

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
November 7, 2018

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Catherine Decker, PharmD	Yes
3	John Fangman, M.D.	No
4	Kevin Izard, M.D.	Yes – arrived @ 11:30am
5	Steve Maike, RPh	Yes
6	William E. Raduege, M.D.	Yes
7	Robert Rohloff, M.D.	Yes
8	Pat Towers	Yes
9	Alicia Walker, PharmD	Yes
10	Michael Witkovsky, M.D.	Yes – arrived @ 9:30am

NOVEMBER 2018 THERAPEUTIC DRUG CLASSES

ALZHEIMER'S AGENTS
ANTICONVULSANTS
ANTIDEPRESSANTS, OTHER
ANTIDEPRESSANTS, SSRIs
ANTIHISTAMINES, MINIMALLY SEDATING
ANTIHYPERTENSIVES, SYMPATHOLYTIC
ANTIHYPERTENSIVES, ORAL
ANTIPARKINSON'S AGENTS
ANTIPSOIATICS, ORAL
ANTIPSOIATICS, TOPICAL
ANTIPSYCHOTICS
ANXIOLYTICS
BILE SALTS
BRONCHODILATORS, BETA AGONIST
COPD AGENTS
COUGH AND COLD/NARCOTICS
CYTOKINE AND CAM ANTAGONISTS
EPINEPHRINE, SELF-INJECTED
ERYTHROPOIESIS STIMULATING PROTEINS
GLUCOCORTICOIDS, INHALED
GLUCOCORTICOIDS, ORAL
HISTAMINE II RECEPTOR BLOCKERS
IMMUNOMODULATORS FOR ATOPIC DERMATITIS
IMMUNOMODULATORS, TOPICAL
INTRANASAL RHINITIS AGENTS
LEUKOTRIENE MODIFIERS
METHOTREXATE
NEUROPATHIC PAIN (ANALGESICS/ANESTHETICS TOPICAL AND FIBROMYALGIA)
NSAIDS
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS
OPHTHALMIC ANTIBIOTICS
OPHTHALMIC ANTIINFLAMMATORIES
OPHTHALMIC ANTIINFLAMMATORIES/IMMUNOMODULATORS
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS
OPHTHALMICS, GLAUCOMA AGENTS
OTIC ANTIBIOTICS
OTIC ANTI-INFECTIVES
SEDATIVE HYPNOTICS
STEROIDS, TOPICAL-HIGH POTENCY
STEROIDS, TOPICAL-LOW POTENCY
STEROIDS, TOPICAL-MEDIUM POTENCY
STEROIDS, TOPICAL-VERY HIGH POTENCY
STIMULANTS AND RELATED AGENTS

Public Comment Session:

During the Public Comment session, 22 individuals representing drug manufacturers, members of the medical community, and advocates provided in-person presentations on specific drugs or drug classes under review in the meeting.

There was conversation about Prior Authorization (PA) processes and procedures during this session, including but not limited to the availability of Emergency Supply and Expedited Emergency Supply for particular drugs. The Department noted that updated Prior Authorization (PA) procedures are communicated in ForwardHealth Updates published which detail changes to the Preferred Drug List. The Department will include reminders of PA policies, including Emergency Supply and Expedited Emergency Supply, in the upcoming ForwardHealth Update.

Recommendations Summary:

The following 23 drug classes presented for review had no recommended status changes since the November 8, 2017 Wisconsin Medicaid Pharmacy PA Advisory Committee (PAC) meeting and were approved by the PAC in a block vote. The PAC had no additional discussion regarding these drug classes.

Drug Classes included in the committee block vote:

- Antidepressants, Other
- Antihistamines, Minimally Sedating
- Antihypertensives, Sympatholytic
- Antihyperuricemics, Oral
- Antipsoriatics, Oral
- Antipsoriatics, Topical
- Anxiolytics
- Bile Salts
- Bronchodilators, Beta Agonist
- Cough And Cold/Narcotics
- Histamine II Receptor Blockers
- Immunomodulators For Atopic Dermatitis
- Immunomodulators, Topical
- Leukotriene Modifiers
- Methotrexate
- NSAIDS
- Ophthalmic Antibiotic/Steroid Combinations
- Ophthalmic Antibiotics
- Ophthalmics For Allergic Conjunctivitis
- Ophthalmic Anti-Inflammatories
- Otic Anti-Infectives
- Otic Antibiotics
- Sedative Hypnotics

- Discussion: None
- 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						
ALZHEIMER'S AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
MEMANTINE TABLET (AG) (ORAL)	0.3%	ON	Yes-Gen			
DONEPEZIL TABLET (ORAL)	58.6%	ON	Yes-Gen			
MEMANTINE TABLET (ORAL)	32.2%	ON	Yes-Gen			
DONEPEZIL ODT (ORAL)	0.4%	ON	Yes-Gen			
MEMANTINE TABLET DOSE PACK (AG) (ORAL)	0.3%	ON	Yes-Gen			
GALANTAMINE TABLET (ORAL)	0.4%	OFF	No-Gen			
RIVASTIGMINE CAPSULES (ORAL)	2.1%	ON	Yes-Gen			
DONEPEZIL 23 MG (ORAL)	0.3%	OFF	No-Gen			
EXELON (TRANSDERM.)	2.3%	ON	Yes			
GALANTAMINE ER (ORAL)	0.3%	OFF	No-Gen			
RIVASTIGMINE (AG) (TRANSDERM.)	0.0%	OFF	No-Gen			
NAMENDA XR (ORAL)	0.8%	OFF	No			
MEMANTINE ER (ORAL)	1.3%	NR	No-Gen			
RIVASTIGMINE (TRANSDERM.)	0.0%	OFF	No-Gen			
NAMZARIC (ORAL)	0.5%	OFF	No			
GALANTAMINE SOLUTION (ORAL)	0.0%	OFF	No-Gen			
NAMZARIC DOSE PACK (ORAL)	0.0%	OFF	No			
MEMANTINE SOLUTION (ORAL)	0.2%	ON	Yes-Gen			

