barber
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid			Recommendations			
MULTIPLE SCLEROSIS AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AVONEX PEN (INTRAMUSC.)	5.7%	P	P			
AVONEX (INTRAMUSC.)	2.9%	P	P			
COPAXONE 20 MG/ML (SUBCUTANE.)	5.2%	P	P			
BETASERON KIT (SUBCUTANE.)	2.9%	P	P			
DALFAMPRIDINE ER (ORAL)	0.2%	NR	NP			
AMPYRA (ORAL)	9.9%	NP	NP			
DALFAMPRIDINE ER (AG) (ORAL)	0.0%	NR	NP			
REBIF (SUBCUTANE.)	2.6%	P	P			
COPAXONE 40 MG/ML (SUBCUTANE.)	24.1%	P	P			
REBIF REBIDOSE PEN INJCTR (SUBCU	2.4%	P	P			
GILENYA (ORAL)	18.3%	P	P			
GLATIRAMER 40 MG/ML (SUBCUTANE	0.0%	NP	NP			
AUBAGIO (ORAL)	18.2%	P	P			
GLATIRAMER 20 MG/ML (SUBCUTANE	0.0%	NP	NP			
TECFIDERA (ORAL)	7.3%	NP	NP			
EXTAVIA KIT (SUBCUTANE.)	0.0%	NP	NP			
EXTAVIA VIAL (SUBCUTANE.)	0.0%	NP	NP			
PLEGRIDY (SUBCUTANE.)	0.2%	NP	NP			

- Discussion: None
- Pat Towers made a motion to accept staff recommendations as presented.
 - Second – Alicia Walker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid			Recommendations			
OPIATE DEPENDENCE TREATMENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NALTREXONE (ORAL)	6.9%	P	P			
NALOXONE SYRINGE (INJECTION)	0.0%	P	P			
NALOXONE VIAL (INJECTION)	0.0%	P	P			
NARCAN SPRAY (NASAL)	3.4%	P	P			
VIVITROL (INTRAMUSC)	0.0%	P	Alternate			
VIVITROL (INTRAMUSC)	4.7%	P	P			
BUPRENORPHINE HCL (SUBLINGUAL)	3.3%	NP	NP			
SUBOXONE FILM (SUBLINGUAL)	0.0%	P	Alternate			
SUBOXONE FILM (SUBLINGUAL)	78.0%	P	P			
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate			
BUPRENORPHINE/NALOXONE TAB (SUBL)	0.0%	NP	NP			
BUNAVAIL (BUCCAL)	0.0%	NP	NP			
BUPRENORPHINE/NALOXONE FILM (SUB	0.0%	NR	NP			
ZUBSOLV (SUBLINGUAL)	3.3%	P	P			
ZUBSOLV (SUBLINGUAL)	0.0%	P	Alternate			
SUBLOCADE (SUBCUTANEOUS)	0.3%	NP	NP			

- Discussion: None
- John Fangman made a motion to accept staff recommendations as presented.
 - Second – Alicia Walker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid			Recommendations			
PLATELET AGGREGATION INHIBITORS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AGGRENOX (ORAL)	2.6%	P	P			
CLOPIDOGREL (ORAL)	84.5%	P	P			
PRASUGREL (ORAL)	0.0%	NP	P			
ASPIRIN/DIPYRIDAMOLE (AG) (ORAL)	0.0%	NP	NP			
DIPYRIDAMOLE (ORAL)	0.3%	P	P			
BRILINTA (ORAL)	11.6%	P	P			
YOSPRALA (ORAL)	0.0%	NP	NP			
ZONTIVITY (ORAL)	0.0%	NP	NP			
ASPIRIN/DIPYRIDAMOLE (ORAL)	0.0%	NP	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Catherine Decker
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid TETRACYCLINES		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SOLODYN (ORAL)	0.0%	NP	NP			
ORACEA (ORAL)	0.0%	NP	NP			
DOXYCYCLINE HYCLATE CAPSULE (AG) (ORAL)	0.0%	NP	P			
DOXYCYCLINE HYCLATE CAPSULE (ORAL)	0.1%	NP	P			
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE (O	56.7%	P	P			
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE (OR	3.5%	P	P			
DOXYCYCLINE MONOHYDRATE TABLET (ORAL)	21.5%	P	P			
DOXYCYCLINE HYCLATE TABLET (ORAL)	0.6%	P	P			
VIBRAMYCIN SUSPENSION (ORAL)	0.0%	NP	NP			
MINOCYCLINE CAPSULES (ORAL)	17.2%	P	P			
VIBRAMYCIN SYRUP (ORAL)	0.1%	NP	NP			
MINOCYCLINE TABLETS (ORAL)	0.0%	NP	NP			
TETRACYCLINE (ORAL)	0.1%	NP	NP			
DOXYCYCLINE MONOHYDRATE SUSPENSION (ORAL)	0.0%	NP	NP			
DORYX MPC (ORAL)	0.0%	NP	NP			
DOXYCYCLINE MONOHYDRATE 40 MG CAPSULE (AG	0.0%	NP	NP			
DOXYCYCLINE HYCLATE TABLET DR (ORAL)	0.0%	NP	NP			
DEMECLOXYCLINE (ORAL)	0.1%	NP	NP			
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (O	0.0%	NP	NP			
XIMINO (ORAL)	0.0%	NP	NP			
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE (OR	0.0%	NP	NP			
MINOCYCLINE ER (ORAL)	0.0%	NP	NP			
NUZYRA TABLET (ORAL)	0.0%	NR	NP			

- Discussion: None
- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Pat Towers
 - All members were in favor of the motion
 - Motion passes