MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
May 6, 2026

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Catherine Decker Linsday, Pharm. D.	No
3	David Dowell, M.D.	Yes
4	Kevin Izard, M.D.	Yes
5	Jessie Lawton, Pharm. D.	No
6	Samantha Marsh, Pharm. D.	Yes
7	William Raduege, M.D.	Yes
8	Christopher Schwake, M.D.	Yes
9	Alicia Walker, Pharm. D.	Yes
10	Michael Witkovsky, M.D.	Yes

MAY 2026 THERAPEUTIC DRUG CLASSES

ACNE AGENTS, TOPICAL
ANALGESICS, MISCELLANEOUS
ANALGESICS, NARCOTICS LONG
ANALGESICS, NARCOTICS SHORT
ANDROGENIC AGENTS (INJECTABLE, ORAL, TOPICAL)
ANGIOTENSIN MODULATOR COMBINATIONS
ANGIOTENSIN MODULATORS
ANTIBIOTICS, GI
ANTIBIOTICS, INHALED
ANTIBIOTICS, ORAL UNCOMPLICATED UTI
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 (INCLUDES ANTIBIOTICS, BETA-LACTAM)
FLUOROQUINOLONES, ORAL
GI MOTILITY, CHRONIC
GLUCAGON AGENTS
GROWTH HORMONE
H. PYLORI TREATMENT
HEPATITIS B AGENTS
HEPATITIS C AGENTS
HIV/AIDS
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS
HYPOGLYCEMICS, MEGLITINIDES
HYPOGLYCEMICS, OTHER (METFORMINS AND SGLT2)
HYPOGLYCEMICS, SULFONYLUREAS
HYPOGLYCEMICS, TZD
LIPOTROPICS, OTHER
LIPOTROPICS, STATINS
MACROLIDES/KETOLIDES
MULTIPLE SCLEROSIS AGENTS
OPIATE DEPENDENCY
PAH AGENTS, ORAL AND INHALED
PANCREATIC ENZYMES
PENICILLINS (INCLUDES ANTIBIOTICS, BETA-LACTAM)
PHOSPHATE BINDERS
PLATELET AGGREGATION INHIBITORS
PRENATAL VITAMINS
PROTON PUMP INHIBITORS
SKELETAL MUSCLE RELAXANTS
TETRACYCLINES
ULCERATIVE COLITIS AGENTS
UTERINE DISORDER TREATMENTS

Recommendations Summary:

The following drug classes presented for review had no recommended State changes since the May 7, 2025, 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
- Analgesics, Narcotics Long
- Androgenic Agents
- Androgenic Agents, Injectable
- Androgenic Agents, Oral
- Angiotensin Modulator Combinations
- Antibiotics, Inhaled
- Antibiotics, Topical
- Antifungals, Oral
- Antivirals, General
- Antivirals, Oral
- Antivirals, Topical
- Fluoroquinolones, Oral
- Glucagon Agents
- Growth Hormone
- Hepatitis B Agents
- Hepatitis C Agents
- Hepatitis C Agents Treatment Course
- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Meglitinides
- Hypoglycemics, SGLT2
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZD
- Lipotropics, Statins
- Pancreatic Enzymes
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Tetracyclines
- Ulcerative Colitis
- Uterine Disorder Treatments

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

The following drug classes presented for review had recommended changes since the May 7, 2025, Wisconsin Medicaid Pharmacy PA Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

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

- Analgesics, Narcotics Short
- Angiotensin Modulators
- Antibiotics, Oral Uncomplicated UTI
- Antibiotics, Vaginal
- Anticoagulants
- Antiemetic/Antivertigo Agents
- Antifungals, Topical
- Antimigraine Agents, Other
- Antimigraine Agents, Triptans
- Antiparasitics, Topical
- Beta Blockers
- Bladder Relaxant Preparations
- Bone Resorption Suppression and Related Agents
- BPH Treatments
- Calcium Channel Blockers
- GI Motility, Chronic
- H. Pylori Treatment
- HIV/AIDS
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulin and Related Agents*
- Hypoglycemics, Metformins
- Lipotropics, Other
- Macrolides/Ketolides
- Multiple Sclerosis Agents
- Opiate Dependence Treatments
- PAH Agents, Oral and Inhaled
- Penicillins
- Prenatal Vitamins
- Proton Pump Inhibitors
- Skeletal Muscle Relaxants

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

*Mounjaro has been recommended by staff to become a preferred drug, and this recommendation has been approved by the Secretary of the Department.

The Acne Agents, Topical drug class was voted on separately by the Prior Authorization Advisory Committee.

- Alicia Walker made a motion to accept staff recommendations with one exception: keeping adapalene cream preferred (staff had recommended moving adapalene cream to non-preferred).
    - Second: Rosanne Barber
    - Discussion:

      Kevin Izard noted that adapalene cream is significantly more expensive to the State than adapalene gel, and if a member fails with the gel, they can access the cream via the STAT PA process.
    - Rosanne Barber, William Raduege, Alicia Walker and Michael Witkovsky voted in favor of the motion. David Dowell, Kevin Izard, Samantha Marsh and Christopher Schwake abstained from the vote.
    - Motion passed

The Antibiotics, GI drug class was voted on separately by the Prior Authorization Advisory Committee.

- Alicia Walker made a motion for fidaxomicin to be added as a preferred drug (fidaxomicin is a new product being reviewed by the Committee for the first time and staff had recommended it remain non-preferred).
    - Second: Michael Witkovsky
    - Discussion:

      Alicia Walker stated that a primary consideration in the case of fidaxomicin is the urgency of continued therapy for members that are transitioning from inpatient to outpatient care and reducing the risk of transmission to the general population. Walker noted most members have likely tried other products prior to fidaxomicin and that hospitalists generally are not as familiar with prior authorization (PA) and STAT PA processes, which can extend the amount of time it takes to get the member access to the product.

      Michael Witkovsky indicated he supports the motion, noting that most pharmacies are not comfortable providing a product with a few days of supply while awaiting payment.

      Kim Wohler clarified that pharmacies can access emergency supply for many products and get payment immediately in that process. Michael Witkovsky acknowledged this is the case.

      David Dowell stated that discussion of the PA process has come up in several Committee meetings, noting the importance of education of pharmacists and providers on the process. Dowell indicated there is clearly a lot of thought that goes into the PA process, and it is uncertain if changing the status of one drug may be the answer.

      Kim Wohler noted that there are ongoing efforts to inform and educate pharmacies and providers on the PA process, which can be a challenge given pharmacy staffing shortages/frequent new employees That being said, a good amount of pharmacy staff are

very familiar with the STAT PA process and expedited emergency supply, which is exemplified by the number of such request the State receives. Overall, the State aims to provide as much education as possible, including the utilization of field representatives. At times, one PA struggle may be amplified to suggest a larger issue that is not necessarily present.

David Dowell stated he is not suggesting the State is not providing good education to pharmacies and providers, noting providers are often overwhelmed with the variety of different insurance companies and their requirements. Dowell concluded that it is not clear how to best address these challenges, but it may not be one drug at a time.

Kim Wohler noted that education of the PA process is ongoing and there is a current proposed rule form CMS related to PA interoperability that will be coming in the future and likely change the process. Wohler reaffirmed the importance of ongoing education as policy changes.

Kevin Izard stated that providers often lump PA processes together, whether it is commercial insurance or State programs. Izard noted PA processes generally have a negative connotation, but it is a useful tool to give providers a pause when considering prescribing different medications.

Alicia Walker reiterated that for this particular drug, there is urgency in considering patients moving from inpatient to outpatient care, and this product is not likely first line therapy in most instances.

- Rosanne Barber, David Dowell, Kevin Izard, William Raduege, Christopher Schwake, Alicia Walker and Michael Witkovsky voted in favor of the motion. Samantha Marsh abstained.

- Motion passed

The Cephalosporins and Related Antibiotics drug class was voted on separately by the Prior Authorization Advisory Committee.

- Christopher Schwake made a motion to accept staff recommendations with one clarification: include an age exemption for cefpodoxime suspension for children 12 years of age and under—in these cases, PA would not be required.

    - Second: Michael Witkovsky

    - Discussion:

      David Dowell asked for clarification if this PA exemption is for members that are allergic to other cephalosporins as well as members 12 years of age and younger.