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

Wisconsin Medicaid						
ANTICONVULSANTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLONAZEPAM (ORAL)	20.3%	ON	Yes-Gen			
PHENOBARBITAL TABLET (ORAL)	0.8%	ON	Yes-Gen			
CLONAZEPAM ODT (ORAL)	0.2%	OFF	No-Gen			
PHENOBARBITAL ELIXIR (ORAL)	0.3%	ON	Yes-Gen			
DIAZEPAM DEVICE (AG) (RECTAL)	0.0%	OFF	Yes-Gen			
DIAZEPAM (AG) (RECTAL)	0.0%	OFF	Yes-Gen			
DIASTAT ACUDIAL (RECTAL)	0.4%	ON	No			
DIASTAT (RECTAL)	0.0%	ON	No			
TEGRETOL SUSPENSION (ORAL)	0.1%	ON	Yes			
TEGRETOL TABLET (ORAL)	1.3%	ON	Yes			
OXCARBAZEPINE TABLETS (ORAL)	3.5%	ON	Yes-Gen			
CARBAMAZEPINE TABLET (ORAL)	0.1%	OFF	No-Gen			
CARBAMAZEPINE CHEWABLE TABLET (ORAL)	0.5%	ON	Yes-Gen			
EQUETRO (ORAL)	0.0%	OFF	No			
CARBAMAZEPINE ER (GENERIC CARBATROL) (ORAL)	1.0%	ON	Yes-Gen			
CARBAMAZEPINE XR (ORAL)	0.0%	OFF	Yes-Gen			
CARBAMAZEPINE XR (AG) (ORAL)	0.0%	OFF	Yes-Gen			
CARBAMAZEPINE SUSPENSION (ORAL)	0.0%	OFF	No-Gen			
OXCARBAZEPINE SUSPENSION (ORAL)	0.7%	ON	Yes-Gen			
TEGRETOL XR (ORAL)	0.7%	ON	No			
OXTELLAR XR (ORAL)	0.1%	OFF	No			
TRILEPTAL SUSPENSION (ORAL)	0.0%	OFF	No			
APTIOM (ORAL)	0.1%	OFF	No			

Anticonvulsants cont.

PRIMIDONE (AG) (ORAL)	0.0%	NR	Yes-Gen		
FELBATOL SUSPENSION (ORAL)	0.0%	OFF	No		
FELBATOL TABLET (ORAL)	0.1%	OFF	No		
DIVALPROEX TABLET (ORAL)	4.6%	ON	Yes-Gen		
PRIMIDONE (ORAL)	1.0%	ON	Yes-Gen		
CELONTIN (ORAL)	0.0%	ON	Yes		
VALPROIC ACID SOLUTION (ORAL)	0.9%	ON	Yes-Gen		
DIVALPROEX SPRINKLE (AG) (ORAL)	0.0%	ON	Yes-Gen		
VALPROIC ACID CAPSULE (ORAL)	0.2%	ON	Yes-Gen		
DIVALPROEX ER (ORAL)	6.5%	ON	Yes-Gen		
PHENYTOIN SUSPENSION (ORAL)	0.1%	ON	Yes-Gen		
PHENYTOIN CAPSULE (ORAL)	1.0%	ON	Yes-Gen		
PEGANONE (ORAL)	0.0%	ON	Yes		
PHENYTOIN CHEWABLE TABLET (ORAL)	0.1%	ON	Yes-Gen		
PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)	0.1%	ON	Yes-Gen		
PHENYTEK (ORAL)	0.0%	OFF	No		
ETHOSUXIMIDE CAPSULE (AG) (ORAL)	0.0%	ON	Yes-Gen		
ETHOSUXIMIDE SYRUP (ORAL)	0.2%	ON	Yes-Gen		
DIVALPROEX SPRINKLE (ORAL)	1.3%	ON	Yes-Gen		
ETHOSUXIMIDE CAPSULE (ORAL)	0.3%	ON	Yes-Gen		
DILANTIN INFATAB (ORAL)	0.0%	ON	Yes		
FELBAMATE TABLET (ORAL)	0.3%	ON	Yes-Gen		
FELBAMATE SUSPENSION (ORAL)	0.2%	ON	Yes-Gen		
TOPIRAMATE ER (QUDEXY) (AG) (ORAL)	0.0%	OFF	No-Gen		
LAMOTRIGINE TABLET (ORAL)	20.5%	ON	Yes-Gen		
TOPIRAMATE TABLETS (ORAL)	14.0%	ON	Yes-Gen		
LEVETIRACETAM TABLETS (ORAL)	7.9%	ON	Yes-Gen		
ZONISAMIDE (ORAL)	1.8%	ON	Yes-Gen		
LEVETIRACETAM SOLUTION (ORAL)	2.7%	ON	Yes-Gen		
LAMOTRIGINE CHEWABLE TABLET (ORAL)	0.4%	ON	Yes-Gen		
LAMICTAL TABLET DOSE PACK (ORAL)	0.0%	ON	Yes		
LEVETIRACETAM ER (ORAL)	0.6%	ON	Yes-Gen		
TOPIRAMATE SPRINKLE (ORAL)	0.4%	ON	Yes-Gen		
SABRIL POWDER PACK (ORAL)	0.1%	OFF	No		
SABRIL TABLET (ORAL)	0.0%	OFF	No		
GABITRIL (ORAL)	0.0%	ON	Yes		
QUDEXY XR (ORAL)	0.0%	OFF	No		
LAMICTAL ODT DOSE PACK (ORAL)	0.0%	OFF	No		
BANZEL TABLET (ORAL)	0.2%	OFF	No		
LAMOTRIGINE XR (ORAL)	0.7%	OFF	No-Gen		
VIMPAT SOLUTION (ORAL)	0.2%	OFF	No		
VIMPAT TABLET (ORAL)	1.1%	OFF	No		
LAMOTRIGINE ODT DOSE PACK (ORAL)	0.0%	OFF	No-Gen		
LAMICTAL ODT (ORAL)	0.0%	OFF	No		
FYCOMPA TABLET (ORAL)	0.1%	OFF	No		
ONFI TABLET (ORAL)	0.8%	OFF	No		
TROKENDI XR (ORAL)	0.2%	OFF	No		
LAMICTAL XR (ORAL)	0.1%	OFF	No		
LAMOTRIGINE TABLET DOSE PACK (ORAL)	0.0%	ON	Yes-Gen		
LAMOTRIGINE ODT (ORAL)	0.1%	OFF	No-Gen		
TIAGABINE (ORAL)	0.0%	OFF	No-Gen		
BANZEL SUSPENSION (ORAL)	0.0%	OFF	No		
SPRITAM (ORAL)	0.0%	OFF	No		
ONFI SUSPENSION (ORAL)	0.4%	OFF	No		
FYCOMPA SUSPENSION (ORAL)	0.0%	OFF	No		
LAMICTAL XR DOSE PACK (ORAL)	0.0%	OFF	No		
BRIVIACT TABLET (ORAL)	0.1%	OFF	No		
BRIVIACT SOLUTION (ORAL)	0.0%	OFF	No		
VIGABATRIN POWDER PACK (ORAL)	0.0%	OFF	No-Gen		

