

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
November 1, 2023

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	No
2	Ward Brown, M.D.	No
3	Catherine Decker, Pharm. D.	No
4	Kevin Izard, M.D.	Yes- joined virtual meeting at 9:40am
5	Steve Maike, RPh	Yes
6	William E. Raduege, M.D.	Yes
7	Christopher Schwake, M.D.	Yes
8	Alicia Walker, Pharm. D.	Yes
9	Michael Witkovsky, M.D.	Yes – joined virtual meeting at 11:15am

**Meeting was held via Webinar on November 1, 2023*

NOVEMBER 2023 THERAPEUTIC DRUG CLASSES

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

Recommendations Summary:

The following drug classes presented for review had no recommended changes since the November 2, 2022, 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:

- Alzheimer's Agents
- Antidepressants, SSRIs
- Antihistamines, Minimally Sedating
- Antiparkinson's Agents
- Antipsoriatics, Oral
- Antipsoriatics, Topical
- Anxiolytics
- Bile Salts
- Erythropoiesis Stimulating Proteins
- Glucocorticoids, Oral
- Histamine II Receptor Blocker
- Idiopathic Pulmonary Fibrosis
- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Methotrexate
- Ophthalmic Antibiotics
- Ophthalmic Antibiotic-Steroid Combinations
- Ophthalmics For Allergic Conjunctivitis
- Ophthalmics, Anti-Inflammatories
- Otic Antibiotics
- Otic Anti-Infectives & Anesthetics
- Sickle Cell Anemia Treatments
- Steroids, Topical High
- Steroids, Topical Medium
- Steroids, Topical Very High

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

The following drug classes presented for review had recommended changes since the November 2, 2022 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:

- Anticonvulsants
- Antidepressants, Other
- Antihypertensives, Sympatholytics
- Antihyperuricemics (Gout Agents)
- Antipsychotics (Antipsychotics, and Antipsychotics, Injectable)
- Bronchodilators, Beta Agonist
- COPD Agents
- Cough and Cold, Narcotic (Cough and Cold, Narcotic Liquids)
- Cytokine And CAM Antagonists
- Epinephrine, Self-Injected
- Glucocorticoids, Inhaled
- Immunomodulators, Asthma
- Immunomodulators, Atopic Dermatitis
- Immunomodulators, Topical
- Neuropathic Pain
- NSAIDS (Analgesics/Anesthetics, Topical and Fibromyalgia)
- Ophthalmics, Anti-Inflammatory/Immunomodulator
- Ophthalmics, Glaucoma Agents (Ophthalmics, Glaucoma-Beta Blockers; Ophthalmics, Glaucoma-Other; and Ophthalmics, Glaucoma-Prostaglandins)
- Sedative Hypnotics
- Steroids, Topical Low
- Stimulants And Related Agents (Stimulants; Stimulants, Related Agents; and Stimulants, Related Agents-Wake Promoting)

- Discussion:

Chris Schwake acknowledged the testimony in the morning session regarding Dupixent for adolescents with severe asthma and additional allergic sensitivities. Schwake noted the Committee is requesting the Department continue to review available literature regarding immunomodulator treatment selection for discussion with the Committee during the next class review of immunomodulator agents.

Kevin Izard indicated there was discussion during the closed session about cases where drug manufacturers had made business decisions leading to brand products no longer being available, resulting in product availability and cost issues for the Department.

Lynn Radmer provided a couple of examples of such cases. For the Bronchodilators class, brand Proventil and ProAir products are no longer manufactured and Ventolin may no longer be manufactured in the near future. To address these issues, the generic for ProAir was made a preferred product. The generic for ProAir is significantly more expensive for Medicaid than the brand products.

For the Glucocorticoids, Inhaled class, Flovent HFA and Flovent Diskus will no longer be manufactured in the near future and the Department moved the generic Flovent HFA product to preferred. In addition, it is anticipated that the generic for Flovent Diskus will soon be introduced to the market and likely become a preferred product. The generics for Flovent FHA and Flovent Diskus are significantly more expensive for Medicaid than the brand products.

- William Raduege made a motion to accept staff recommendations as presented.
 - Second – Chris Schawke
 - All members were in favor of the motion
 - Motion passed