      Christopher Schwake clarified that there are several tablet formulations available for adults who are allergic to other cephalosporins but there is limited access to suspension formulations. Therefore, the PA exemption is limited to members 12 years of age and younger.

Kim Wohler confirmed that STAT PA and expedited emergency supply are options for non-preferred products in this class.

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

Weight Management Agents PDL class was not able to be presented to the Committee on May 6th. However, adding the Weight Management Agents class to the PDL beginning July 1, 2026, has been recommended by staff, and this recommendation has been approved by the Secretary of the Department. Staff has informed the Committee of the addition of the Weight Management Agents class and the class will have its first review by the Committee in May 2027.

Drug Classes with Changes:

Wisconsin Medicaid ACNE AGENTS, TOPICAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DIFFERIN CREAM (TOPICAL)	0.0%	NP	**NP**			
EPIDUO FORTE GEL W/PUMP (TOPICAL)	0.0%	NP	**NP**			
DIFFERIN GEL PUMP (TOPICAL)	0.0%	NP	**NP**			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (AG) (TOPICAL)	0.0%	NP	**NP**			
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.0%	P	**P**			
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	27.0%	P	**P**			
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	5.8%	P	**P**			
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	3.9%	P	**P**			
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	7.5%	P	**P**			
BENZOYL PEROXIDE GEL OTC (TOPICAL)	6.2%	P	**P**			
DAPSONE GEL (AG) (TOPICAL)	0.0%	NP	**NP**			
ERYTHROMYCIN GEL (TOPICAL)	0.5%	P	**P**			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.0%	NP	**NP**			
ADAPALENE GEL OTC (TOPICAL)	1.8%	P	**P**			
DIFFERIN GEL OTC (TOPICAL)	0.0%	NP	**NP**			
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.0%	NP	**NP**			
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.3%	NP	**NP**			
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	5.5%	P	**P**			
ADAPALENE GEL (TOPICAL)	4.1%	P	**P**			
ERYTHROMYCIN SOLUTION (TOPICAL)	0.2%	P	**P**			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (TOPICAL)	0.0%	NP	**NP**			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) (TOPICAL)	0.1%	NP	**NP**			
SULFACETAMIDE / SULFUR CLEANSER (TOPICAL) *	1.2%	P	**P**			
TRETINOIN CREAM (TOPICAL)	27.7%	P	**P**			
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)	0.0%	NP	**NP**			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZACLIN) W/PUMP (TOPICAL)	0.0%	NP	**NP**			
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.0%	NP	**NP**			
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	**NP**			
DAPSONE GEL (TOPICAL)	0.5%	NP	**NP**			
TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)	0.9%	P	**P**			
SULFACETAMIDE CLEANSER (TOPICAL)	0.0%	NP	**NP**			
SULFACETAMIDE SODIUM/SULFUR (TOPICAL)	0.0%	NP	**NP**			
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	1.7%	P	**P**			
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.1%	NP	**NP**			
SULFACETAMIDE SUSPENSION (TOPICAL)	0.2%	P	**NP**			
ADAPALENE CREAM (AG) (TOPICAL)	1.3%	P	**P**			
ADAPALENE CREAM (TOPICAL)	2.5%	P	**P**			
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	**NP**			
TRETINOIN GEL (ATRALIN) (TOPICAL)	0.1%	P	**NP**			
TAZAROTENE CREAM (TOPICAL)	0.3%	NP	**NP**			
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	**NP**			
CLINDAMYCIN / BENZOYL PEROXIDE (ONEXTON) W/PUMP (TOPICAL)	0.0%	NP	**NP**			
SSS 10-5 FOAM (TOPICAL)	0.0%	NP	**NP**			
TAZAROTENE GEL (TOPICAL)	0.1%	NP	**NP**			
CLINDAMYCIN / BENZOYL PEROXIDE (ONEXTON) W/PUMP (AG) (TOPICAL)	0.0%	NP	**NP**			
CLINDAMYCIN / TRETINOIN (TOPICAL)	0.0%	NP	**NP**			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (TOPICAL)	0.0%	NP	**NP**			
WINLEVI (TOPICAL)	0.3%	NP	**NP**			
NEUAC (TOPICAL)	0.0%	NP	**NP**			
AKLIEF (TOPICAL)	0.1%	NP	**NP**			
TAZAROTENE CREAM (AG) (TOPICAL)	0.0%	NP	**NP**			
TRETINOIN MICROSPHERES GEL 0.08% PUMP (TOPICAL)	0.0%	NP	**NP**			
BP 10-1 (TOPICAL)	0.0%	NP	**NP**			
TWYNEO CREAM (TOPICAL)	0.0%	NP	**NP**			
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	NP	**NP**			
AVAR CLEANSER (TOPICAL)	0.0%	NP	**NP**			
TAZAROTENE FOAM (AG) (TOPICAL)	0.0%	NP	**NP**			
FABIOR (TOPICAL)	0.0%	NP	**NP**			
CLEARACYLIC GEL (TOPICAL)	0.0%	NR	**NP**			