- Discussion: Rachel Currans-Henry stated that during the closed session, the Committee discussed Emergency Supply and Expedited Emergency Supply policies for this class. The State will publish reminders of these policies in the ForwardHealth Update to ensure providers are aware of their availability and processes.
- Michael Witkovsky made a motion to accept staff recommendations as presented.
 - Second – William Raduege
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid						
ANTIDEPRESSANTS, SSRIs						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CITALOPRAM TABLET (ORAL)	12.2%	ON	Yes-Gen			
FLUOXETINE CAPSULE (ORAL)	24.7%	ON	Yes-Gen			
SERTRALINE TABLET (ORAL)	34.7%	ON	Yes-Gen			
ESCITALOPRAM TABLET (ORAL)	17.3%	ON	Yes-Gen			
PAROXETINE TABLET (ORAL)	8.7%	ON	Yes-Gen			
FLUOXETINE SOLUTION (ORAL)	0.7%	ON	Yes-Gen			
FLUVOXAMINE (ORAL)	0.9%	ON	Yes-Gen			
PEXEVA (ORAL)	0.0%	OFF	No			
CITALOPRAM SOLUTION (ORAL)	0.1%	ON	Yes-Gen			
FLUOXETINE TABLET (ORAL)	0.2%	OFF	No-Gen			
BRISDELLE (ORAL)	0.0%	OFF	No			
SERTRALINE CONC (ORAL)	0.3%	ON	Yes-Gen			
FLUOXETINE 60 MG (ORAL)	0.0%	OFF	No-Gen			
SARAFEM (ORAL)	0.0%	OFF	No			
PAROXETINE CR (ORAL)	0.1%	OFF	No-Gen			
ESCITALOPRAM SOLUTION (ORAL)	0.1%	ON	Yes-Gen			
PAROXETINE (BRISDELLE) (AG) (ORAL)	0.0%	NR	No-Gen			
PAROXETINE (BRISDELLE) (ORAL)	0.0%	NR	No-Gen			
FLUOXETINE CAPSULE DR (ORAL)	0.0%	OFF	No-Gen			
PAXIL SUSPENSION (ORAL)	0.0%	ON	Yes			
FLUVOXAMINE ER (ORAL)	0.0%	OFF	No-Gen			

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

Wisconsin Medicaid						
ANTIPARKINSON'S AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AZILECT (ORAL)	0.0%	OFF	No			
PRAMIPEXOLE (ORAL)	16.5%	ON	Yes-Gen			
ROPINIROLE (ORAL)	29.0%	ON	Yes-Gen			
TRIHEXYPHENIDYL TABLET (ORAL)	5.0%	ON	Yes-Gen			
BENZTROPINE (ORAL)	31.5%	ON	Yes-Gen			
AMANTADINE SYRUP (ORAL)	0.2%	ON	Yes-Gen			
ZELAPAR (ORAL)	0.0%	OFF	No			
CARBIDOPA / LEVODOPA (ORAL)	9.4%	ON	Yes-Gen			
CARBIDOPA / LEVODOPA ER (ORAL)	2.0%	ON	Yes-Gen			
AMANTADINE CAPSULE (ORAL)	2.8%	ON	Yes-Gen			
TRIHEXYPHENIDYL ELIXIR (ORAL)	0.1%	ON	Yes-Gen			
NEUPRO (TRANSDERM)	0.3%	OFF	No			
SELEGILINE TABLET (ORAL)	0.0%	ON	Yes-Gen			
SELEGILINE CAPSULE (ORAL)	0.1%	ON	Yes-Gen			
AMANTADINE TABLET (ORAL)	1.3%	ON	Yes-Gen			
CARBIDOPA / LEVODOPA ODT (ORAL)	0.1%	ON	Yes-Gen			
ENTACAPONE (ORAL)	0.2%	OFF	No-Gen			
ROPINIROLE ER (ORAL)	0.1%	OFF	No-Gen			
BROMOCRIPTINE (ORAL)	0.6%	ON	Yes-Gen			
STALEVO (ORAL)	0.0%	OFF	No			
CARBIDOPA/LEVODOPA/ENTACAPONE (ORAL)	0.2%	ON	Yes-Gen			
RASAGILINE (ORAL)	0.2%	OFF	No-Gen			
RYTARY (ORAL)	0.1%	OFF	No			
CARBIDOPA (ORAL)	0.2%	ON	Yes-Gen			
OSMOLEX ER (ORAL)	0.0%	NR	No			
PRAMIPEXOLE ER (ORAL)	0.0%	OFF	No-Gen			
XADAGO (ORAL)	0.0%	OFF	No			
GOCOVRI (ORAL)	0.0%	NR	No			
TOLCAPONE (ORAL)	0.0%	OFF	No-Gen			

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

Wisconsin Medicaid						
ANTIPSYCHOTICS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
QUETIAPINE ER (AG) (ORAL)	0.1%	ON	Yes-Gen			
RISPERIDONE TABLET (ORAL)	15.8%	ON	Yes-Gen			
QUETIAPINE TABLETS (ORAL)	27.8%	ON	Yes-Gen			
OLANZAPINE TABLET (ORAL)	7.9%	ON	Yes-Gen			
ARIPIPRAZOLE TABLET (ORAL)	18.4%	ON	Yes-Gen			
OLANZAPINE ODT (ORAL)	0.5%	ON	Yes-Gen			
ZIPRASIDONE CAPSULE (ORAL)	4.6%	ON	Yes-Gen			
RISPERIDONE SOLUTION (ORAL)	0.4%	ON	Yes-Gen			
QUETIAPINE ER (ORAL)	1.2%	ON	Yes-Gen			
CLOZAPINE (ORAL)	2.3%	ON	Yes-Gen			
RISPERIDONE ODT (ORAL)	0.4%	ON	Yes-Gen			
SAPHRIS (SUBLINGUAL)	0.4%	OFF	No			
CLOZAPINE ODT (AG) (ORAL)	0.0%	OFF	No-Gen			
LATUDA (ORAL)	6.1%	ON	Yes			
FANAPT TABLET (ORAL)	0.1%	OFF	No			
FAZACLO (ORAL)	0.0%	OFF	No			
PALIPERDONE (AG) (ORAL)	0.0%	OFF	No-Gen			
CLOZAPINE ODT (ORAL)	0.2%	OFF	No-Gen			
PALIPERDONE (ORAL)	0.0%	OFF	No-Gen			
ARIPIPRAZOLE SOLUTION (ORAL)	0.1%	ON	Yes-Gen			
VRAYLAR (ORAL)	1.0%	OFF	No			
REXULTI (ORAL)	0.9%	OFF	No			
INVEGA (ORAL)	1.2%	OFF	No			
ARIPIPRAZOLE ODT (ORAL)	0.0%	ON	Yes-Gen			
VERSACLOZ (ORAL)	0.0%	OFF	No			
NUPLAZID TABLET (ORAL)	0.0%	OFF	No			
NUPLAZID CAPSULE (ORAL)	0.0%	NR	No			
SYMBYAX (ORAL)	0.0%	OFF	No			
OLANZAPINE/FLUOXETINE (ORAL)	0.0%	OFF	No-Gen			
HALOPERIDOL DECANOATE (INJECTION)	0.9%	ON	Yes-Gen			
FLUPHENAZINE DECANOATE (INJECTION)	0.3%	ON	Yes-Gen			
HALDOL DECANOATE (INTRAMUSC)	0.0%	ON	Yes			
RISPERDAL CONSTA (INTRAMUSC.)	0.8%	ON	Yes			
ARISTADA INITIO (INTRAMUSC)	0.0%	NR	Yes			
INVEGA SUSTENNA (INTRAMUSC)	1.8%	ON	Yes			
ZYPREXA RELPREVV (INTRAMUSC)	0.0%	ON	Yes			
ARISTADA (INTRAMUSC)	0.5%	ON	Yes			
ABILIFY MAINTENA (INTRAMUSC.)	0.9%	ON	Yes			
PERSERIS (SUBCUTANEOUS)	0.0%	NR	No			
INVEGA TRINZA (INTRAMUSC)	0.2%	ON	Yes			
HALOPERIDOL LACTATE CONC (ORAL)	0.0%	ON	Yes-Gen			
HALOPERIDOL (ORAL)	2.7%	ON	Yes-Gen			
PERPHENAZINE (ORAL)	0.2%	ON	Yes-Gen			
LOXAPINE (ORAL)	0.3%	ON	Yes-Gen			
TRIFLUOPERAZINE (ORAL)	0.2%	ON	Yes-Gen			
FLUPHENAZINE TABLET (ORAL)	0.6%	ON	Yes-Gen			
THIORIDAZINE (ORAL)	0.1%	OFF	No-Gen			
AMITRIPTYLINE / PERPHENAZINE (ORAL)	0.0%	ON	Yes-Gen			
PIMOZIDE (ORAL)	0.0%	ON	Yes-Gen			
THIOTHIXENE (ORAL)	0.2%	ON	Yes-Gen			
CHLORPROMAZINE (ORAL)	0.6%	ON	Yes-Gen			
FLUPHENAZINE ELIXIR/SOLN (ORAL)	0.0%	ON	Yes-Gen			
ADASUVE (INHALATION)	0.0%	OFF	No			