Wisconsin Medicaid ANTICONSULSANTS	Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
	Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name						
CLONAZEPAM (ORAL)	14.8%	P	P			
PHENOBARBITAL TABLET (ORAL)	0.4%	P	P			
CLONAZEPAM ODT (ORAL)	0.2%	NP	NP			
PHENOBARBITAL ELIXIR (ORAL)	0.2%	P	P			
DIASTAT (RECTAL)	0.0%	P	P			
DIASTAT ACUDIAL (RECTAL)	0.0%	P	P			
DIAZEPAM (AG) (RECTAL)	0.0%	P	P			
DIAZEPAM DEVICE (AG) (RECTAL)	0.2%	P	P			
VALTOCO (NASAL)	0.3%	P	P			
NAYZLAM (NASAL)	0.3%	P	P			
CARBATROL (ORAL)	0.6%	P	P			
TEGRETOL SUSPENSION (ORAL)	0.1%	P	P			
TEGRETOL XR (ORAL)	0.7%	P	P			
TEGRETOL TABLET (ORAL)	0.9%	P	P			
OXCARBAZEPINE TABLETS (ORAL)	4.6%	P	P			
CARBAMAZEPINE TABLET (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE XR (AG) (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE CHEWABLE TABLET (ORAL)	0.3%	P	P			
EQUETRO (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE XR (ORAL)	0.0%	NP	NP			
CARBAMAZEPINE SUSPENSION (ORAL)	0.0%	NP	NP			
TRILEPTAL SUSPENSION (ORAL)	0.0%	NP	NP			
OXCARBAZEPINE SUSPENSION (ORAL)	0.5%	P	P			
CARBAMAZEPINE ER (CARBATROL) (ORAL)	0.0%	NP	NP			
OXTELLAR XR (ORAL)	0.2%	NP	NP			
APTOM (ORAL)	0.1%	NP	NP			
FELBATOL SUSPENSION (ORAL)	0.1%	P	P			
ETHOSUXIMIDE CAPSULE (AG) (ORAL)	0.0%	P	P			
FELBATOL TABLET (ORAL)	0.2%	P	P			
DEPAKOTE SPRINKLE (ORAL)	1.2%	P	P			
DIVALPROEX TABLET (ORAL)	3.8%	P	P			
PRIMIDONE (ORAL)	0.8%	P	P			
DIVALPROEX ER (ORAL)	5.2%	P	P			
VALPROIC ACID SOLUTION (ORAL)	0.9%	P	P			
DILANTIN INFATAB (ORAL)	0.0%	P	P			
PHENYTOIN SUSPENSION (AG) (ORAL)	0.0%	P	P			
PHENYTOIN SUSPENSION (ORAL)	0.1%	P	P			
PHENYTOIN CAPSULE (ORAL)	0.4%	P	P			
ETHOSUXIMIDE CAPSULE (ORAL)	0.3%	P	P			
PHENYTOIN CHEWABLE TABLET (ORAL)	0.0%	P	P			
VALPROIC ACID CAPSULE (ORAL)	0.1%	P	P			
ETHOSUXIMIDE SYRUP (ORAL)	0.1%	P	P			
CELONTIN (ORAL)	0.0%	P	P			
DIVALPROEX SPRINKLE (ORAL)	0.0%	NP	NP			
DILANTIN 30 MG CAPSULE (ORAL)	0.0%	P	P			
PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)	0.0%	P	P			
PHENYTEK (ORAL)	0.0%	NP	NP			
FELBAMATE TABLET (ORAL)	0.1%	P	P			
FELBAMATE SUSPENSION (ORAL)	0.2%	P	P			
METHSUXIMIDE (ORAL)	0.0%	NR	NP			
GABITRL (ORAL)	0.0%	P	P			
TOPIRAMATE TABLETS (ORAL)	14.5%	P	P			
LAMOTRIGINE TABLET (ORAL)	24.7%	P	P			
LEVETIRACETAM TABLETS (ORAL)	8.4%	P	P			
ZONISAMIDE (ORAL)	1.9%	P	P			
LEVETIRACETAM SOLUTION (ORAL)	2.8%	P	P			
CLOBAZAM SUSPENSION (ORAL)	0.7%	P	P			
LEVETIRACETAM ER (ORAL)	0.8%	P	P			
LACOSAMIDE TABLET (ORAL)	1.8%	P	P			
CLOBAZAM TABLET (ORAL)	1.1%	P	P			
LAMICTAL TABLET DOSE PACK (ORAL)	0.0%	P	P			
LAMOTRIGINE DISPERSIBLE TABLET (ORAL)	0.4%	P	P			
LAMOTRIGINE XR (ORAL)	1.9%	P	P			
TOPIRAMATE SPRINKLE (ORAL)	0.3%	P	P			
QUDEXY XR (ORAL)	0.0%	NP	NP			
LACOSAMIDE SOLUTION (ORAL)	0.3%	P	P			
LAMICTAL ODT DOSE PACK (ORAL)	0.0%	NP	NP			
TROKENDI XR (ORAL)	0.2%	NP	NP			
TAGABINE (ORAL)	0.0%	P	P			
EPRONTIA SOLUTION (ORAL)	0.2%	NP	NP			
LAMOTRIGINE ODT (ORAL)	0.1%	NP	NP			
XCOPRI TITRATION PAK (ORAL)	0.0%	NP	NP			
BANZEL TABLET (ORAL)	0.0%	NP	NP			
VIMPAT TABLET (ORAL)	0.1%	NP	NP			
LAMICTAL ODT (ORAL)	0.0%	NP	NP			
LAMOTRIGINE ODT DOSE PACK (ORAL)	0.0%	NP	NP			
FYCOMPA TABLET (ORAL)	0.1%	NP	NP			
RUFINAMIDE TABLET (ORAL)	0.1%	NP	NP			
TOPIRAMATE ER (QUDEXY) (AG) (ORAL)	0.0%	NP	NP			
ELEPSIA XR TABLET (ORAL)	0.0%	NP	NP			
VIMPAT SOLUTION (ORAL)	0.0%	NP	NP			
ZONISADE SUSPENSION (ORAL)	0.1%	NR	NP			
LAMOTRIGINE TABLET DOSE PACK (ORAL)	0.0%	P	P			
LAMICTAL XR (ORAL)	0.1%	NP	NP			
LAMICTAL XR DOSE PACK (ORAL)	0.0%	NP	NP			
RUFINAMIDE SUSPENSION (ORAL)	0.1%	NP	NP			
TOPIRAMATE ER (QUDEXY) (ORAL)	0.0%	NP	NP			
TOPIRAMATE ER (TROKENDI) (ORAL)	0.0%	NR	NP			
XCOPRI TABLET (ORAL)	0.1%	NP	NP			
SPRITAM (ORAL)	0.0%	NP	NP			
BANZEL SUSPENSION (ORAL)	0.0%	NP	NP			
BRIVIACT TABLET (ORAL)	0.3%	NP	NP			
BRIVIACT SOLUTION (ORAL)	0.1%	NP	NP			
SYMPAZAN (ORAL)	0.0%	NP	NP			
FYCOMPA SUSPENSION (ORAL)	0.0%	NP	NP			
SABRIL POWDER PACK (ORAL)	0.0%	P	P			
EPIDIOLEX (ORAL)	0.5%	NP	NP			
VIGABATRIN POWDER PACK (ORAL)	0.0%	P	P			
DIACOMIT CAPSULE (ORAL)	0.0%	NP	NP			
SABRIL TABLET (ORAL)	0.0%	P	P			
DIACOMIT POWDER PACK (ORAL)	0.0%	NP	NP			
FINTEPLA (ORAL)	0.0%	NP	NP			
ZTALMY (ORAL)	0.0%	NR	NP			
VIGADRONE POWDER PACK	0.0%	NP	NP			
VIGADRONE TABLET	0.0%	NP	NP			
VIGABATRIN TABLET (ORAL)	0.0%	P	P			

Wisconsin Medicaid		Recommendations					
ANTIDEPRESSANTS, OTHER		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
APLENZIN (ORAL)		0.0%	NP	NP			
VENLAFAXINE ER TABLETS (AG) (ORAL)		0.0%	NP	NP			
NARDIL (ORAL)		0.0%	P	P			
TRAZODONE (ORAL)		24.9%	P	P			
BUPROPION XL (ORAL)		30.0%	P	P			
VENLAFAXINE ER CAPSULES (ORAL)		18.9%	P	P			
VENLAFAXINE (ORAL)		1.4%	P	P			
BUPROPION SR (ORAL)		5.6%	P	P			
MIRTAZAPINE TABLET (ORAL)		10.4%	P	P			
BUPROPION (ORAL)		1.6%	P	P			
MIRTAZAPINE ODT (ORAL)		0.2%	P	P			
DESVENLAFAXINE ER (PRISTIQ) (ORAL)		3.9%	P	P			
DESVENLAFAXINE ER (PRISTIQ) (AG) (ORAL)		0.3%	P	P			
MARPLAN (ORAL)		0.0%	P	P			
VENLAFAXINE ER TABLETS (ORAL)		0.0%	NP	NP			
VILAZODONE (AG) (ORAL)		0.0%	NP	NP			
VILAZODONE (ORAL)		0.0%	NP	NP			
PHENELZINE (ORAL)		0.0%	P	P			
FORFIVO XL (ORAL)		0.0%	NP	NP			
FETZIMA (ORAL)		0.1%	NP	NP			
NEFAZODONE (ORAL)		0.0%	NP	NP			
TRINTELLIX (ORAL)		1.2%	NP	NP			
VIIBRYD (ORAL)		1.1%	NP	NP			
DESVENLAFAXINE ER (NO BRAND) (ORAL)		0.0%	NP	NP			
TRANLYCPROMINE SULFATE (ORAL)		0.0%	P	P			
VENLAFAXINE BESYLATE ER (ORAL)		0.0%	NP	NP			
EMSAM (TRANSDERMAL)		0.0%	NP	NP			
BUPROPION XL (FORFIVO XL) (AG) (ORAL)		0.0%	NP	NP			
VIIBRYD DOSE PACK (ORAL)		0.0%	NP	NP			
AUVELITY (ORAL)		0.1%	NR	NP			