Wisconsin Medicaid ANALGESICS, NARCOTICS SHORT			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DILAUDID LIQUID (ORAL)	0.0%	NP	**NP**			
OXYMORPHONE (ORAL)	0.0%	NP	**NP**			
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	**NP**			
TRAMADOL (ORAL)	16.4%	P	**P**			
MORPHINE SOLUTION (AG) (ORAL)	0.0%	P	**P**			
HYDROMORPHONE TABLET (ORAL)	1.5%	P	**P**			
TRAMADOL / APAP (ORAL)	0.0%	P	**P**			
MORPHINE SOLUTION (ORAL)	0.2%	P	**P**			
OXYCODONE TABLET (ORAL)	32.1%	P	**P**			
HYDROCODONE / APAP TABLET (ORAL)	31.8%	P	**P**			
APAP / CODEINE TABLET (ORAL)	5.0%	P	**P**			
OXYCODONE SOLUTION (ORAL)	1.2%	P	**P**			
OXYCODONE / APAP TABLET (ORAL)	10.6%	P	**P**			
OXYCODONE CAPSULE (ORAL)	0.0%	NP	**NP**			
MORPHINE CONC SOLUTION (ORAL)	0.1%	P	**P**			
MORPHINE IR TABLET (ORAL)	1.0%	P	**P**			
APAP / CODEINE ELIXIR (ORAL)	0.0%	P	**P**			
TRAMADOL 100 MG (ORAL)	0.0%	NP	**NP**			
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	**NP**			
HYDROCODONE / IBUPROFEN (ORAL)	0.0%	P	**P**			
BUTALBITAL COMPOUND W/CODEINE (ORAL)	0.0%	NP	**NP**			
CODEINE (ORAL)	0.0%	NP	**NP**			
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	**NP**			
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	**P**			
BUTALBITAL / CAFFEINE / APAP W/CODEINE (ORAL)	0.1%	NP	**NP**			
HYDROCODONE / APAP SOLUTION (ZOLVIT) (ORAL)	0.0%	NR	**NP**			
HYDROMORPHONE SUPPOSITORIES (RECTAL)	0.0%	NP	**NP**			
CARISOPRODOL COMPOUND-CODEINE (ORAL)	0.0%	NP	**NP**			
TRAMADOL 25 MG (ORAL)	0.0%	NP	**NP**			
DIHYDROCODEINE / APAP / CAFFEINE (ORAL)	0.0%	NP	**NP**			
TRAMADOL 75 MG (ORAL)	0.0%	NP	**NP**			
OXYCODONE CONC (ORAL)	0.0%	NP	**NP**			
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	**NP**			
TRAMADOL SOLUTION (AG) (ORAL)	0.0%	NP	**NP**			
LEVORPHANOL (ORAL)	0.0%	NP	**NP**			
MEPERIDINE TABLET (ORAL)	0.0%	NP	**NP**			
ROXYBOND (ORAL)	0.0%	NP	**NP**			
FENTANYL (BUCCAL)	0.0%	NP	**NP**			
NALOCET (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANGIOTENSIN MODULATORS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LISINOPRIL HCTZ (ORAL)	4.6%	P	**P**			
ENALAPRIL HCTZ (ORAL)	0.1%	P	**P**			
BENAZEPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
CAPTOPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
FOSINOPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
QUINAPRIL HCTZ (ORAL)	0.0%	NP	**NP**			
QUINAPRIL HCTZ (AG) (ORAL)	0.0%	NP	**NP**			
LISINOPRIL (ORAL)	34.7%	P	**P**			
RAMIPRIL (ORAL)	0.1%	P	**P**			
BENAZEPRIL (ORAL)	0.8%	P	**P**			
ENALAPRIL (ORAL)	1.4%	P	**P**			
TRANDOLAPRIL (ORAL)	0.0%	NP	**NP**			
FOSINOPRIL (ORAL)	0.1%	P	**P**			
CAPTOPRIL (ORAL)	0.1%	P	**P**			
PERINDOPRIL (ORAL)	0.0%	NP	**NP**			
MOEXIPRIL (ORAL)	0.0%	NP	**NP**			
ENALAPRIL SOLUTION (AG) (ORAL)	0.2%	P	**P**			
ENALAPRIL SOLUTION (ORAL)	0.3%	P	**P**			
QUINAPRIL (ORAL)	0.0%	NP	**NP**			
QBRELIS SOLUTION (ORAL)	0.1%	NP	**NP**			
EDARBI (ORAL)	0.0%	NP	**NP**			
BENICAR (ORAL)	0.0%	NP	**NP**			
LOSARTAN (ORAL)	33.4%	P	**P**			
OLMESARTAN (ORAL)	3.0%	P	**P**			
IRBESARTAN (ORAL)	2.2%	P	**P**			
VALSARTAN (ORAL)	6.2%	P	**P**			
TELMISARTAN (ORAL)	0.1%	NP	**P**			
OLMESARTAN (AG) (ORAL)	0.0%	P	**P**			
CANDESARTAN (ORAL)	0.1%	NP	**NP**			
CANDESARTAN (AG) (ORAL)	0.0%	NP	**NP**			
SACUBITRIL / VALSARTAN TABLET (ORAL)	5.6%	P	**P**			
EPROSARTAN (ORAL)	0.0%	NP	**NP**			
ENTRESTO SPRINKLE CAP (ORAL)	0.0%	NP	**NP**			
VALSARTAN SOLUTION (ORAL)	0.0%	NP	**NP**			
EDARBYCLOR (ORAL)	0.0%	NP	**NP**			
VALSARTAN HCTZ (ORAL)	1.4%	P	**P**			
LOSARTAN HCTZ (ORAL)	4.6%	P	**P**			
IRBESARTAN HCTZ (ORAL)	0.3%	P	**P**			
OLMESARTAN HCTZ (ORAL)	0.6%	P	**P**			
OLMESARTAN HCTZ (AG) (ORAL)	0.0%	P	**P**			
TELMISARTAN HCTZ (ORAL)	0.0%	NP	**P**			
CANDESARTAN HCTZ (AG) (ORAL)	0.0%	NP	**NP**			
BENICAR HCT (ORAL)	0.0%	NP	**NP**			
CANDESARTAN HCTZ (ORAL)	0.0%	NP	**NP**			
MICARDIS HCT (ORAL)	0.0%	NP	**NP**			
ARBLI ORAL SUSP (ORAL)	0.0%	NR	**NP**			
TEKTURNA (ORAL)	0.0%	NP	**NP**			
ALISKIREN (AG) (ORAL)	0.0%	NP	**NP**			
ALISKIREN (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
ANTIBIOTICS, GI			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METRONIDAZOLE TABLET (ORAL)	94.4%	P	**P**			
NEOMYCIN (ORAL)	1.1%	P	**P**			
TINIDAZOLE (ORAL)	1.0%	P	**P**			
VANCOMYCIN SOLUTION (FIRVANQ) (AG) (ORAL)	0.3%	P	**P**			
VANCOMYCIN CAPSULE (AG) (ORAL)	1.4%	P	**P**			
VANCOMYCIN CAPSULE (ORAL)	0.9%	P	**P**			
VANCOMYCIN SOLUTION (FIRVANQ) (ORAL)	0.0%	P	**P**			
FIRVANQ (ORAL)	0.0%	NP	**NP**			
AEMCOLO (ORAL)	0.0%	NP	**NP**			
METRONIDAZOLE CAPSULE (ORAL)	0.0%	NP	**NP**			
VANCOMYCIN SOLUTION (ORAL)	0.2%	NP	**NP**			
SOLOSEC (ORAL)	0.0%	NP	**NP**			
LIKMEZ SUSPENSION (ORAL)	0.3%	NP	**NP**			
METRONIDAZOLE 125 MG TABLET (ORAL)	0.0%	NP	**NP**			
DIFICID TABLET (ORAL)	0.1%	NP	**NP**			
NITAZOXANIDE TABLET (ORAL)	0.1%	NP	**NP**			
FIDAXOMICIN TABLET (ORAL)	0.2%	NR	**P**			
DIFICID SUSPENSION (ORAL)	0.0%	NP	**NP**			
VOWST CAPSULE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
NEW ANTIBIOTICS, ORAL UNCOMPLICATED UTI			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
BLUJEPA TABLET (ORAL)	0.0%	NR	**NP**			
ORLYNVAH TABLET (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
ANTIBIOTICS, VAGINAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METRONIDAZOLE (VAGINAL)	93.8%	P	**P**			
NUVESSA (VAGINAL)	2.0%	P	**P**			
VANDAZOLE (VAGINAL)	0.0%	NP	**NP**			
CLEOCIN OVULES (VAGINAL)	1.2%	P	**P**			
XACIATO (VAGINAL)	0.0%	NP	**P**			
CLEOCIN CREAM (VAGINAL)	2.3%	P	**P**			
CLINDAMYCIN (VAGINAL)	0.7%	NP	**NP**			
CLINDESSE (VAGINAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANTICOAGULANTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
XARELTO DOSE PACK (ORAL)	0.1%	P	**P**			
XARELTO (ORAL)	17.7%	P	**P**			
ELIQUIS DOSE PACK (ORAL)	0.3%	P	**P**			
ELIQUIS (ORAL)	66.1%	P	**P**			
WARFARIN (ORAL)	12.2%	P	**P**			
DABIGATRAN (ORAL)	0.0%	P	**P**			
RIVAROXABAN 2.5 MG TABLET (XARELTO) (ORAL)	0.0%	NR	**P**			
ELIQUIS SUSPENSION (ORAL)	0.0%	NR	**P**			
ELIQUIS SPRINKLE (ORAL)	0.0%	NR	**P**			
SAVAYSA (ORAL)	0.0%	NP	**NP**			
XARELTO SUSPENSION (ORAL)	0.1%	P	**NP**			
RIVAROXABAN SUSPENSION (ORAL)	0.0%	NR	**NP**			
PRADAXA PELLET PACK (ORAL)	0.0%	NP	**NP**			
ENOXAPARIN SODIUM VIAL (AG) (SUBCUTANE.)	0.1%	P	**P**			
FRAGMIN VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
ENOXAPARIN SODIUM VIAL (SUBCUTANE.)	0.1%	P	**P**			
ENOXAPARIN SYRINGE (AG) (SUBCUTANE.)	0.0%	P	**P**			
ENOXAPARIN SYRINGE (SUBCUTANE.)	3.0%	P	**P**			
ARIXTRA (SUBCUTANE.)	0.0%	NP	**NP**			
FONDAPARINUX (SUBCUTANE.)	0.1%	NP	**NP**			
FRAGMIN DISP SYRIN (SUBCUTANE.)	0.0%	NP	**NP**			