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

Wisconsin Medicaid						
COPD AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SPIRIVA (INHALATION)	47.0%	ON	Yes			
TUDORZA PRESSAIR (INHALATION)	0.5%	OFF	No			
IPRATROPIUM NEBULIZER (INHALATION)	1.6%	ON	Yes-Gen			
IPRATROPIUM / ALBUTEROL (INHALATION)	17.7%	ON	Yes-Gen			
ATROVENT HFA (INHALATION)	2.9%	ON	Yes			
STIOLTO RESPIMAT (INHALATION)	0.9%	OFF	Yes			
COMBIVENT RESPIMAT (INHALATION)	20.4%	ON	Yes			
BEVESPIAEROSPHERE (INHALATION)	2.0%	ON	Yes			
ANORO ELLIPTA (INHALATION)	1.7%	OFF	No			
UTIBRON NEOHALER (INHALATION)	0.0%	OFF	No			
INCRUSE ELLIPTA (INHALATION)	0.9%	OFF	No			
SEEBRI NEOHALER (INHALATION)	0.0%	OFF	No			
SPIRIVA RESPIMAT (INHALATION)	2.2%	OFF	No			
DALIRESP (ORAL)	2.2%	OFF	No			
LONHALA MAGNAIR (INHALATION)	0.0%	NR	No			

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

Wisconsin Medicaid						
CYTOKINE AND CAM ANTAGONISTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
OTEZLA (ORAL)	6.4%	ON	Yes			
ENBREL KIT (INJECTION)	0.7%	ON	Yes			
XELJANZ (ORAL)	0.9%	OFF	No			
XELJANZ XR (ORAL)	1.5%	OFF	No			
ENBREL SYRINGE (INJECTION)	3.3%	ON	Yes			
ENBREL PEN (INJECTION)	14.8%	ON	Yes			
HUMIRA PEN KIT (INJECTION)	0.0%	ON	Alternate			
HUMIRA PEN KIT (INJECTION)	0.0%	ON	Alternate			
HUMIRA KIT (INJECTION)	0.0%	ON	Alternate			
HUMIRA KIT (INJECTION)	0.0%	ON	Alternate			
COSENTYX PEN INJECTER (SUBCUTANE.)	2.4%	OFF	No			
HUMIRA PEN KIT (INJECTION)	52.4%	ON	Yes			
HUMIRA KIT (INJECTION)	5.7%	ON	Yes			
KINERET (INJECTION)	0.5%	OFF	No			
ENBREL MINI CARTRIDGE (SUBCUTANE.)	0.1%	NR	Yes			
CIMZIA SYRINGE KIT (INJECTION)	2.9%	OFF	No			
COSENTYX SYRINGE (SUBCUTANE.)	0.4%	OFF	No			
ORENCIA CLICKJECT (SUBCUTANE.)	1.0%	OFF	No			
ORENCIA SYRINGE (SUBCUTANE.)	1.2%	OFF	No			
SIMPONI PEN INJECTER (INJECTION)	0.6%	OFF	No			
KEVZARA PEN (SUBCUTANEOUS)	0.0%	NR	No			
ACTEMRA SYRINGE (SUBCUTANE.)	1.6%	OFF	No			
TALTZ SYRINGE (SUBCUTANE.)	0.0%	OFF	No			
SIMPONI SYRINGE (INJECTION)	0.1%	OFF	No			
KEVZARA SYRINGE (SUBCUTANEOUS)	0.3%	OFF	No			
OLUMIANT (ORAL)	0.0%	NR	No			
TALTZ AUTOINJECTOR (SUBCUTANE.)	0.6%	OFF	No			
CIMZIA KIT (INJECTION)	0.1%	OFF	No			
SILIQ (SUBCUTANE.)	0.0%	OFF	No			
STELARA SYRINGE (INJECTION)	2.0%	OFF	No			
TREMFYA (SUBCUTANE.)	0.2%	OFF	No			

- Discussion: Rachel Currans-Henry stated that in closed session written testimony submitted by a provider was discussed, and the Department has reached out to the provider and pharmacy to clarify and resolve the issue.

The Department is modifying the Prior Authorization criteria for preferred products in this class, to be effective January 1, 2019.

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

Wisconsin Medicaid						
EPINEPHRINE, SELF-INJECTED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EPINEPHRINE 0.3 MG (EPIPEN) (AG) (INJECTION)	60.3%	ON	Yes-Gen			
EPINEPHRINE 0.15 MG (EPIPEN JR) (AG) (INJECTION)	15.3%	ON	Yes-Gen			
EPIPEN (INTRAMUSC)	11.1%	ON	No			
EPIPEN JR (INTRAMUSC)	1.9%	ON	No			
EPINEPHRINE 0.15 MG (ADRENALCLICK) (AG) (INJECTION)	1.2%	ON	No-Gen			
EPINEPHRINE 0.3 MG (ADRENALCLICK) (AG) (INJECTION)	10.1%	ON	No-Gen			

- Discussion: Catherine Decker inquired about whether or not this class includes the dual packs. Rick Pope from Provider Synergies responded that it does include the dual packs.
- Robert Rohloff made a motion to accept staff recommendations as presented.
 - Second – Pat Towers
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid						
ERYTHROPOIESIS STIMULATING PROTEINS						
Brand Name	Current Market Share	Current PDL Status	PDL Recommendation	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RETACRIT (INJECTION)	0.0%	NR	Yes			
EPOGEN (INJECTION)	0.0%	OFF	No			
PROCRIT (INJECTION)	33.2%	ON	Yes			
ARANESP VIAL (INJECTION)	15.0%	ON	Yes			
ARANESP DISP SYRIN (INJECTION)	51.7%	ON	Yes			
MIRCERA (INJECTION)	0.0%	NR	No			