Wisconsin Medicaid		Recommendations					
ANTIHYPERTENSIVES, SYMPATHOLYTICS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
CLONIDINE (ORAL)		75.1%	P	P			
METHYLDOPA (ORAL)		0.0%	P	P			
GUANFACINE (ORAL)		21.7%	P	P			
CLONIDINE (TRANSDERM)		3.2%	P	P			
METHYLDOPA/HYDROCHLOROTHIAZIDE (ORAL)		0.0%	NP	NP			
CLONIDINE ER (NEXICLON) (AG) (ORAL)		0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
ANTIHYPERTENSIVES, SYMPATHOLYTICS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
ALLOPURINOL (ORAL)		77.7%	P	P			
COLCHICINE TABLET (ORAL)		15.8%	P	P			
MITIGARE (ORAL)		0.0%	NP	NP			
COLCHICINE TABLET (AG) (ORAL)		0.3%	P	P			
FEBUXOSTAT (ORAL)		4.3%	P	P			
PROBENECID / COLCHICINE (ORAL)		1.2%	P	P			
PROBENECID (ORAL)		0.8%	P	P			
COLCHICINE CAPSULE (AG) (ORAL)		0.0%	NP	NP			
ALLOPURINOL 200MG (AG) (ORAL)		0.0%	NR	NP			
GLOPERBA (ORAL)		0.0%	NP	NP			

Wisconsin Medicaid				Recommendations		
ANTIPSYCHOTICS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RISPERIDONE TABLET (ORAL)	10.9%	P	P			
QUETIAPINE TABLETS (ORAL)	25.7%	P	P			
OLANZAPINE TABLET (ORAL)	8.7%	P	P			
ARIPRAZOLE TABLET (ORAL)	21.6%	P	P			
QUETIAPINE ER (ORAL)	2.1%	P	P			
LURASIDONE (ORAL)	5.8%	P	P			
ZIPRASIDONE CAPSULE (AG) (ORAL)	0.0%	P	P			
ZIPRASIDONE CAPSULE (ORAL)	3.1%	P	P			
OLANZAPINE ODT (ORAL)	0.8%	P	P			
SAPHRIS (SUBLINGUAL)	0.2%	NP	P			
RISPERIDONE SOLUTION (ORAL)	0.4%	P	P			
CLOZAPINE (ORAL)	1.7%	P	P			
PALIPERDONE (AG) (ORAL)	0.0%	NP	NP			
PALIPERDONE (ORAL)	1.2%	NP	NP			
FANAPT TITRATION PACK (ORAL)	0.0%	NP	NP			
RISPERIDONE ODT (ORAL)	0.3%	P	P			
ASENAPINE (AG) (SUBLINGUAL)	0.0%	NP	NP			
ASENAPINE (SUBLINGUAL)	0.0%	NP	NP			
LATUDA (ORAL)	0.1%	NP	NP			
ARIPRAZOLE SOLUTION (ORAL)	0.2%	P	P			
FANAPT TABLET (ORAL)	0.1%	NP	NP			
CLOZAPINE ODT (ORAL)	0.1%	NP	NP			
VRAYLAR (ORAL)	6.1%	P	P			
REXULTI (ORAL)	1.3%	NP	NP			
ARIPRAZOLE ODT (ORAL)	0.1%	P	P			
SECUADO (TRANSDERMAL)	0.0%	NP	NP			
CAPLYTA (ORAL)	0.5%	NP	NP			
VERSACLOZ (ORAL)	0.0%	NP	NP			
ABILIFY MYCITE (ORAL)	0.0%	NP	NP			
NUPLAZID TABLET (ORAL)	0.0%	NP	NP			
NUPLAZID CAPSULE (ORAL)	0.0%	NP	NP			
OLANZAPINE/FLUOXETINE (ORAL)	0.0%	NP	NP			
SYMBYAX (ORAL)	0.0%	NP	NP			
LYBALVI (ORAL)	0.3%	NP	NP			
HALDOL DECANOATE (INTRAMUSC)	0.0%	P	P			
HALOPERIDOL DECANOATE (INJECTION)	0.7%	P	P			
FLUPHENAZINE DECANOATE (INJECTION)	0.2%	P	P			
RISPERDAL CONSTA (INTRAMUSC)	0.4%	P	P			
PERSERIS (SUBCUTANEOUS)	0.1%	P	P			
RYKINDO (INTRAMUSC)	0.0%	NR	NP			
INVEGA SUSTENNA (INTRAMUSC)	1.9%	P	P			
ARISTADA (INTRAMUSC)	0.7%	P	P			
ARISTADA INTIO (INTRAMUSC)	0.0%	P	P			
ABILIFY MAINTENA (INTRAMUSC.)	1.0%	P	P			
UZEDY (SUBCUTANEOUS)	0.0%	NR	P			
ABILIFY ASIMTUFII (INTRAMUSC)	0.0%	NR	P			
INVEGA TRINZA (INTRAMUSC)	0.2%	P	P			
ZYPREXA RELPREVV (INTRAMUSC)	0.0%	P	P			
INVEGA HAFYERA (INTRAMUSC)	0.0%	P	P			
ZIPRASIDONE (INTRAMUSC)	0.0%	NP	NP			
HALOPERIDOL LACTATE CONC (ORAL)	0.1%	P	P			
HALOPERIDOL (ORAL)	2.1%	P	P			
PERPHENAZINE (ORAL)	0.1%	P	P			
LOXAPINE (ORAL)	0.2%	P	P			
FLUPHENAZINE TABLET (ORAL)	0.5%	P	P			
THIORIDAZINE (ORAL)	0.0%	NP	NP			
TRIFLUOPERAZINE (ORAL)	0.1%	P	P			
CHLORPROMAZINE (ORAL)	0.4%	P	P			
THIOTHIXENE (ORAL)	0.1%	P	P			
AMITRIPTYLINE / PERPHENAZINE (ORAL)	0.0%	P	P			
PIMOZIDE (ORAL)	0.0%	P	P			
ADASUVE (INHALATION)	0.0%	NP	NP			
FLUPHENAZINE ELIXIR/SOLN (ORAL)	0.0%	P	P			
MOLINDONE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations					
BRONCHODILATORS, BETA AGONIST		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
SEREVENT (INHALATION)	0.2%	P	P				
STRIVERDI RESPIMAT (INHALATION)	0.0%	NP	NP				
ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION)	7.9%	P	P				
ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)	0.0%	P	P				
ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION)	0.9%	P	P				
ALBUTEROL NEB SOLN 0.63, 1.25 MG (AG) (INHALATION)	0.0%	P	P				
LEVALBUTEROL NEB SOLN (INHALATION)	0.2%	P	P				
LEVALBUTEROL NEB SOLN CONC (INHALATION)	0.0%	P	P				
ALBUTEROL SYRUP (ORAL)	0.0%	P	P				
ALBUTEROL TABLET (ORAL)	0.0%	P	P				
ALBUTEROL ER (ORAL)	0.0%	P	P				
TERBUTALINE (AG) (ORAL)	0.0%	P	P				
TERBUTALINE (ORAL)	0.0%	P	P				
ARFORMOTEROL (AG) (INHALATION)	0.0%	NP	NP				
ARFORMOTEROL (INHALATION)	0.0%	NP	NP				
BROVANA (INHALATION)	0.0%	NP	NP				
FORMOTEROL (AG) (INHALATION)	0.0%	NP	NP				
FORMOTEROL (INHALATION)	0.0%	NP	NP				
PERFORMIST (INHALATION)	0.0%	NP	NP				
PROVENTIL HFA (INHALATION)	0.1%	P	P				
PROAIR HFA (INHALATION)	0.1%	P	P				
VENTOLIN HFA (INHALATION)	12.4%	P	P				
PROAIR RESPICLICK (INHALATION)	0.0%	NP	P				
XOPENEX HFA (INHALATION)	0.0%	NP	P				
ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	0.0%	NP	NP				
ALBUTEROL HFA (PROVENTIL) (INHALATION)	0.0%	NP	NP				
ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	48.8%	P	P				
PROAIR DIGIHALER (INHALATION)	0.0%	NP	NP				
ALBUTEROL HFA (PROAIR) (INHALATION)	28.9%	P	P				
ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION)	0.0%	NP	NP				
LEVALBUTEROL HFA (AG) (INHALATION)	0.3%	NP	NP				