Wisconsin Medicaid ANTIEMETIC/ANTIVERTIGO AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METOCLOPRAMIDE SOLUTION (ORAL)	0.2%	P	**P**			
DIMENHYDRINATE OTC (ORAL)	0.1%	P	**P**			
MECLIZINE OTC (ORAL)	1.0%	P	**P**			
PROMETHAZINE TABLET (ORAL)	2.0%	P	**P**			
ONDANSETRON TABLETS (ORAL)	14.8%	P	**P**			
METOCLOPRAMIDE TABLET (ORAL)	6.8%	P	**P**			
MECLIZINE (AG) (ORAL) *	1.3%	P	**P**			
MECLIZINE (ORAL) *	4.6%	P	**P**			
ONDANSETRON ODT (ORAL)	54.9%	P	**P**			
PROCHLORPERAZINE (ORAL)	3.7%	P	**P**			
PROMETHAZINE SYRUP (ORAL)	2.3%	P	**P**			
ONDANSETRON SOLUTION (ORAL)	2.8%	P	**P**			
DICLEGIS (ORAL)	2.7%	P	**P**			
GRANISETRON (ORAL)	0.1%	P	**P**			
BONJESTA (ORAL)	0.1%	P	**P**			
DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)	0.0%	NP	**NP**			
DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)	0.0%	NP	**NP**			
DRONABINOL (AG) (ORAL)	0.0%	NP	**NP**			
DRONABINOL (ORAL)	0.0%	NP	**NP**			
AKYNZEO (ORAL)	0.0%	NP	**NP**			
APREPITANT PACK (ORAL)	0.2%	P	**NP**			
TRIMETHOBENZAMIDE (ORAL)	0.0%	P	**NP**			
EMEND POWDER PACKET (ORAL)	0.0%	NP	**NP**			
APREPITANT CAPSULE (ORAL)	0.2%	P	**NP**			
ONDANSETRON ODT 16 MG (ORAL)	0.0%	NP	**NP**			
GIMOTI (NASAL)	0.0%	NP	**NP**			
PROMETHAZINE (RECTAL)	0.3%	P	**P**			
PROCHLORPERAZINE (RECTAL)	0.1%	P	**P**			
PROMETHAZINE 50 MG (RECTAL)	0.0%	P	**P**			
SCOPOLAMINE (TRANSDERM)	1.7%	P	**P**			
TRANSDERM-SCOP (TRANSDERM)	0.0%	P	**NP**			
SANCUSO (TRANSDERMAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANTIFUNGALS, TOPICAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VUSION (TOPICAL)	0.0%	NP	**NP**			
TOLNAFTATE POWDER OTC (TOPICAL)	0.0%	P	**P**			
CLOTRIMAZOLE CREAM OTC (TOPICAL)	5.8%	P	**P**			
MICONAZOLE POWDER OTC (TOPICAL)	0.6%	P	**P**			
TOLNAFTATE CREAM OTC (TOPICAL)	0.1%	P	**P**			
NYSTATIN CREAM (TOPICAL)	12.0%	P	**P**			
CLOTRIMAZOLE CREAM RX (TOPICAL)	9.5%	P	**P**			
MICONAZOLE CREAM OTC (TOPICAL)	1.6%	P	**P**			
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)	6.0%	P	**P**			
NYSTATIN OINT (TOPICAL)	5.5%	P	**P**			
CICLOPIROX CREAM (TOPICAL)	0.1%	NP	**NP**			
NYSTATIN-TRIAMCINOLONE CREAM (TOPICAL)	0.8%	P	**P**			
CICLOPIROX SOLUTION (TOPICAL)	3.6%	P	**P**			
KETOCONAZOLE SHAMPOO (TOPICAL)	26.0%	P	**P**			
NYSTATIN-TRIAMCINOLONE OINT (TOPICAL)	0.4%	P	**P**			
KETOCONAZOLE CREAM (TOPICAL)	14.1%	P	**P**			
MICONAZOLE SOLUTION OTC (TOPICAL)	0.0%	P	**P**			
NYSTATIN POWDER (TOPICAL)	12.8%	P	**P**			
ALEVAZOL OTC (TOPICAL)	0.3%	P	**P**			
ECONAZOLE (TOPICAL)	0.0%	NP	**NP**			
CLOTRIMAZOLE SOLUTION RX (TOPICAL)	0.6%	P	**P**			
CICLOPIROX SUSPENSION (TOPICAL)	0.0%	NP	**NP**			
CLOTRIMAZOLE SOLUTION OTC (TOPICAL)	0.1%	P	**P**			
CICLOPIROX SHAMPOO (TOPICAL)	0.2%	NP	**NP**			
TAVABOROLE (TOPICAL)	0.0%	NP	**NP**			
CICLOPIROX GEL (TOPICAL)	0.0%	NP	**NP**			
CICLOPIROX SUSPENSION (AG) (TOPICAL)	0.0%	NP	**NP**			
CLOTRIMAZOLE-BETAMETHASONE LOTION (TOPICAL)	0.0%	NP	**NP**			
NAFTIFINE CREAM (TOPICAL)	0.0%	NP	**NP**			
NAFTIN GEL (TOPICAL)	0.0%	NP	**NP**			
OXISTAT LOTION (TOPICAL)	0.0%	NP	**NP**			
KETOCONAZOLE FOAM (TOPICAL)	0.0%	NP	**NP**			
MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM (AG) (TOPICAL)	0.0%	NP	**NP**			
OXICONAZOLE CREAM (TOPICAL)	0.0%	NP	**NP**			
KETOCONAZOLE FOAM (AG) (TOPICAL)	0.0%	NP	**NP**			
NAFTIFINE GEL (TOPICAL)	0.0%	NP	**NP**			
ERTACZO (TOPICAL)	0.0%	NP	**NP**			
MYCOZYL AC CREAM OTC (TOPICAL)	0.0%	NP	**NP**			
ECONAZOLE NITRATE (AG) (ECOZA) (TOPICAL)	0.0%	NR	**NP**			

Wisconsin Medicaid ANTIMIGRAINE AGENTS, OTHER			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DICLOFENAC POTASSIUM POWDER PACK (AG) (ORAL)	0.0%	NP	**NP**			
DICLOFENAC POTASSIUM POWDER PACK (ORAL)	0.1%	NP	**NP**			
DIHYDROERGOTAMINE MESYLATE (NASAL)	0.2%	P	**P**			
DIHYDROERGOTAMINE MESYLATE (INJECTION)	0.0%	P	**P**			
ELYXYB SOLUTION (ORAL)	0.0%	NP	**NP**			
BREKIYA AUTOINJECTOR (SUBCUTANE.)	0.0%	NR	**NP**			
UBRELVY (ORAL)	17.4%	P	**P**			
REYVOW (ORAL)	0.2%	NP	**NP**			
ZAVZPRET (NASAL)	0.2%	NP	**NP**			
NURTEC ODT (ORAL)	32.6%	P	**P**			
AIMOVIG (SUBCUTANEOUS)	1.1%	NP	**NP**			
EMGALITY PEN (SUBCUTANEOUS)	26.4%	P	**P**			
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	2.6%	P	**P**			
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	15.3%	P	**P**			
AJOVY (SUBCUTANEOUS)	1.3%	P	**P**			
QULIPTA (ORAL)	2.3%	NP	**NP**			
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	0.0%	P	**P**			
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.3%	NP	**NP**			

Wisconsin Medicaid			Recommendations			
ANTIMIGRAINE AGENTS, TRIPTANS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SUMATRIPTAN (ORAL)	54.8%	P	**P**			
RIZATRIPTAN TABLET (ORAL)	17.4%	P	**P**			
RIZATRIPTAN ODT (ORAL)	11.9%	P	**P**			
NARATRIPTAN (ORAL)	2.9%	P	**P**			
ZOLMITRIPTAN TABLET (ORAL)	1.1%	P	**P**			
ELETRIPTAN (ORAL)	4.7%	P	**P**			
ZOLMITRIPTAN ODT (ORAL)	0.4%	P	**P**			
FROVATRIPTAN (ORAL)	0.2%	NP	**NP**			
SUMATRIPTAN VIAL (SUBCUTANE.)	0.3%	P	**P**			
SUMATRIPTAN (AG) (NASAL)	0.9%	P	**P**			
SUMATRIPTAN (NASAL)	1.8%	P	**P**			
SUMATRIPTAN/NAPROXEN (ORAL)	0.0%	NP	**NP**			
SUMATRIPTAN KIT (SUN) (SUBCUTANE.)	0.1%	P	**P**			
SUMATRIPTAN KIT (SUBCUTANE.)	2.6%	P	**P**			
ALMOTRIPTAN (ORAL)	0.1%	NP	**NP**			
ZOLMITRIPTAN SPRAY (NASAL)	0.1%	NP	**NP**			
TOSYMRA (NASAL)	0.1%	NP	**NP**			
ZOMIG (NASAL)	0.4%	P	**NP**			
ZOLMITRIPTAN SPRAY (AG) (NASAL)	0.0%	NP	**NP**			
SYMBRAVO TABLET (ORAL)	0.0%	NR	**NP**			
ZEMBRACE SYMTOUCH (SUBCUTANE.)	0.0%	NP	**NP**			