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

Wisconsin Medicaid						
GLUCOCORTICOIDS, INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ADVAIR DISKUS (INHALATION)	33.2%	ON	Yes			
ADVAIR HFA (INHALATION)	0.6%	OFF	Yes			
DULERA (INHALATION)	6.4%	ON	Yes			
SYMBICORT (INHALATION)	25.5%	ON	Yes			
AIRDUO RESPICLICK (INHALATION)	0.0%	OFF	No			
BREO ELLIPTA (INHALATION)	1.1%	OFF	No			
FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)	0.0%	OFF	No-Gen			
TRELEGY ELLIPTA (INHALATION)	0.1%	NR	No			
ASMANEX (INHALATION)	2.1%	ON	Yes			
FLOVENT HFA (INHALATION)	20.2%	ON	Yes			
PULMICORT FLEXHALER (INHALATION)	2.4%	ON	Yes			
QVAR (INHALATION)	4.0%	ON	No			
FLOVENT DISKUS (INHALATION)	0.0%	OFF	No			
ARNUITY ELLIPTA (INHALATION)	0.1%	OFF	No			
ASMANEX HFA (INHALATION)	0.0%	OFF	No			
ARMONAIR RESPICLICK (INHALATION)	0.0%	OFF	No			
ALVESCO (INHALATION)	0.1%	OFF	No			
AEROSPAN (INHALATION)	0.0%	OFF	No			
QVAR REDIHALER (INHALATION)	0.3%	NR	No			
PULMICORT 0.25, 0.5 MG RESPULES (INHALATION)	3.3%	ON	Yes			
BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)	0.1%	OFF	No-Gen			
PULMICORT 1 MG RESPULES (INHALATION)	0.4%	ON	Yes			
BUDESONIDE 1 MG RESPULES (INHALATION)	0.0%	OFF	No-Gen			

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

Wisconsin Medicaid						
GLUCOCORTICIDS, ORAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RAYOS TABLET DR (ORAL)	0.0%	OFF	No			
ORAPRED ODT (ORAL)	0.1%	ON	Yes			
MEDROL TABLET (ORAL)	0.0%	OFF	No			
PREDNISOLONE SOLUTION (ORAL)	3.9%	ON	Yes-Gen			
PREDNISONE TABLET (ORAL)	68.7%	ON	Yes-Gen			
PREDNISOLONE SODIUM PHOSPHATE (ORAL)	5.0%	ON	Yes-Gen			
METHYLPREDNISOLONE TAB DS PK (ORAL)	11.9%	ON	Yes-Gen			
DEXAMETHASONE TABLET (ORAL)	4.7%	ON	Yes-Gen			
METHYLPREDNISOLONE 4 MG TABLET (ORAL)	0.4%	ON	Yes-Gen			
DEXAMETHASONE ELIXIR (ORAL)	0.1%	ON	Yes-Gen			
HYDROCORTISONE (ORAL)	2.9%	ON	Yes-Gen			
DEXAMETHASONE SOLUTION (ORAL)	0.1%	ON	Yes-Gen			
PREDNISONE TAB DS PK (ORAL)	0.0%	ON	Yes-Gen			
DEXAMETHASONE INTENSOL (ORAL)	0.3%	ON	Yes-Gen			
METHYLPREDNISOLONE 16 MG TABLET (ORAL)	0.0%	ON	Yes-Gen			
METHYLPREDNISOLONE 32 MG TABLET (ORAL)	0.1%	ON	Yes-Gen			
METHYLPREDNISOLONE 8 MG TABLET (ORAL)	0.0%	ON	Yes-Gen			
TAPERDEX (ORAL)	0.0%	NR	No-Gen			
PREDNISONE SOLUTION (ORAL)	0.2%	ON	Yes-Gen			
MILLIPRED SOLUTION (ORAL)	0.0%	OFF	No			
CORTISONE (ORAL)	0.0%	OFF	No-Gen			
DEXPAK (ORAL)	0.0%	OFF	No			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (MILLIPRED) (0.0%	OFF	No-Gen			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (VERIPRED) (0.0%	OFF	No-Gen			
PREDNISOLONE SODIUM PHOSPHATE ODT (AG) (ORAL)	0.0%	OFF	No-Gen			
PREDNISONE INTENSOL (ORAL)	0.1%	ON	Yes-Gen			
PREDNISOLONE SODIUM PHOSPHATE ODT (ORAL)	0.0%	OFF	No-Gen			
BUDESONIDE EC (ORAL)	1.4%	ON	Yes-Gen			
MILLIPRED DP TAB DS PK (ORAL)	0.0%	OFF	No			
MILLIPRED TABLET (ORAL)	0.0%	OFF	No-Gen			
DEXAMETHASONE TAB DS PK (ORAL)	0.0%	OFF	No-Gen			
EMFLAZA SUSPENSION (ORAL)	0.0%	OFF	No			
EMFLAZA TABLET (ORAL)	0.0%	OFF	No			

- Discussion: Pat Towers mentioned that during the closed session, a study related to Emflaza referenced during the morning session was discussed. Rachel Currans-Henry stated the discussion included feedback and perspective from Dr. Julie Sager, Department Medical Director.
- Catherine Decker made a motion to accept staff recommendations as presented.
 - Second – Roseanne Barber
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid						
INTRANASAL RHINITIS AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ASTEPRO (NASAL)	0.0%	OFF	No			
AZELASTINE (ASTELIN) (NASAL)	1.8%	ON	Yes-Gen			
AZELASTINE (ASTEPRO) (AG) (NASAL)	0.0%	OFF	No-Gen			
AZELASTINE (ASTEPRO) (NASAL)	0.1%	OFF	No-Gen			
OLOPATADINE (AG) (NASAL)	0.8%	OFF	Yes-Gen			
OLOPATADINE (NASAL)	0.8%	OFF	Yes-Gen			
IPRATROPIUM (NASAL)	2.2%	ON	Yes-Gen			
ZETONNA (NASAL)	0.0%	OFF	No			
DYMISTA (NASAL)	0.2%	OFF	No			
OMNARIS (NASAL)	0.0%	OFF	No			
QNASL 80 (NASAL)	0.2%	OFF	No			
FLUTICASONE (NASAL)	91.7%	ON	Yes-Gen			
BECONASE AQ (NASAL)	1.2%	ON	Yes			
QNASL 40 (NASAL)	0.0%	OFF	No			
MOMETASONE (AG) (NASAL)	0.1%	OFF	No-Gen			
FLUNISOLIDE (NASAL)	0.0%	OFF	No-Gen			
MOMETASONE (NASAL)	0.7%	OFF	No-Gen			
NASONEX (NASAL)	0.2%	OFF	No			
XHANCE (NASAL)	0.0%	NR	No			