Wisconsin Medicaid		Recommendations					
COPD AGENTS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
ANORO ELLIPTA (INHALATION)	8.9%	P	P				
STIOLTO RESPIMAT (INHALATION)	6.7%	P	P				
BEVESPIAEROSPHERE (INHALATION)	0.3%	NP	NP				
DUAKLIR PRESSAIR (INHALATION)	0.0%	NP	NP				
SPIRIVA (INHALATION)	38.5%	P	P				
SPIRIVA RESPIMAT (INHALATION)	4.0%	NP	NP				
INCRUSE ELLIPTA (INHALATION)	0.9%	NP	NP				
TUDORZA PRESSAIR (INHALATION)	0.1%	NP	NP				
YUPELRI (INHALATION)	0.1%	NP	NP				
TIOTROPIUM (INHALATION)	0.0%	NR	NP				
ROFLUMILAST (ORAL)	0.9%	NR	P				
DALIRESP (ORAL)	0.6%	NP	NP				
ATROVENT HFA (INHALATION)	3.0%	P	P				
IPRATROPIUM NEBULIZER (INHALATION)	1.6%	P	P				
IPRATROPIUM / ALBUTEROL (INHALATION)	19.4%	P	P				
COMBIVENT RESPIMAT (INHALATION)	15.5%	P	P				

Wisconsin Medicaid		Recommendations					
COUGH AND COLD, NARCOTIC		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
GUAIFENESIN/CODEINE LIQUID OTC (ORAL)	68.9%	P	P				
HYDROCODONE/HOMATROPINE SYRUP (AG) (ORAL)	0.0%	NR	NP				
PROMETHAZINE/CODEINE SYRUP (ORAL)	30.4%	P	P				
MAR-COF CG LIQUID OTC (ORAL)	0.0%	P	P				
HYDROCODONE/HOMATROPINE SYRUP (ORAL)	0.0%	NP	NP				
PROMETHAZINE/PHENYLEPHRINE/CODEINE SYRUP (ORAL)	0.2%	NP	NP				
HYDROCODONE/CHLORPHENIRAMINE SUSPENSION ER 12H (ORAL)	0.5%	NP	NP				

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CYTOKINE AND CAM ANTAGONISTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
ORENCIA CLICKJECT (SUBCUTANE.)	2.2%	P	P				
ORENCIA SYRINGE (SUBCUTANE.)	0.6%	P	P				
CIBINQO (ORAL)	0.1%	NP	NP				
HUMIRA PEN KIT (INJECTION) 50 MG/ML	3.6%	P	P				
HUMIRA KIT (INJECTION) 50 MG/ML	0.8%	P	P				
HUMIRA KIT (INJECTION) (CF) 100 MG/ML	3.2%	P	P				
HUMIRA PEN KIT (INJECTION) (CF) 100 MG/ML	43.5%	P	P				
IDACIO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
IDACIO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
YUFLYMA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
YUFLYMA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
ADALIMUMAB-ADAZ KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
ADALIMUMAB-ADAZ PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
HYRIMOZ PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
HYRIMOZ KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
CYLTEZO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
CYLTEZO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
YUSIMRY PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
AMJEVITA PEN KIT (INJECTION) LW (CF) 50 MG/ML	0.0%	NR	NP				
AMJEVITA KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
AMJEVITA PEN KIT (INJECTION) HW (CF) 50 MG/ML	0.0%	NR	NP				
HADLIMA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
HADLIMA KIT (INJECTION) 50 MG/ML	0.0%	NR	NP				
HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP				
HADLIMA PEN KIT (INJECTION) 50 MG/ML	0.0%	NR	NP				
ADALIMUMAB-FKJP KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
HULIO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
HULIO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP				
KINERET (INJECTION)	0.3%	NP	NP				
OTEZLA (ORAL)	9.3%	P	P				
OLUMIANT (ORAL)	0.1%	NP	NP				
SILIQ (SUBCUTANE.)	0.0%	NP	NP				
CIMZIA SYRINGE KIT (INJECTION)	1.7%	NP	NP				
CIMZIA KIT (INJECTION)	0.0%	NP	NP				
SOTYKTU (ORAL)	0.1%	NR	NP				
ENBREL VIAL (SUBCUTANE.)	0.2%	P	P				
ENBREL SYRINGE (INJECTION)	1.2%	P	P				
ENBREL MINI CARTRIDGE (SUBCUTANE.)	0.7%	P	P				
ENBREL PEN (INJECTION)	7.9%	P	P				
SIMPONI PEN INJECTOR (INJECTION)	0.4%	NP	NP				
SIMPONI SYRINGE (INJECTION)	0.1%	NP	NP				
TREMFYA AUTOINJECTOR (SUBCUTANE.)	0.9%	NP	NP				
TREMFYA SYRINGE (SUBCUTANE.)	0.1%	NP	NP				
TALTZ SYRINGE (SUBCUTANE.)	0.2%	NP	NP				
TALTZ AUTOINJECTOR (SUBCUTANE.)	2.5%	NP	NP				
SKYRIZI VIAL (INTRAVEN)	0.0%	NP	NP				
SKYRIZI ON-BODY (SUBCUTANE.)	0.4%	NP	NP				
SKYRIZI PEN (SUBCUTANE.)	1.8%	NP	NP				
SKYRIZI SYRINGE (SUBCUTANE.)	0.2%	NP	NP				
KEVZARA PEN (SUBCUTANE.)	0.3%	NP	NP				
KEVZARA SYRINGE (SUBCUTANE.)	0.0%	NP	NP				
ENSPRYNG (SUBCUTANE.)	0.0%	NP	NP				
COSENTYX SYRINGE (SUBCUTANE.)	0.1%	NP	NP				
COSENTYX PEN (SUBCUTANE.)	4.8%	NP	NP				
ACTEMRA SYRINGE (SUBCUTANE.)	0.4%	NP	NP				
ACTEMRA PEN (SUBCUTANE.)	0.8%	NP	NP				
XELJANZ (ORAL)	3.2%	P	P				
XELJANZ XR (ORAL)	0.1%	NP	NP				
XELJANZ SOLUTION (ORAL)	0.1%	NP	NP				
RINVOQ ER (ORAL)	3.1%	NP	NP				
STELARA VIAL (INJECTION)	0.1%	NP	NP				
STELARA SYRINGE (INJECTION)	4.9%	NP	NP				