Wisconsin Medicaid			Recommendations			
ANTIPARASITICS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PERMETHRIN OTC (TOPICAL)	0.6%	P	**P**			
PERMETHRIN CREAM (TOPICAL)	59.3%	P	**P**			
SPINOSAD (AG) (TOPICAL)	0.1%	NP	**P**			
IVERMECTIN LOTION OTC (TOPICAL)	0.2%	NP	**NP**			
NATROBA (TOPICAL)	39.7%	P	**P**			
MALATHION (TOPICAL)	0.2%	NP	**NP**			
CROTAN (TOPICAL)	0.0%	NP	**NP**			
PRURADIK LOTION (TOPICAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
BETA-BLOCKERS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
BISOPROLOL HCTZ (ORAL)	0.2%	P	**P**			
ATENOLOL / CHLORTHALIDONE (ORAL)	0.3%	P	**P**			
METOPROLOL / HCTZ (ORAL)	0.0%	NP	**NP**			
INNOPRAN XL (ORAL)	0.0%	NP	**NP**			
INDERAL XL (ORAL)	0.0%	NP	**NP**			
ATENOLOL (ORAL)	5.1%	P	**P**			
METOPROLOL (ORAL)	14.3%	P	**P**			
CARVEDILOL (ORAL)	15.5%	P	**P**			
NEBIVOLOL (ORAL)	0.6%	P	**P**			
METOPROLOL XL (ORAL)	36.1%	P	**P**			
PROPRANOLOL TABLET (ORAL)	16.7%	P	**P**			
PROPRANOLOL ER (AG) (ORAL)	0.0%	P	**P**			
SOTALOL (ORAL)	0.4%	P	**P**			
PROPRANOLOL ER (ORAL)	6.1%	P	**P**			
NADOLOL (ORAL)	0.5%	P	**P**			
PROPRANOLOL SOLUTION (ORAL)	0.5%	P	**P**			
BISOPROLOL (ORAL)	0.9%	P	**P**			
LABETALOL (ORAL)	2.7%	P	**P**			
BETAXOLOL (ORAL)	0.0%	NP	**NP**			
PINDOLOL (ORAL)	0.0%	NP	**NP**			
KAPSPARGO (ORAL)	0.0%	NP	**NP**			
ACEBUTOLOL (ORAL)	0.0%	P	**P**			
TIMOLOL (ORAL)	0.0%	NP	**NP**			
CARVEDILOL ER (ORAL)	0.0%	NP	**NP**			
CARVEDILOL ER (AG) (ORAL)	0.0%	NP	**NP**			
LOPRESSOR SOLUTION (ORAL)	0.0%	NR	**NP**			
HEMANGEOL (ORAL)	0.1%	P	**P**			
SOTYLIZE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
BLADDER RELAXANT PREPARATIONS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DETROL (ORAL)	0.0%	NP	**NP**			
OXYTROL (TRANSDERM.)	0.1%	NP	**NP**			
DETROL LA (ORAL)	0.0%	NP	**NP**			
OXYBUTYNIN TABLET (ORAL)	14.6%	P	**P**			
OXYBUTYNIN ER (ORAL)	33.8%	P	**P**			
SOLIFENACIN (ORAL)	22.6%	P	**P**			
OXYBUTYNIN SYRUP (ORAL)	1.2%	P	**P**			
TOLTERODINE ER (AG) (ORAL)	0.1%	P	**P**			
TOLTERODINE ER (ORAL)	1.6%	P	**P**			
TOLTERODINE (ORAL)	0.4%	P	**P**			
TROSPIUM (ORAL)	0.7%	NP	**P**			
MYRBETRIQ (ORAL)	17.1%	P	**P**			
DARIFENACIN ER (ORAL)	0.1%	NP	**P**			
OXYTROL FOR WOMEN OTC (TRANSDERMAL)	0.0%	NR	**P**			
FESOTERODINE ER (ORAL)	3.7%	P	**P**			
TROSPIUM ER (ORAL)	0.4%	NP	**NP**			
OXYBUTYNIN 2.5MG (ORAL)	0.0%	NP	**NP**			
MYRBETRIQ GRANULES (ORAL)	0.3%	NP	**NP**			
GEMTESA (ORAL)	3.2%	NP	**NP**			
VESICARE LS (ORAL)	0.0%	NP	**NP**			
MIRABEGRON ER (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid BONE RESORPTION SUPPRESSION AND RELATED AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ALENDRONATE TABLETS (ORAL)	89.8%	P	**P**			
IBANDRONATE TABLETS (ORAL)	3.6%	P	**P**			
RISEDRONATE (ACTONEL) (AG) (ORAL)	0.0%	NP	**NP**			
RISEDRONATE (ACTONEL) (ORAL)	0.1%	NP	**NP**			
ATELVIA (ORAL)	0.0%	NP	**NP**			
ACTONEL (ORAL)	0.0%	NP	**NP**			
FOSAMAX PLUS D (ORAL)	0.0%	NP	**NP**			
RISEDRONATE (ATELVIA) (AG) (ORAL)	0.0%	NP	**NP**			
RISEDRONATE (ATELVIA) (ORAL)	0.0%	NP	**NP**			
ALENDRONATE SOLUTION (ORAL)	0.0%	NP	**NP**			
BINOSTO (ORAL)	0.0%	NP	**NP**			
FORTEO (SUBCUTANE.)	4.2%	P	**P**			
BONSITY PEN INJCTR (SUBCUTANE.)	0.0%	NR	**NP**			
TERIPARATIDE (BRAND) (SUBCUTANE.)	0.0%	NP	**NP**			
TERIPARATIDE (FORTEO) (SUBCUTANE.)	0.0%	NP	**NP**			
TYMLOS (SUBCUTANE.)	0.1%	NP	**NP**			
CALCITONIN SALMON (NASAL)	1.2%	P	**P**			
RALOXIFENE (ORAL)	0.9%	P	**P**			

Wisconsin Medicaid BPH TREATMENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DOXAZOSIN (AG) (ORAL)	0.0%	P	**P**			
TAMSULOSIN (ORAL)	69.2%	P	**P**			
FINASTERIDE (ORAL)	14.3%	P	**P**			
ALFUZOSIN (ORAL)	3.3%	P	**P**			
DOXAZOSIN (ORAL)	6.8%	P	**P**			
SILODOSIN (ORAL)	0.3%	NP	**P**			
DUTASTERIDE (ORAL)	1.8%	P	**P**			
TERAZOSIN (ORAL)	4.2%	P	**P**			
CARDURA XL (ORAL)	0.0%	NP	**NP**			
DUTASTERIDE/TAMSULOSIN (ORAL)	0.0%	NP	**NP**			
RAPAFLO (ORAL)	0.0%	NP	**NP**			
TEZRULY SOLUTION (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid

CALCIUM CHANNEL BLOCKERS

Brand Name	Curr. MS	Curr. PDL Status	Recommendations PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMLODIPINE (ORAL)	81.5%	P	**P**			
FELODIPINE ER (ORAL)	0.0%	NP	**P**			
NIFEDIPINE ER (ORAL)	7.3%	P	**P**			
NIFEDIPINE IR (ORAL)	0.1%	P	**P**			
DILTIAZEM LA (ORAL)	0.0%	NP	**NP**			
LEVAMLODIPINE MALEATE (AG) (ORAL)	0.0%	NP	**NP**			
ISRADIPINE (ORAL)	0.0%	NP	**NP**			
NISOLDIPINE (ORAL)	0.0%	NP	**NP**			
NICARDIPINE (ORAL)	0.0%	NP	**NP**			
NIMODIPINE (ORAL)	0.0%	NP	**NP**			
KATERZIA (ORAL)	0.5%	NP	**NP**			
NORLIQVA (ORAL)	0.0%	NP	**NP**			
SDAMLO SOLUTION (ORAL)	0.0%	NR	**NP**			
CARDAMYST (NASAL)	0.0%	NR	**NP**			
NIMODIPINE SOLUTION (ORAL)	0.0%	NP	**NP**			
NYMALIZE SOLUTION (ORAL)	0.0%	NP	**NP**			
VERAPAMIL CAPSULE SR (AG) (ORAL)	0.0%	NP	**NP**			
DILTIAZEM TABLET (ORAL)	0.8%	P	**P**			
VERAPAMIL TABLET (ORAL)	0.7%	P	**P**			
VERAPAMIL TABLET ER (ORAL)	2.1%	P	**P**			
DILTIAZEM CAPSULE ER (ORAL)	6.9%	P	**P**			
MATZIM LA (ORAL)	0.0%	NP	**NP**			
VERAPAMIL CAPSULE ER (ORAL)	0.0%	NP	**NP**			
VERAPAMIL ER PM (AG) (ORAL)	0.0%	NP	**NP**			
VERAPAMIL 360 MG CAPSULE (ORAL)	0.0%	NP	**NP**			
VERAPAMIL ER PM (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid

CEPHALOSPORINS AND RELATED ANTIBIOTICS

Brand Name	Curr. MS	Curr. PDL Status	Recommendations PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CEPHALEXIN CAPSULE (ORAL)	23.0%	P	**P**			
AMOXICILLIN/CLAV TABLET (AG) (ORAL)	4.9%	P	**P**			
AMOXICILLIN/CLAV TABLET (ORAL)	33.2%	P	**P**			
CEFADROXIL CAPSULE (ORAL)	2.6%	P	**P**			
AMOXICILLIN/CLAV SUSPENSION (ORAL)	10.1%	P	**P**			
CEPHALEXIN SUSPENSION (ORAL)	6.4%	P	**P**			
AMOXICILLIN/CLAV CHEW TABLET (ORAL)	0.0%	P	**P**			
AMOXICILLIN/CLAV SUSPENSION (AG) (ORAL)	0.6%	P	**P**			
CEFADROXIL SUSPENSION (ORAL)	0.2%	P	**P**			
CEPHALEXIN TABLET (ORAL)	0.0%	NP	**NP**			
CEFADROXIL TABLET (ORAL)	0.0%	NP	**NP**			
AMOXICILLIN/CLAV XR (ORAL)	0.0%	NP	**NP**			
CEFUROXIME TABLET (ORAL)	2.6%	P	**P**			
CEFPROZIL TABLET (ORAL)	0.3%	P	**P**			
CEFPROZIL SUSPENSION (ORAL)	0.2%	P	**P**			
CEFACLOR CAPSULE (ORAL)	0.0%	NP	**NP**			
CEFACLOR TABLET ER (ORAL)	0.0%	NP	**NP**			
CEFACLOR SUSPENSION (ORAL)	0.0%	NP	**NP**			
CEFDINIR CAPSULE (ORAL)	7.1%	P	**P**			
CEFDINIR SUSPENSION (ORAL)	8.6%	P	**P**			
CEFPODOXIME TABLET (ORAL)	0.0%	NP	**NP**			
CEFIXIME CAPSULE (ORAL)	0.1%	P	**P**			
CEFIXIME CAPSULE (AG) (ORAL)	0.0%	P	**P**			
CEFPODOXIME SUSPENSION (ORAL)	0.0%	NP	**NP**			
CEFIXIME TABLET (ORAL)	0.0%	NP	**NP**			
CEFIXIME SUSPENSION (ORAL)	0.1%	P	**P**			
AMOXICILLIN/CLAV XR (AG) (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
GI MOTILITY, CHRONIC			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LINZESS (ORAL)	80.4%	P	**P**			
LOTRONEX (ORAL)	0.0%	NP	**NP**			
PRUCALOPRIDE TABLET (ORAL)	4.3%	NP	**P**			
LUBIPROSTONE (AG) (ORAL)	8.9%	P	**P**			
LUBIPROSTONE (ORAL)	3.5%	P	**P**			
SYMPROIC (ORAL)	0.2%	NP	**NP**			
MOVANTIK (ORAL)	1.1%	NP	**NP**			
ALOSETRON (ORAL)	0.3%	P	**P**			
VIBERZI (ORAL)	0.3%	NP	**NP**			
IBSRELA (ORAL)	1.1%	NP	**NP**			

Wisconsin Medicaid						
H. PYLORI TREATMENT			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VOQUEZNA (ORAL)	21.6%	NP	**NP**			
PYLERA (ORAL)	67.7%	P	**P**			
VOQUEZNA TRIPLE PAK (ORAL)	0.0%	NP	**NP**			
VOQUEZNA DUAL PAK (ORAL)	0.0%	NP	**NP**			
BISMUTH/METRONID/TETRACYCLINE CAPSULE (ORAL)	0.0%	NP	**NP**			
TALICIA (ORAL)	10.8%	P	**NP**			
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid HIV / AIDS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LAMIVUDINE/ZIDOVUDINE (ORAL)	0.1%	P	**P**			
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)	13.6%	P	**P**			
ABACAVIR/LAMIVUDINE (ORAL)	0.1%	P	**P**			
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)	0.2%	P	**P**			
CIMDUO (ORAL)	0.0%	P	**P**			
SYMFI (ORAL)	0.0%	P	**P**			
TRIUMEQ PD TAB SUSP (ORAL)	0.1%	P	**P**			
DESCOVY (ORAL)	7.8%	P	**P**			
SYMFI LO (ORAL)	0.0%	P	**P**			
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI) (ORAL)	0.0%	NP	**NP**			
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI LO) (ORAL)	0.0%	NP	**NP**			
DELSTRIGO (ORAL)	0.0%	P	**P**			
COMPLERA (ORAL)	0.2%	P	**P**			
ODEFSEY (ORAL)	1.0%	P	**P**			
BIKTARVY (ORAL)	51.4%	P	**P**			
TRIUMEQ (ORAL)	2.5%	P	**P**			
DOVATO (ORAL)	3.9%	P	**P**			
STRIBILD (ORAL)	0.1%	P	**P**			
GENVOYA (ORAL)	3.3%	P	**P**			
JULUCA (ORAL)	0.5%	P	**P**			
SYMTUZA (ORAL)	1.9%	P	**P**			
EMTRICITABINE/RILPIVIRINE/TENOFOVIR DF (COMPLERA) (ORAL)	0.0%	NR	**NP**			
MARAVIROC TABLET (ORAL)	0.0%	NP	**P**			
SELZENTRY TABLET (ORAL)	0.0%	P	**NP**			
SELZENTRY SOLUTION (ORAL)	0.0%	P	**P**			
FUZEON (SUB-Q)	0.0%	P	**P**			
RUKOBIA (ORAL)	0.0%	NP	**NP**			
EDURANT PED TAB SUSP (ORAL)	0.0%	P	**P**			
ISENTRESS TAB CHEW (ORAL)	0.0%	P	**P**			
ISENTRESS POWDER PACK (ORAL)	0.0%	P	**P**			
ISENTRESS (ORAL)	0.6%	P	**P**			
TIVICAY PD SUSPENSION (ORAL)	0.0%	P	**P**			
TIVICAY (ORAL)	5.6%	P	**P**			
ISENTRESS HD (ORAL)	0.2%	P	**P**			
INTELENCE (ORAL)	0.1%	P	**P**			
NEVIRAPINE TABLET (ORAL)	0.0%	P	**P**			
NEVIRAPINE ER (ORAL)	0.0%	P	**P**			
NEVIRAPINE ORAL SUSP (ORAL)	0.1%	P	**P**			
EFAVIRENZ TABLET (ORAL)	0.0%	P	**P**			
EFAVIRENZ CAPSULE (ORAL)	0.0%	P	**P**			
EDURANT (ORAL)	0.1%	P	**P**			
ETRAVIRINE (ORAL)	0.0%	NP	**NP**			
PIFELTRO (ORAL)	1.0%	P	**P**			
TENOFOVIR DISOPROXIL FUMARATE (ORAL)	2.9%	P	**P**			
ZIDOVUDINE TABLET (ORAL)	0.0%	P	**P**			
LAMIVUDINE TABLET (ORAL)	0.2%	P	**P**			
ABACAVIR TABLET (ORAL)	0.1%	P	**P**			
ZIDOVUDINE CAPSULE (ORAL)	0.0%	P	**P**			
ZIDOVUDINE SYRUP (ORAL)	0.1%	P	**P**			
LAMIVUDINE SOLUTION (ORAL)	0.1%	P	**P**			
STAVUDINE CAPSULE (ORAL)	0.0%	NR	**NP**			
RETROVIR SYRUP (ORAL)	0.0%	NP	**NP**			
ZIAGEN SOLUTION (ORAL)	0.0%	NP	**NP**			
ABACAVIR SOLUTION (ORAL)	0.0%	P	**P**			
RETROVIR CAPSULE (ORAL)	0.0%	NP	**NP**			
EMTRIVA SOLUTION (ORAL)	0.0%	P	**P**			
EMTRICITABINE CAPSULE (ORAL)	0.0%	P	**P**			
EMTRIVA CAPSULE (ORAL)	0.0%	NP	**NP**			
VIREAD POWDER (ORAL)	0.0%	NP	**NP**			
RITONAVIR TABLET (ORAL)	0.5%	P	**P**			
ATAZANAVIR (ORAL)	0.0%	P	**P**			
DARUNAVIR (ORAL)	0.4%	P	**P**			
NORVIR POWDER PACK (ORAL)	0.0%	P	**P**			
TYBOST (ORAL)	0.0%	P	**P**			
KALETRA SOLUTION (ORAL)	0.0%	NP	**NP**			
LOPINAVIR/RITONAVIR TABLET (ORAL)	0.0%	P	**P**			
PREZISTA ORAL SUSP (ORAL)	0.0%	P	**P**			
EVOTAZ (ORAL)	0.0%	P	**P**			
VIRACEPT (ORAL)	0.0%	NP	**NP**			
PREZISTA (ORAL)	0.3%	P	**NP**			
REYATAZ POWDER PACK (ORAL)	0.0%	NP	**NP**			
FOSAMPRENAVIR TABLET (ORAL)	0.0%	P	**P**			
APTIVUS CAPSULE (ORAL)	0.0%	P	**P**			
KALETRA TABLET (ORAL)	0.0%	NP	**NP**			
PREZCOBIX (ORAL)	0.8%	P	**P**			
SUNLENCA TABLET (ORAL)	0.0%	NP	**NP**			
YEZTUGO TABLET (ORAL)	0.1%	NR	**P**			