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

Wisconsin Medicaid						
NEUROPATHIC PAIN						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SAVELLA (ORAL)	0.6%	ON	Yes			
HORIZANT (ORAL)	0.0%	OFF	No			
SAVELLA DOSE PACK (ORAL)	0.0%	ON	Yes			
LYRICA CAPSULE (ORAL)	14.0%	ON	Yes			
GRALISE (ORAL)	0.0%	OFF	No			
CAPSAICIN OTC (TOPICAL)	0.2%	ON	Yes-Gen			
GABAPENTIN CAPSULE (ORAL)	41.6%	ON	Yes-Gen			
DULOXETINE (CYMBALTA) (ORAL)	22.7%	ON	Yes-Gen			
GABAPENTIN TABLET (ORAL)	14.4%	ON	Yes-Gen			
ZOSTRIX OTC (TOPICAL)	0.0%	ON	Yes			
GABAPENTIN SOLUTION (ORAL)	0.5%	ON	Yes-Gen			
LIDOCAINE (TOPICAL)	4.5%	ON	Yes-Gen			
LIDOCAINE (AG) (TOPICAL)	1.3%	ON	Yes-Gen			
DULOXETINE (IRENKA) (ORAL)	0.0%	OFF	No-Gen			
LYRICA SOLUTION (ORAL)	0.0%	ON	Yes			
LYRICA CR (ORAL)	0.0%	NR	No			

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

Wisconsin Medicaid						
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RESTASIS (OPHTHALMIC)	82.9%	ON	Yes			
RESTASIS MULTIDOSE (OPHTHALMIC)	10.6%	ON	No			
XIIDRA (OPHTHALMIC)	6.5%	OFF	No			

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

Wisconsin Medicaid						
OPHTHALMICS, GLAUCOMA AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ALPHAGAN P 0.15% (OPHTHALMIC)	2.2%	ON	Yes			
ALPHAGAN P 0.1% (OPHTHALMIC)	0.1%	OFF	No			
BRIMONIDINE (OPHTHALMIC)	6.9%	ON	Yes-Gen			
IOPIDINE (OPHTHALMIC)	0.0%	OFF	No			
APRACLONIDINE (OPHTHALMIC)	0.0%	OFF	No-Gen			
BRIMONIDINE P 0.15% (OPHTHALMIC)	0.1%	OFF	No-Gen			
TIMOLOL (ISTALOL) (AG) (OPHTHALMIC)	0.0%	NR	No-Gen			
BETOPTIC S (OPHTHALMIC)	0.3%	ON	Yes			
ISTALOL (OPHTHALMIC)	0.0%	OFF	No			
COMBIGAN (OPHTHALMIC)	5.9%	ON	Yes			
LEVOBUNOLOL (OPHTHALMIC)	0.5%	ON	Yes-Gen			
CARTEOLOL (OPHTHALMIC)	0.1%	ON	Yes-Gen			
TIMOLOL (OPHTHALMIC)	14.9%	ON	Yes-Gen			
BETAXOLOL (OPHTHALMIC)	0.0%	OFF	No-Gen			
TIMOPTIC OCUDOSE (OPHTHALMIC)	0.1%	OFF	No			
TIMOLOL (ISTALOL) (OPHTHALMIC)	0.0%	NR	No-Gen			
AZOPT (OPHTHALMIC)	3.2%	ON	Yes			
SIMBRINZA (OPHTHALMIC)	1.7%	ON	Yes			
DORZOLAMIDE / TIMOLOL (OPHTHALMIC)	5.2%	ON	Yes-Gen			
DORZOLAMIDE (OPHTHALMIC)	3.1%	ON	Yes-Gen			
DORZOLAMIDE/TIMOLOL/PF DROPS (OPHTHALMIC)	0.0%	OFF	No-Gen			
COSOPT PF (OPHTHALMIC)	0.2%	OFF	No			
PILOCARPINE (OPHTHALMIC)	0.4%	ON	Yes-Gen			
LUMIGAN 5ML (OPHTHALMIC)	0.1%	OFF	No			
TRAVATAN Z 5 ML (OPHTHALMIC)	1.6%	ON	Yes			
LUMIGAN 2.5ML (OPHTHALMIC)	0.8%	OFF	No			
TRAVATAN Z 2.5 ML (OPHTHALMIC)	14.0%	ON	Yes			
LATANOPROST 2.5 ML (OPHTHALMIC)	38.2%	ON	Yes-Gen			
ZIOPTAN (OPHTHALMIC)	0.2%	OFF	No			
BIMATOPROST 2.5ML (OPHTHALMIC)	0.0%	OFF	No-Gen			
VYZULTA (OPHTHALMIC)	0.0%	NR	No			
BIMATOPROST 5ML (OPHTHALMIC)	0.0%	OFF	No-Gen			
BIMATOPROST 7.5ML (OPHTHALMIC)	0.0%	OFF	No-Gen			
RHOPRESSA (OPHTHALMIC)	0.0%	NR	No			

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

Wisconsin Medicaid						
STEROIDS, TOPICAL HIGH						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)	52.2%	ON	Yes-Gen			
BETAMET DIPROP / PROP GLY CREAM (TOPICAL)	0.0%	OFF	No-Gen			
TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)	35.8%	ON	Yes-Gen			
TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)	1.5%	ON	Yes-Gen			
BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)	0.1%	OFF	No-Gen			
BETAMETHASONE VALERATE OINTMENT (TOPICAL)	4.0%	ON	Yes-Gen			
BETAMETHASONE VALERATE CREAM (TOPICAL)	3.9%	ON	Yes-Gen			
BETAMETHASONE VALERATE LOTION (TOPICAL)	1.6%	ON	Yes-Gen			
FLUOCINONIDE SOLUTION (TOPICAL)	0.2%	OFF	No-Gen			
KENALOG AEROSOL (TOPICAL)	0.0%	OFF	No			
BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)	0.1%	OFF	No-Gen			
FLUOCINONIDE OINTMENT (TOPICAL)	0.3%	OFF	No-Gen			
BETAMETHASONE DIPROPIONATE OINTMENT (TOPICAL)	0.0%	OFF	No-Gen			
FLUOCINONIDE EMOLLIENT (TOPICAL)	0.0%	OFF	No-Gen			
BETAMET DIPROP / PROP GLY OINTMENT (TOPICAL)	0.1%	OFF	No-Gen			
FLUOCINONIDE CREAM (TOPICAL)	0.2%	OFF	No-Gen			
FLUOCINONIDE GEL (TOPICAL)	0.0%	OFF	No-Gen			
HALOG CREAM (TOPICAL)	0.0%	OFF	No			
HALOG OINTMENT (TOPICAL)	0.0%	OFF	No			
BETAMETHASONE DIPROPIONATE GEL (TOPICAL)	0.0%	OFF	No-Gen			
BETAMET DIPROP / PROP GLY LOTION (TOPICAL)	0.0%	OFF	No-Gen			
DESOXIMETASONE OINTMENT (TOPICAL)	0.1%	OFF	No-Gen			
DESOXIMETASONE CREAM (TOPICAL)	0.1%	OFF	No-Gen			
TOPICORT OINTMENT (TOPICAL)	0.0%	OFF	No			
DIPROLENE OINTMENT (TOPICAL)	0.0%	OFF	No			
AMCINONIDE LOTION (TOPICAL)	0.0%	OFF	No-Gen			
TRIAMCINOLONE ACETONIDE AEROSOL (TOPICAL)	0.0%	OFF	No-Gen			
DESOXIMETASONE GEL (TOPICAL)	0.0%	OFF	No-Gen			
DIFLORASONE DIACETATE OINTMENT (TOPICAL)	0.0%	OFF	No-Gen			
SERNIVO SPRAY (TOPICAL)	0.0%	OFF	No			
DESOXIMETASONE SPRAY (TOPICAL)	0.0%	NR	No-Gen			
TOPICORT SPRAY (TOPICAL)	0.0%	OFF	No			
DIFLORASONE DIACETATE CREAM (TOPICAL)	0.0%	OFF	No-Gen			
TRIANEX OINTMENT (TOPICAL)	0.0%	OFF	No-Gen			
AMCINONIDE CREAM (TOPICAL)	0.0%	OFF	No-Gen			