Wisconsin Medicaid				Recommendations		
GLUCOCORTICOIDS, INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SYMBICORT (INHALATION)	28.8%	P	P			
ADVAIR DISKUS (INHALATION)	26.5%	P	P			
ADVAIR HFA (INHALATION)	5.7%	P	P			
DULERA (INHALATION)	4.9%	P	P			
AIRDUO RESPICLICK (INHALATION)	0.0%	NP	P			
BREO ELLIPTA (INHALATION)	1.2%	NP	NP			
FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)	0.0%	NP	NP			
FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION)	0.0%	NP	NP			
FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION)	0.0%	NP	NP			
AIRDUO DIGIHALER (INHALATION)	0.0%	NP	NP			
BUDESONIDE/FORMOTEROL (INHALATION)	0.0%	NR	NP			
FLUTICASONE/VILANTEROL (AG) (INHALATION)	0.0%	NP	NP			
AIRSUPRA HFA (INHALATION)	0.0%	NR	NP			
TRELEGY ELLIPTA (INHALATION)	3.2%	NP	NP			
BREZTRI AEROSPHERE (INHALATION)	0.7%	NP	NP			
FLOVENT HFA (INHALATION)	23.0%	P	P			
PULMICORT FLEXHALER (INHALATION)	1.3%	P	P			
FLOVENT DISKUS (INHALATION)	0.6%	P	P			
ASMANEX (INHALATION)	0.6%	P	P			
ARNUIFY ELLIPTA (INHALATION)	0.1%	NP	P			
QVAR REDHALER (INHALATION)	0.2%	NP	NP			
BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)	2.7%	P	P			
ASMANEX HFA (INHALATION)	0.0%	NP	NP			
ARMONAIR DIGIHALER (INHALATION)	0.0%	NP	NP			
FLUTICASONE HFA (AG) (INHALATION)	0.0%	NP	P			
BUDESONIDE 1 MG RESPULES (INHALATION)	0.4%	P	P			
ALVESCO (INHALATION)	0.1%	NP	NP			

Wisconsin Medicaid				Recommendations		
EPINEPHRINE, SELF-INJECTED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EPIPEN JR (INTRAMUSC)	1.9%	P	P			
EPIPEN (INTRAMUSC)	10.2%	P	P			
EPINEPHRINE 0.15 MG (EPIPEN JR) (AG) (INJECTION)	12.6%	P	P			
EPINEPHRINE 0.3 MG (EPIPEN) (AG) (INJECTION)	75.1%	P	P			
SYMJEPI (INJECTION)	0.0%	NP	NP			
EPINEPHRINE 0.3 MG (ADRENACLICK) (AG) (INJECTION)	0.0%	NP	NP			
EPINEPHRINE 0.15 MG (ADRENACLICK) (AG) (INJECTION)	0.0%	NP	NP			
AUVI-Q 0.1 MG (INTRAMUSC)	0.0%	NR	P			
EPINEPHRINE 0.15 MG (EPIPEN JR) (INJECTION)	0.0%	NP	NP			
EPINEPHRINE 0.3 MG (EPIPEN) (INJECTION)	0.0%	NP	NP			
AUVI-Q 0.3 MG (INTRAMUSC)	0.0%	NR	NP			
AUVI-Q 0.15 MG (INTRAMUSC)	0.0%	NR	NP			

Wisconsin Medicaid				Recommendations		
IMMUNOMODULATORS, ASTHMA						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
XOLAIR SYRINGE (SUB-Q)	64.2%	P	P			
XOLAIR VIAL (SUB-Q)	1.6%	P	P			
NUCALA SYRINGE (SUBCUTANEOUS)	0.9%	NP	NP			
NUCALA VIAL (SUBCUTANEOUS)	0.3%	NP	NP			
NUCALA AUTO-INJECTOR (SUBCUTANEOUS)	6.7%	NP	NP			
FASENRA PEN (SUBCUTANEOUS)	23.9%	P	P			
FASENRA SYRINGE (SUBCUTANEOUS)	1.9%	P	P			
TEZSPIRE PEN (SUBCUTANEOUS)	0.6%	NR	NP			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
IMMUNOMODULATORS, ATOPIC DERMATITIS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
ADBRY (SUBCUTANEOUS)		0.4%	NP	P			
DUPIXENT SYRINGE (SUBCUTANEOUS)		14.7%	NP	NP			
DUPIXENT PEN (SUBCUTANEOUS)		32.3%	NP	NP			
OPZELURA (TOPICAL)		2.8%	NP	NP			
EUCRISA (TOPICAL)		0.7%	NP	NP			
ELIDEL (TOPICAL)		19.8%	P	P			
TACROLIMUS (AG) (TOPICAL)		3.6%	P	P			
TACROLIMUS (TOPICAL)		25.8%	P	P			
PIMECROLIMUS (AG) (TOPICAL)		0.0%	NP	NP			
PIMECROLIMUS (TOPICAL)		0.0%	NP	NP			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
IMMUNOMODULATORS, TOPICAL		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
IMIQUIMOD (ALDARA) (TOPICAL)		99.8%	P	P			
ZYCLARA (TOPICAL)		0.0%	NP	NP			
IMIQUIMOD (ZYCLARA) (TOPICAL)		0.0%	NP	NP			
HYFTOR (TOPICAL)		0.2%	NR	NP			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
MOVEMENT DISORDERS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
TETRABENAZINE (ORAL)		2.6%	P	P			
AUSTEDO XR TITR PK (ORAL)		0.0%	NR	P			
AUSTEDO (ORAL)		36.2%	P	P			
AUSTEDO XR (ORAL)		0.6%	NR	P			
INGREZZA (ORAL)		60.5%	P	P			
INGREZZA INITIATION PACK (ORAL)		0.2%	P	P			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NEUROPATHIC PAIN		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
LYRICA CAPSULE (ORAL)		0.3%	P	P			
SAVELLA (ORAL)		0.4%	P	P			
SAVELLA DOSE PACK (ORAL)		0.0%	P	P			
HORIZANT (ORAL)		0.0%	NP	NP			
LYRICA SOLUTION (ORAL)		0.0%	P	P			
DULOXETINE (CYMBALTA) (ORAL)		27.1%	P	P			
PREGABALIN CAPSULE (AG) (ORAL)		0.2%	P	P			
GABAPENTIN CAPSULE (ORAL)		38.6%	P	P			
PREGABALIN CAPSULE (ORAL)		12.1%	P	P			
CAPSAICIN OTC (TOPICAL)		0.3%	P	P			
GABAPENTIN TABLET (ORAL)		13.0%	P	P			
LIDOCAINE (AG) (TOPICAL)		1.3%	P	P			
PREGABALIN SOLUTION (AG) (ORAL)		0.0%	P	P			
GABAPENTIN SOLUTION (AG) (ORAL)		0.1%	P	P			
GABAPENTIN SOLUTION (ORAL)		0.5%	P	P			
PREGABALIN SOLUTION (ORAL)		0.0%	P	P			
LIDOCAINE (TOPICAL)		5.9%	P	P			
DULOXETINE (IRENKA) (ORAL)		0.1%	NP	NP			
LYRICA CR (ORAL)		0.0%	NP	NP			
ZTLIDO (TOPICAL)		0.0%	NP	NP			
GRALISE (ORAL)		0.0%	NP	NP			
DRIZALMA SPRINKLE (ORAL)		0.0%	NP	NP			
PREGABALIN ER (ORAL)		0.0%	NP	NP			
DERMACINRX LIDOCAIN PATCH (TOPICAL)		0.0%	NR	NP			