Wisconsin Medicaid HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TRADJENTA (ORAL)	2.2%	P	**P**			
JENTADUETO (ORAL)	0.1%	P	**P**			
TRIJARDY XR (ORAL)	0.0%	NP	**NP**			
GLYXAMBI (ORAL)	0.0%	NP	**NP**			
JENTADUETO XR (ORAL)	0.0%	NP	**NP**			
JANUMET (ORAL)	1.5%	P	**P**			
JANUVIA (ORAL)	8.7%	P	**P**			
ZITUVIMET (ORAL)	0.0%	NP	**NP**			
SAXAGLIPTIN (ORAL)	0.0%	NP	**NP**			
NESINA (ORAL)	0.0%	NP	**NP**			
SITAGLIPTIN (ZITUVIO) (AG) (ORAL)	0.0%	NP	**NP**			
JANUMET XR (ORAL)	0.8%	P	**NP**			
SITAGLIPTIN/METFORMIN (ZITUVIMET) (AG) (ORAL)	0.0%	NP	**NP**			
QTERN (ORAL)	0.0%	NP	**NP**			
ZITUVIMET XR (ORAL)	0.0%	NP	**NP**			
SITAGLIPTIN-METFORMIN ER (AG) (ZITUVIMET XR) ORAL	0.0%	NR	**NP**			
ALOGLIPTIN/METFORMIN (AG) (ORAL)	0.0%	NP	**NP**			
ALOGLIPTIN (AG) (ORAL)	0.0%	NP	**NP**			
BRYNOVIN SOLUTION (ORAL)	0.0%	NR	**NP**			
STEGLUJAN (ORAL)	0.0%	NP	**NP**			
ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)	0.0%	NP	**NP**			
SAXAGLIPTIN/METFORMIN ER (ORAL)	0.0%	NP	**NP**			
BYETTA PENS (SUBCUTANE.)	0.0%	P	**P**			
VICTOZA (SUBCUTANE.)	0.3%	P	**P**			
SYMLIN PENS (SUBCUTANE.)	0.0%	P	**P**			
BYDUREON BCISE (SUBCUTANE.)	0.0%	NP	**NP**			
SOLIQUA (SUBCUTANE.)	0.1%	P	**P**			
TRULICITY (SUBCUTANE.)	49.5%	P	**P**			
OZEMPIC (SUBCUTANE.)	29.5%	P	**P**			
RYBELSUS (ORAL)	0.2%	NP	**NP**			
LIRAGLUTIDE (AG) (SUBCUTANE.)	0.8%	P	**P**			
MOUNJARO (SUBCUTANE.)	5.4%	NP	**NP**		P	P
LIRAGLUTIDE (SUBCUTANE.)	1.0%	P	**P**			
XULTOPHY (SUBCUTANE.)	0.0%	NP	**NP**			
EXENATIDE PEN (SUBCUTANE.)	0.0%	P	**NP**			

*Mounjaro has been recommended by staff to become a preferred drug, and this recommendation has been approved by the Secretary of the Department.

Wisconsin Medicaid HYPOGLYCEMICS, INSULIN AND RELATED AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.9%	P	**P**			
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	1.5%	P	**P**			
HUMULIN PEN OTC (SUBCUTANE.)	0.9%	P	**P**			
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	0.4%	P	**P**			
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	**NP**			
HUMULIN VIAL OTC (SUBCUTANE.)	0.7%	P	**P**			
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)	0.0%	NP	**NP**			
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)	0.0%	NP	**NP**			
NOVOLIN VIAL OTC (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS)	0.3%	P	**P**			
HUMALOG MIX PEN (SUBCUTANE.)	0.4%	P	**P**			
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANE.)	0.0%	P	**NP**			
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.4%	P	**NP**			
NOVOLOG MIX VIAL (SUBCUTANE.)	0.0%	P	**NP**			
HUMALOG MIX VIAL (SUBCUTANE.)	0.1%	P	**NP**			
NOVOLOG MIX PEN (SUBCUTANE.)	0.0%	P	**NP**			
LANTUS VIAL (SUBCUTANE.)	2.0%	P	**P**			
LANTUS SOLOSTAR PEN (SUBCUTANE.)	47.8%	P	**P**			
SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)	0.0%	NP	**NP**			
SEMGLEE (YFGN) PEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
INSULIN GLARGINE-YFGN PEN (SUBCUTANE.)	2.9%	P	**P**			
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	**NP**			
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)	0.3%	NP	**NP**			
INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.)	0.2%	P	**P**			
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	**NP**			
INSULIN DEGLUDEC VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
REZVOGLAR KWIKPEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
INSULIN DEGLUDEC PEN 100U/ML (SUBCUTANE.)	0.0%	NP	**NP**			
LEVEMIR VIAL (SUBCUTANE.)	0.0%	P	**NP**			
INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANE.)	0.0%	NP	**NP**			
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.3%	NP	**NP**			
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)	0.2%	NP	**NP**			
INSULIN DEGLUDEC PEN 200U/ML (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANE.)	0.0%	NP	**NP**			
LEVEMIR PENS (SUBCUTANE.)	0.0%	P	**NP**			
BASAGLAR KWIKPEN (SUBCUTANE.)	0.0%	NP	**NP**			
BASAGLAR TEMPO PEN (SUBCUTANE.)	0.0%	NP	**NP**			
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	1.3%	P	**P**			
HUMALOG PEN (SUBCUTANE.)	4.9%	P	**P**			
INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANE.)	1.9%	P	**P**			
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	14.9%	P	**P**			
HUMALOG TEMPO PEN (SUBCUTANE.)	0.0%	NP	**NP**			
HUMALOG VIAL (SUBCUTANE.)	1.7%	P	**P**			
HUMALOG CARTRIDGE (SUBCUTANE.)	0.9%	P	**P**			
MERILOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NR	**NP**			
FIASP PENFILL (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	4.1%	P	**P**			
MERILOG VIAL (SUBCUTANE.)	0.0%	NR	**NP**			
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.1%	NP	**NP**			
FIASP PUMPCART (SUBCUTANE.)	0.1%	NP	**NP**			
INSULIN ASPART PEN (AG) (SUBCUTANE.)	7.4%	P	**NP**			
FIASP VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.0%	NP	**NP**			
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANE.)	0.4%	P	**NP**			
NOVOLOG VIAL (SUBCUTANE.)	0.8%	P	**NP**			
INSULIN ASPART VIAL (AG) (SUBCUTANE.)	1.3%	P	**NP**			
NOVOLOG PEN (SUBCUTANE.)	0.1%	NP	**NP**			
KIRSTY PEN (SUBCUTANE.)	0.0%	NR	**NP**			
KIRSTY VIAL (SUBCUTANE.)	0.0%	NR	**NP**			
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	**NP**			
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	**NP**			
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	**NP**			
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
LYUMJEV VIAL (SUBCUTANEOUS)	0.1%	NP	**NP**			
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)	0.0%	NP	**NP**			
HUMALOG 200 U/ML PEN (SUBCUTANE.)	0.4%	NP	**NP**			
LYUMJEV TEMPO PEN (SUBCUTANE.)	0.0%	NP	**NP**			
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	**NP**			