- Discussion: None
- Robert Rohloff made a motion to accept staff recommendations as presented.
 - Second – Michael Witkovsky
 - All members were in favor of the motion
 - Motion passes

Wisconsin Medicaid						
STEROIDS, TOPICAL LOW						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CAPEX SHAMPOO (TOPICAL)	0.0%	OFF	No			
DERMA-SMOOTHIE-FS (TOPICAL)	0.0%	OFF	Yes			
HYDROCORTISONE CREAM OTC (TOPICAL)	6.6%	ON	Yes-Gen			
HYDROCORTISONE OINTMENT OTC (TOPICAL)	1.0%	ON	Yes-Gen			
SCALPICIN OTC (TOPICAL)	0.0%	ON	Yes-Gen			
HYDROCORTISONE LOTION OTC (TOPICAL)	0.3%	ON	Yes-Gen			
HYDROCORTISONE CREAM (TOPICAL)	43.8%	ON	Yes-Gen			
HYDROCORTISONE OINTMENT (TOPICAL)	42.8%	ON	Yes-Gen			
HYDROCORTISONE LOTION (TOPICAL)	1.4%	ON	Yes-Gen			
DESONATE GEL (TOPICAL)	0.0%	OFF	No			
ALCLOMETASONE DIPROPIONATE OINTMENT (TOPICAL)	0.0%	OFF	No-Gen			
ALCLOMETASONE DIPROPIONATE CREAM (TOPICAL)	0.0%	OFF	No-Gen			
DESONIDE CREAM (TOPICAL)	0.2%	OFF	No-Gen			
FLUOCINOLONE 0.01% OIL (TOPICAL)	3.7%	ON	No-Gen			
TEXACORT (TOPICAL)	0.0%	OFF	No			
DESONIDE OINTMENT (TOPICAL)	0.1%	OFF	No-Gen			
DESONIDE LOTION (TOPICAL)	0.0%	OFF	No-Gen			
HYDROCORTISONE / MN OIL / PET OINTMENT (TOPICAL)	0.0%	ON	No-Gen			

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

Wisconsin Medicaid						
STEROIDS, TOPICAL MEDIUM						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
MOMETASONE FUROATE SOLUTION (TOPICAL)	6.3%	ON	Yes-Gen			
MOMETASONE FUROATE OINTMENT (TOPICAL)	27.7%	ON	Yes-Gen			
FLUTICASONE PROPIONATE OINTMENT (TOPICAL)	12.5%	ON	Yes-Gen			
FLUTICASONE PROPIONATE CREAM (TOPICAL)	32.2%	ON	Yes-Gen			
MOMETASONE FUROATE CREAM (TOPICAL)	19.9%	ON	Yes-Gen			
SYNALAR OINTMENT (TOPICAL)	0.0%	OFF	No			
FLUOCINOLONE ACETONIDE CREAM (TOPICAL)	0.0%	OFF	No-Gen			
PREDNICARBATE OINTMENT (TOPICAL)	0.0%	OFF	No-Gen			
FLUOCINOLONE ACETONIDE OINTMENT (TOPICAL)	0.1%	OFF	No-Gen			
FLUOCINOLONE ACETONIDE SOLUTION (TOPICAL)	0.4%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE CREAM (AG) (TOPICAL)	0.0%	OFF	No-Gen			
SYNALAR SOLUTION (TOPICAL)	0.0%	OFF	No			
HYDROCORTISONE VALERATE CREAM (TOPICAL)	0.1%	OFF	No-Gen			
PREDNICARBATE CREAM (TOPICAL)	0.0%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE CREAM (TOPICAL)	0.1%	OFF	No-Gen			
PANDEL (TOPICAL)	0.0%	OFF	No			
HYDROCORTISONE VALERATE OINTMENT (TOPICAL)	0.1%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE OINTMENT (TOPICAL)	0.1%	OFF	No-Gen			
CLOCORTOLONE CREAM (AG) (TOPICAL)	0.1%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE SOLUTION (AG) (TOPICAL)	0.0%	OFF	No-Gen			
CLODERM (TOPICAL)	0.1%	OFF	No			
HYDROCORTISONE BUTYRATE SOLUTION (TOPICAL)	0.0%	OFF	No-Gen			
BETAMETHASONE VALERATE FOAM (TOPICAL)	0.4%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE/EMOLLIENT (AG) (TOPICAL)	0.0%	OFF	No-Gen			
FLUTICASONE PROPIONATE LOTION (TOPICAL)	0.1%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE/EMOLLIENT (TOPICAL)	0.0%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE LOTION (TOPICAL)	0.0%	NR	No-Gen			
FLURANDRENOLIDE OINTMENT (TOPICAL)	0.0%	OFF	No-Gen			
HYDROCORTISONE BUTYRATE LOTION (AG) (TOPICAL)	0.0%	NR	No-Gen			
LUXIQ (TOPICAL)	0.1%	OFF	No			
CORDRAN TAPE (TOPICAL)	0.1%	OFF	No			
FLURANDRENOLIDE CREAM (TOPICAL)	0.0%	OFF	No-Gen			
FLURANDRENOLIDE LOTION (AG) (TOPICAL)	0.0%	OFF	No-Gen			
FLURANDRENOLIDE LOTION (TOPICAL)	0.0%	OFF	No-Gen			