Wisconsin Medicaid		Recommendations					
NSAIDS							
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS	
IBUPROFEN/FAMOTIDINE TABLET (AG) (ORAL)	0.0%	NP	NP				
DUEXIS (ORAL)	0.0%	NP	NP				
CELECOXIB (AG) (ORAL)	0.1%	P	P				
ARTHROTEC (ORAL)	0.0%	NP	NP				
VIMOVO (ORAL)	0.0%	NP	NP				
PENNSAID PUMP (TOPICAL)	0.0%	NP	NP				
MELOXICAM TABLET (ORAL)	15.1%	P	P				
IBUPROFEN TABLET OTC (ORAL)	2.2%	P	P				
IBUPROFEN TABLET (ORAL)	29.3%	P	P				
NAPROXEN TABLET (ORAL)	10.6%	P	P				
IBUPROFEN TAB CHEW OTC (ORAL)	0.0%	P	P				
NAPROXEN SODIUM OTC (ORAL)	0.3%	P	P				
CELECOXIB (ORAL)	7.1%	P	P				
INDOMETHACIN CAPSULE (ORAL)	1.1%	P	P				
IBUPROFEN SUSPENSION OTC (ORAL)	3.8%	P	P				
DICLOFENAC SODIUM (ORAL)	8.0%	P	P				
NAPROXEN SODIUM (ORAL)	0.0%	NP	NP				
IBUPROFEN SUSPENSION (ORAL)	7.2%	P	P				
DICLOFENAC POTASSIUM TABLET (ORAL)	0.4%	P	P				
INDOMETHACIN CAPSULE ER (ORAL)	0.0%	NP	NP				
KETOROLAC (ORAL)	2.7%	P	P				
DICLOFENAC SODIUM GEL OTC (TOPICAL)	0.8%	P	P				
SULINDAC (ORAL)	0.1%	P	P				
DICLOFENAC GEL (TOPICAL)	9.8%	P	P				
NABUMETONE (ORAL)	1.0%	P	P				
IBUPROFEN DROPS SUSPENSION OTC (ORAL)	0.0%	P	P				
PIROXICAM (ORAL)	0.0%	NP	NP				
FLURBIPROFEN (ORAL)	0.0%	P	P				
KETOPROFEN (ORAL)	0.0%	NP	NP				
ETODOLAC (ORAL)	0.1%	NP	NP				
DICLOFENAC SOLUTION (TOPICAL)	0.0%	NP	NP				
DICLOFENAC SR (ORAL)	0.1%	P	P				
DIFLUNISAL (ORAL)	0.0%	NP	NP				
DICLOFENAC SODIUM/MISOPROSTOL (ORAL)	0.0%	NP	NP				
MEFENAMIC ACID (ORAL)	0.0%	NP	NP				
ETODOLAC TAB SR (ORAL)	0.0%	NP	NP				
OXAPROZIN (ORAL)	0.0%	NP	NP				
NAPROXEN EC (ORAL)	0.1%	P	P				
NAPROXEN SUSPENSION (AG) (ORAL)	0.0%	NP	NP				
FLECTOR (TOPICAL)	0.0%	NP	NP				
NAPROXEN EC (AG) (ORAL)	0.0%	NP	NP				
DICLOFENAC SODIUM PUMP (AG) (TOPICAL)	0.0%	NR	NP				
TOLMETIN SODIUM TABLET (ORAL)	0.0%	NP	NP				
FENOPROFEN (ORAL)	0.0%	NP	NP				
DICLOFENAC PATCH (AG) (TRANSDERMAL)	0.0%	NP	NP				
DICLOFENAC POTASSIUM CAPSULE (ORAL)	0.0%	NP	NP				
KETOPROFEN ER (ORAL)	0.0%	NP	NP				
NAPROXEN SUSPENSION (ORAL)	0.0%	NP	NP				
IBUPROFEN/FAMOTIDINE (ORAL)	0.0%	NP	NP				
FENOPROFEN (AG) (ORAL)	0.0%	NP	NP				
MECLOFENAMATE (ORAL)	0.0%	NP	NP				
TOLMETIN SODIUM CAPSULE (ORAL)	0.0%	NP	NP				
NALFON (ORAL)	0.0%	NP	NP				
NAPROXEN CR (AG) (ORAL)	0.0%	NP	NP				
NAPROXEN/ESOMEPRAZOLE (AG) (ORAL)	0.0%	NP	NP				
KETOROLAC (SPRIX) (AG) (NASAL)	0.0%	NP	NP				
NAPROXEN CR (ORAL)	0.0%	NP	NP				
LICART PATCH (TRANSDERMAL)	0.0%	NP	NP				
DICLOFENAC POTASSIUM CAPSULE (AG) (ORAL)	0.0%	NP	NP				
MELOXICAM CAPSULE (ORAL)	0.0%	NP	NP				
NAPROXEN/ESOMEPRAZOLE (ORAL)	0.0%	NP	NP				
DICLOFENAC SODIUM PUMP (TOPICAL)	0.0%	NP	NP				
LOFENA (ORAL)	0.0%	NP	NP				
RELAFEN DS (ORAL)	0.0%	NP	NP				
INDOMETHACIN (RECTAL)	0.0%	NP	NP				

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
RESTASIS (OPHTHALMIC)		82.8%	P	P			
XIIDRA (OPHTHALMIC)		16.0%	P	P			
EYSUVIS (OPHTHALMIC)		0.0%	NP	NP			
CYCLOSPORINE (AG) (OPHTHALMIC)		0.1%	NP	NP			
CYCLOSPORINE (OPHTHALMIC)		0.0%	NP	NP			
TYRVAYA SPRAY (NASAL)		0.4%	NP	NP			
CEQUA (OPHTHALMIC)		0.4%	NP	NP			
RESTASIS MULTIDOSE (OPHTHALMIC)		0.1%	NP	NP			
MIEBO (OPHTHALMIC)		0.0%	NR	NP			
VERKAZIA (OPHTHALMIC)		0.3%	NR	NP			

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
OPHTHALMICS, GLAUCOMA AGENTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
ALPHAGAN P 0.15% (OPHTHALMIC)		0.8%	P	P			
ALPHAGAN P 0.1% (OPHTHALMIC)		0.0%	NP	NP			
BRIMONIDINE 0.2% (OPHTHALMIC)		8.1%	P	P			
APRACLONIDINE (OPHTHALMIC)		0.0%	NP	NP			
IOPIDINE (OPHTHALMIC)		0.0%	NP	NP			
BRIMONIDINE P 0.15% (OPHTHALMIC)		0.0%	NP	NP			
COMBIGAN (OPHTHALMIC)		4.3%	P	P			
BETOPTIC S (OPHTHALMIC)		0.2%	P	P			
TIMOPTIC OCUDOSE (OPHTHALMIC)		0.1%	NP	NP			
TIMOLOL (OPHTHALMIC)		13.4%	P	P			
CARTEOLOL (OPHTHALMIC)		0.1%	P	P			
LEVOBUNOLOL (OPHTHALMIC)		0.1%	P	P			
ISTALOL (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (ISTALOL) (AG) (OPHTHALMIC)		0.0%	NP	NP			
BRIMONIDINE TARTRATE/TIMOLOL DROPS (AG) (OPHTHALMIC)		0.0%	NP	NP			
BETAXOLOL (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (TIMOPTIC OCUDOSE) (AG) (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (ISTALOL) (OPHTHALMIC)		0.0%	NP	NP			
BRIMONIDINE TARTRATE/TIMOLOL DROPS (OPHTHALMIC)		0.0%	NP	NP			
TIMOLOL (TIMOPTIC OCUDOSE) (OPHTHALMIC)		0.1%	NP	NP			
AZOPT (OPHTHALMIC)		1.1%	P	P			
SIMBRINZA (OPHTHALMIC)		1.3%	P	P			
DORZOLAMIDE (OPHTHALMIC)		4.2%	P	P			
DORZOLAMIDE / TIMOLOL (OPHTHALMIC)		9.4%	P	P			
DORZOLAMIDE/TIMOLOL/PF DROPS (OPHTHALMIC)		0.3%	P	P			
BRINZOLAMIDE (OPHTHALMIC)		0.0%	NP	NP			
COSOPT PF (OPHTHALMIC)		0.0%	NP	NP			
BRINZOLAMIDE (AG) (OPHTHALMIC)		0.0%	NP	NP			
PILOCARPINE (OPHTHALMIC)		0.6%	P	P			
LUMIGAN 7.5ML (OPHTHALMIC)		0.0%	P	P			
LUMIGAN 5ML (OPHTHALMIC)		0.1%	P	P			
TRAVATAN Z 5 ML (OPHTHALMIC)		0.5%	P	P			
XALATAN 2.5 ML (OPHTHALMIC)		0.5%	P	P			
LUMIGAN 2.5ML (OPHTHALMIC)		0.9%	P	P			
TRAVATAN Z 2.5 ML (OPHTHALMIC)		5.5%	P	P			
LATANOPROST 2.5 ML (OPHTHALMIC)		45.6%	P	P			
TRAVOPROST 2.5 ML (AG) (OPHTHALMIC)		0.0%	NP	NP			
ZIOPTAN (OPHTHALMIC)		0.1%	NP	NP			
BIMATOPROST 2.5ML (OPHTHALMIC)		0.0%	NP	NP			
XELPROS (OPHTHALMIC)		0.0%	NP	NP			
TRAVOPROST 2.5 ML (OPHTHALMIC)		0.0%	NP	NP			
TRAVOPROST 5 ML (AG) (OPHTHALMIC)		0.0%	NP	NP			
TAFLUPROST (AG) (OPHTHALMIC)		0.1%	NR	NP			
VYZULTA (OPHTHALMIC)		0.3%	NP	NP			
TRAVOPROST 5 ML (OPHTHALMIC)		0.0%	NP	NP			
BIMATOPROST 5ML (OPHTHALMIC)		0.0%	NP	NP			
TAFLUPROST (OPHTHALMIC)		0.0%	NR	NP			
IYUZEH (OPHTHALMIC)		0.0%	NR	NP			
BIMATOPROST 7.5ML (OPHTHALMIC)		0.0%	NP	NP			
ROCKLATAN (OPHTHALMIC)		0.7%	P	P			
RHOPRESSA (OPHTHALMIC)		1.5%	P	P			