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

Wisconsin Medicaid						
STEROIDS, TOPICAL VERY HIGH						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLOBEX SPRAY (TOPICAL)	0.0%	OFF	No			
CLOBEX SHAMPOO (TOPICAL)	1.3%	ON	Yes			
CLOBEX LOTION (TOPICAL)	0.2%	ON	Yes			
CLOBETASOL PROPIONATE SOLUTION (TOPICAL)	22.1%	ON	Yes-Gen			
CLOBETASOL PROPIONATE CREAM (TOPICAL)	26.3%	ON	Yes-Gen			
CLOBETASOL PROPIONATE OINTMENT (TOPICAL)	40.4%	ON	Yes-Gen			
HALOBETASOL PROPIONATE CREAM (TOPICAL)	1.0%	ON	Yes-Gen			
CLOBETASOL PROPIONATE GEL (TOPICAL)	1.6%	ON	Yes-Gen			
CLOBETASOL EMOLLIENT (TOPICAL)	1.7%	ON	Yes-Gen			
HALOBETASOL PROPIONATE OINTMENT (TOPICAL)	3.5%	ON	Yes-Gen			
CLOBETASOL PROPIONATE FOAM (TOPICAL)	1.4%	ON	No-Gen			
CLOBETASOL SHAMPOO (TOPICAL)	0.1%	OFF	No-Gen			
CLOBETASOL PROPIONATE SPRAY (AG) (TOPICAL)	0.2%	OFF	No-Gen			
CLOBETASOL LOTION (TOPICAL)	0.0%	OFF	No-Gen			
CLOBETASOL PROPIONATE SPRAY (TOPICAL)	0.1%	OFF	No-Gen			
APEXICON E (TOPICAL)	0.0%	OFF	No-Gen			
ULTRAVATE LOTION (TOPICAL)	0.0%	OFF	No			

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

Wisconsin Medicaid						
STIMULANTS AND RELATED AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ARMODAFINIL (AG) (ORAL)	0.0%	OFF	No-Gen			
KAPVAY (ORAL)	0.0%	ON	Yes			
CONCERTA (ORAL)	10.6%	ON	Yes			
METADATE CD (ORAL)	0.0%	ON	Yes			
GUANFACINE ER (ORAL)	9.5%	ON	Yes-Gen			
METHYLPHENIDATE (ORAL)	6.5%	ON	Yes-Gen			
AMPHE TAMINE SALT COMBO (ORAL)	12.5%	OFF	No-Gen			
FOCALIN (ORAL)	0.1%	ON	Yes			
FOCALIN XR (ORAL)	5.2%	ON	Yes			
DEXMETHYLPHENIDATE (ORAL)	1.6%	ON	Yes-Gen			
ARMODAFINIL (ORAL)	0.0%	OFF	No-Gen			
QUILLICHEW ER (ORAL)	0.3%	ON	Yes			
DEXMETHYLPHENIDATE (AG) (ORAL)	0.0%	ON	Yes-Gen			
MODAFINIL (ORAL)	0.2%	OFF	No-Gen			
VYVANSE CAPSULE (ORAL)	29.2%	ON	Yes			
NUVIGIL (ORAL)	0.1%	OFF	No			
QUILLIVANT XR (ORAL)	0.2%	ON	Yes			
VYVANSE CHEWABLE TABLET (ORAL)	0.0%	ON	Alternate			
VYVANSE CHEWABLE TABLET (ORAL)	0.0%	ON	Alternate			
DEXTROAMPHETAMINE TABLET (ORAL)	0.4%	OFF	No-Gen			
METHYLIN SOLUTION (ORAL)	0.0%	ON	Yes			
VYVANSE CHEWABLE TABLET (ORAL)	0.6%	ON	Yes			
APTENSIO XR (ORAL)	0.2%	ON	Yes			
AMPHETAMINE SALT COMBO ER (AG) (ORAL)	0.0%	OFF	No-Gen			
DAYTRANA (TRANSDERMAL)	0.2%	ON	Yes			
AMPHETAMINE SALT COMBO ER (ORAL)	0.0%	OFF	No-Gen			
METHYLPHENIDATE CD (AG) (ORAL)	0.1%	ON	No			
ADDERALL XR (ORAL)	13.3%	OFF	No			
DEXMETHYLPHENIDATE XR (AG) (ORAL)	0.0%	OFF	No-Gen			
ADDERALL XR (ORAL)	0.0%	OFF	Alternate			
DYANAVAL XR (ORAL)	0.0%	OFF	No			
METHYLPHENIDATE SOLUTION (AG) (ORAL)	0.1%	ON	Yes-Gen			
METHYLPHENIDATE ER (METADATE ER) (ORAL)	0.8%	ON	Yes-Gen			
ATOMOXETINE (AG) (ORAL)	2.0%	ON	Yes-Gen			
METHYLPHENIDATE SOLUTION (ORAL)	0.0%	ON	Yes-Gen			
ATOMOXETINE (ORAL)	1.9%	ON	Yes-Gen			
METHYLPHENIDATE CD (ORAL)	2.3%	ON	No-Gen			
PROCENTRA (ORAL)	0.0%	OFF	No-Gen			
DEXMETHYLPHENIDATE XR (ORAL)	0.0%	OFF	No-Gen			
DEXTROAMPHETAMINE CAPSULE ER (ORAL)	0.4%	OFF	No-Gen			
METHYLPHENIDATE ER (RITALIN LA) (ORAL)	0.4%	ON	Yes-Gen			
CLONIDINE ER (ORAL)	0.8%	ON	Yes-Gen			
METHYLPHENIDATE ER (CONCERTA) (AG) (ORAL)	0.0%	OFF	No-Gen			
METHYLPHENIDATE CHEWABLE TABLETS (ORAL)	0.1%	ON	Yes-Gen			
RITALIN LA (ORAL)	0.0%	OFF	No			
MYDAYIS ER (ORAL)	0.1%	OFF	No			
ZENZEDI (ORAL)	0.0%	OFF	No-Gen			
COTEMPLA XR ODT (ORAL)	0.0%	OFF	No			
DEXTROAMPHETAMINE SOLUTION (ORAL)	0.0%	OFF	No-Gen			
ADZENYS XR ODT (ORAL)	0.0%	OFF	No			
METHYLPHENIDATE ER (CONCERTA) (ORAL)	0.0%	OFF	No-Gen			
ADZENYS ER SUSPENSION (ORAL)	0.0%	NR	No			
EVEKEO (ORAL)	0.0%	OFF	No			
DEXEDRINE SPANSULE (ORAL)	0.0%	OFF	No			
METHYLPHENIDATE ER 72 MG TABLETS (ORAL)	0.0%	OFF	No-Gen			
METHAMPHETAMINE (ORAL)	0.0%	OFF	No-Gen			

- Discussion: Rachel Currans-Henry stated that during closed session there was discussion about different ways to communicate changes to the Preferred Drug List to pharmacies and prescribers, particularly updates related to pediatric members.

The Committee also discussed the transition of Adderall XR from Brand Before Generic (BBG) to Brand Medically Necessary (BMN) in the second quarter of 2019. The Department is planning to publish multiple ForwardHealth Updates to ensure this change is clearly communicated over the next few months.

Michael Witkovsky asked if a prescription is written for Adderall, may a pharmacy substitute for the generic product without a new prescription. Alicia Walker responded that yes, the pharmacy could do such a substitution without further action. Rick Pope added that some pharmacies may have internal policies that do not allow substitution of medications without a new prescription.

- Michael Witkovsky made a motion to accept staff recommendations as presented.
 - Second – Robert Rohloff
 - All members were in favor of the motion
 - Motion passes