Wisconsin Medicaid		Recommendations					
SEDATIVE HYPNOTICS		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
ZOLPIDEM (ORAL)	60.4%	P	P				
TEMAZEPAM (ORAL)	6.2%	P	P				
TEMAZEPAM (AG) (ORAL)	1.8%	P	P				
ESZOPICLONE (ORAL)	11.3%	P	P				
ZOLPIDEM ER (ORAL)	4.7%	NP	P				
ZALEPLON (ORAL)	3.2%	P	P				
TRIAZOLAM (ORAL)	0.9%	P	P				
ROZEREM (ORAL)	6.4%	P	P				
RAMELTEON (ORAL)	0.2%	NP	NP				
BELSOMRA (ORAL)	2.7%	NP	NP				
TEMAZEPAM 7.5 MG (ORAL)	0.0%	NP	NP				
ESTAZOLAM (ORAL)	0.1%	NP	NP				
TEMAZEPAM 22.5 MG (ORAL)	0.0%	NP	NP				
DAYVIGO (ORAL)	0.7%	NP	NP				
EDLUAR (SUBLINGUAL)	0.0%	NP	NP				
ZOLPIDEM (SUBLINGUAL)	0.0%	NP	NP				
QUVIVIQ (ORAL)	0.5%	NP	NP				
ZOLPIDEM CAPSULE (ORAL)	0.0%	NR	NP				
DOXEPIN (AG) (ORAL)	0.3%	NP	NP				
DOXEPIN (ORAL)	0.5%	NP	NP				
QUAZEPAM (AG) (ORAL)	0.0%	NP	NP				
IGALMI (SUBLINGUAL)	0.0%	NP	NP				
SILENOR (ORAL)	0.0%	NP	NP				
TASIMELTEON (ORAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations					
STERIODS, TOPICAL LOW		Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
Brand Name							
HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)	0.0%	P	P				
HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)	3.0%	P	P				
HYDROCORTISONE OINTMENT OTC (TOPICAL)	0.3%	P	P				
HYDROCORTISONE CREAM OTC (TOPICAL)	8.1%	P	P				
HYDROCORTISONE-ALOE CREAM OTC (TOPICAL)	0.0%	P	P				
HYDROCORTISONE CREAM (TOPICAL)	27.5%	P	P				
SCALPICIN OTC (TOPICAL)	0.0%	P	P				
HYDROCORTISONE CREAM (RECTAL)	9.3%	P	P				
HYDROCORTISONE OINTMENT (TOPICAL)	45.3%	P	P				
HYDROCORTISONE LOTION (TOPICAL)	1.3%	P	P				
DESONIDE CREAM (TOPICAL)	0.1%	NP	NP				
ALCLOMETASONE DIPROPIONATE OINTMENT (TOPICAL)	0.0%	NP	NP				
DERMA-SMOOTH-FS (TOPICAL)	4.7%	P	P				
FLUOCINOLONE 0.01% OIL (TOPICAL)	0.1%	NP	NP				
DESONIDE OINTMENT (TOPICAL)	0.1%	NP	NP				
ALCLOMETASONE DIPROPIONATE CREAM (TOPICAL)	0.0%	NP	NP				
DESONIDE LOTION (TOPICAL)	0.0%	NP	NP				
TEXACORT (TOPICAL)	0.0%	NP	NP				
HYDROXYM GEL (TOPICAL)	0.0%	NR	NP				

Wisconsin Medicaid		Recommendations			COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
STIMULANTS AND RELATED AGENTS		Curr. MS	Curr. PDL Status	PDL Rec			
Brand Name							
METHYLPHENIDATE PATCH TD24 (AG) (TRANSDERMAL)	0.0%	NR	NP				
CONCERTA (ORAL)	9.4%	P	P				
ADDERALL XR (ORAL)	8.2%	NP	NP				
DAYTRANA (TRANSDERMAL)	0.2%	P	P				
RITALIN LA (ORAL)	0.0%	NP	P				
DEXEDRINE SPANSULE (ORAL)	0.0%	NP	NP				
GUANFACINE ER (ORAL)	10.4%	P	P				
METHYLPHENIDATE (ORAL)	5.9%	P	P				
DEXMETHYLPHENIDATE (ORAL)	1.6%	P	P				
ARMODAFINIL (ORAL)	0.1%	P	P				
MODAFINIL (ORAL)	0.7%	P	P				
METHYLPHENIDATE ER (METADATE ER) (ORAL)	0.7%	P	P				
CLONIDINE ER (ORAL)	1.6%	P	P				
ATOMOXETINE (ORAL)	5.0%	P	P				
METHYLPHENIDATE ER (CONCERTA) (ORAL)	0.0%	NP	NP				
AMPHETAMINE SALT COMBO ER (AG) (ORAL)	0.0%	NP	NP				
AMPHETAMINE SALT COMBO ER (ORAL)	0.0%	NP	NP				
ARMODAFINIL (AG) (ORAL)	0.1%	P	P				
METHYLPHENIDATE ER (CONCERTA) (AG) (ORAL)	0.0%	NP	NP				
VYVANSE CAPSULE (ORAL)	33.5%	P	P				
DEXTROAMPHETAMINE TABLET (ORAL)	0.2%	NP	NP				
FOCALIN (ORAL)	0.2%	P	P				
METHYLPHENIDATE SOLUTION (ORAL)	0.2%	P	P				
DEXMETHYLPHENIDATE ER (ORAL)	0.0%	NP	P				
METHYLPHENIDATE CD (AG) (ORAL)	0.7%	P	P				
METHYLPHENIDATE CD (ORAL)	1.4%	P	P				
METHYLIN SOLUTION (ORAL)	0.0%	P	P				
AMPHETAMINE SULFATE (ORAL)	0.0%	NP	NP				
APTENSIO XR (ORAL)	0.1%	P	P				
FOCALIN XR (ORAL)	5.2%	P	P				
METHYLPHENIDATE ER (RITALIN LA) (ORAL)	1.1%	P	P				
DEXTROAMPHETAMINE CAPSULE ER (ORAL)	0.2%	NP	NP				
METHYLPHENIDATE CHEWABLE TABLETS (ORAL)	0.3%	P	P				
QUILLVANT XR (ORAL)	0.5%	P	P				
AMPHETAMINE SALT COMBO (ORAL)	8.8%	NP	NP				
QELBREE (ORAL)	0.4%	NP	NP				
METHYLPHENIDATE ER (APTENSIO XR) (AG) (ORAL)	0.0%	NP	NP				
METHYLPHENIDATE ER (APTENSIO XR) (ORAL)	0.0%	NP	NP				
DYANAVEL XR TABLET (ORAL)	0.0%	NP	NP				
AZSTARYS (ORAL)	0.0%	NP	NP				
QUILLICHEW ER (ORAL)	0.6%	P	P				
MYDAYIS ER (ORAL)	0.2%	NP	NP				
EVEKEO ODT (ORAL)	0.0%	NP	NP				
EVEKEO (ORAL)	0.0%	NP	NP				
DYANAVEL XR (ORAL)	0.0%	NP	NP				
VYVANSE CHEWABLE TABLET (ORAL)	1.8%	P	P				
ADZENYS XR ODT (ORAL)	0.0%	NP	NP				
COTEMPLA XR ODT (ORAL)	0.0%	NP	NP				
DEXTROAMPHETAMINE SOLUTION (ORAL)	0.0%	NP	NP				
JORNAY PM (ORAL)	0.5%	NP	NP				
LISDEXAMFETAMINE CAPSULE (ORAL)	0.0%	NR	NP				
LISDEXAMFETAMINE CHEWABLE TABLET (ORAL)	0.0%	NR	NP				
METHYLPHENIDATE PATCH TD24 (TRANSDERMAL)	0.0%	NP	NP				
ZENZEDI (ORAL)	0.0%	NP	NP				
XELSTRYM (TRANSDERMAL)	0.0%	NR	NP				
METHYLPHENIDATE ER (RELEXXII) (ORAL)	0.0%	NP	NP				
METHYLPHENIDATE ER (RELEXXII) (AG) (ORAL)	0.0%	NR	NP				
SUNOSI (ORAL)	0.0%	NP	NP				
METHAMPHETAMINE (ORAL)	0.0%	NP	NP				