Wisconsin Medicaid HYPOGLYCEMICS, METFORMINS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METFORMIN (ORAL)	47.5%	P	**P**			
METFORMIN ER (GLUCOPHAGE XR) (ORAL)	51.8%	P	**P**			
METFORMIN ER (FORTAMET) (ORAL)	0.0%	NP	**NP**			
METFORMIN ER (GLUMETZA) (ORAL)	0.1%	NP	**NP**			
METFORMIN SOLUTION (ORAL)	0.5%	NP	**NP**			
METFORMIN 625 MG (ORAL)	0.0%	NP	**NP**			
METFORMIN 750 MG TABLET (ORAL)	0.0%	NP	**NP**			
GLYBURIDE-METFORMIN (ORAL)	0.2%	P	**P**			
GLIPIZIDE-METFORMIN (ORAL)	0.0%	NP	**P**			

Wisconsin Medicaid LIPOTROPICS, OTHER			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CHOLESTYRAMINE/ASPARTAME (ORAL)	0.9%	P	**P**			
COLESEVELAM (ORAL)	0.6%	P	**P**			
COLESEVELAM (AG) (ORAL)	0.1%	P	**P**			
CHOLESTYRAMINE/SUCROSE (ORAL)	2.9%	P	**P**			
COLESTIPOL TABLET (ORAL)	3.8%	P	**P**			
COLESEVELAM POWDER PACK (AG) (ORAL)	0.0%	P	**P**			
COLESTIPOL GRANULES (ORAL)	0.0%	NP	**NP**			
COLESEVELAM POWDER PACK (ORAL)	0.0%	P	**P**			
PRALUENT PEN (SUBCUTANEOUS)	2.8%	P	**P**			
REPATHA SYRINGE (SUBCUTANEOUS)	0.0%	P	**P**			
REPATHA SURECLICK (SUBCUTANEOUS)	1.6%	P	**P**			
REPATHA PUSHTRONEX (SUBCUTANEOUS)	0.0%	NP	**NP**			
JUXTAPID (ORAL)	0.0%	NP	**NP**			
NIACIN ER (ORAL)	0.8%	P	**P**			
EZETIMIBE (ORAL)	41.1%	P	**P**			
NEXLETOL (ORAL)	0.0%	NP	**NP**			
NEXLIZET (ORAL)	0.0%	NP	**NP**			
FENOFIBRATE TABLET (TRICOR) (ORAL)	28.8%	P	**P**			
FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)	0.0%	P	**P**			
FENOFIBRATE TABLET (LOFIBRA) (ORAL)	0.2%	NP	**NP**			
FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)	0.1%	NP	**NP**			
FENOFIBRIC ACID (TRILIPIX) (ORAL)	1.0%	P	**P**			
GEMFIBROZIL (ORAL)	2.8%	P	**P**			
OMEGA-3 ACID ETHYL ESTERS (ORAL)	12.0%	P	**P**			
FENOFIBRATE (ANTARA) (ORAL)	0.0%	NP	**NP**			
FENOFIBRATE (ANTARA) (AG) (ORAL)	0.0%	NP	**NP**			
ICOSAPENT ETHYL (ORAL)	0.3%	NP	**NP**			
FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)	0.0%	NP	**NP**			
FENOFIBRIC ACID (FIBRICOR) (ORAL)	0.0%	NP	**NP**			
FENOFIBRATE (FENOGLIDE) (ORAL)	0.0%	NP	**NP**			
REDEMPLO SYRINGE (SUBCUTANEOUS)	0.0%	NR	**NP**			
TRYNGOLZA AUTOINJECTOR (SUBCUTANEOUS)	0.0%	NP	**NP**			

Wisconsin Medicaid MACROLIDES/KETOLIDES			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AZITHROMYCIN TABLET (ORAL)	73.0%	P	**P**			
AZITHROMYCIN SUSPENSION (ORAL)	24.2%	P	**P**			
CLARITHROMYCIN TABLET (ORAL)	1.4%	P	**P**			
AZITHROMYCIN PACKET (AG) (ORAL)	0.0%	P	**P**			
CLARITHROMYCIN ER (ORAL)	0.0%	NP	**NP**			
ERYTHROMYCIN BASE TABLET (ORAL)	0.0%	NP	**P**			
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (AG) (ORAL)	0.0%	P	**NP**			
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (AG) (ORAL)	0.0%	P	**P**			
ERY-TAB (ORAL)	0.0%	P	**P**			
ERYTHROMYCIN BASE TABLET DR (ORAL)	0.3%	P	**P**			
CLARITHROMYCIN SUSPENSION (ORAL)	0.2%	P	**P**			
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (ORAL)	0.6%	P	**P**			
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (ORAL)	0.4%	P	**NP**			
ERYTHROMYCIN BASE CAPSULE DR (ORAL)	0.0%	NP	**NP**			
E.E.S. 400 TABLET (ORAL)	0.0%	NP	**NP**			
E.E.S. 200 SUSPENSION (ORAL)	0.0%	NP	**NP**			
ERYPED 400 SUSPENSION (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid MULTIPLE SCLEROSIS AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AVONEX (INTRAMUSC.)	1.2%	P	**P**			
AVONEX PEN (INTRAMUSC.)	2.6%	P	**P**			
DIMETHYL FUMARATE DR (ORAL)	7.8%	P	**P**			
TERIFLUNOMIDE TABLET (ORAL)	10.2%	P	**P**			
DALFAMPRIDINE ER (ORAL)	12.6%	P	**P**			
DIMETHYL FUMARATE DR STARTER PACK (ORAL)	0.1%	P	**P**			
FINGOLIMOD (ORAL)	9.0%	P	**P**			
COPAXONE 20 MG/ML (SUBCUTANE.)	1.2%	P	**NP**			
MAYZENT DOSE PACK (ORAL)	0.0%	NP	**NP**			
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)	0.5%	P	**P**			
REBIF (SUBCUTANE.)	0.4%	P	**P**			
GLATIRAMER 20 MG/ML (SUBCUTANE.)	0.0%	P	**P**			
GLATIRAMER 40 MG/ML (SUBCUTANE.)	0.4%	P	**P**			
BETASERON KIT (SUBCUTANE.)	0.6%	P	**P**			
ZEPOSIA STARTER PACK (ORAL)	0.0%	NP	**NP**			
COPAXONE 40 MG/ML (SUBCUTANE.)	11.6%	P	**NP**			
ZEPOSIA CAPSULE (ORAL)	1.3%	NP	**NP**			
GILENYA 0.25 MG (ORAL)	0.3%	P	**P**			
PONVORY STARTER PACK (ORAL)	0.0%	NP	**NP**			
VUMERITY (ORAL)	1.0%	NP	**NP**			
MAYZENT TABLET (ORAL)	0.3%	NP	**NP**			
PLEGRIDY (INTRAMUSC.)	0.0%	NP	**NP**			
BAFIERTAM CAPSULE DR (ORAL)	0.4%	NP	**NP**			
KESIMPTA (SUBCUTANE.)	37.5%	P	**P**			
PLEGRIDY (SUBCUTANE.)	0.5%	NP	**NP**			
TASCENSO ODT (ORAL)	0.0%	NP	**NP**			
PONVORY TABLET (ORAL)	0.0%	NP	**NP**			
MAVENCLAD (ORAL)	0.6%	NP	**NP**			
CLADRIBINE TABLET (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid OPIATE DEPENDENCE TREATMENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NALOXONE VIAL (INJECTION)	0.0%	P	**P**			
NARCAN SPRAY OTC (NASAL)	7.6%	P	**P**			
KLOXXADO SPRAY (NASAL)	0.0%	P	**P**			
NALOXONE SPRAY OTC (NASAL)	0.0%	NP	**NP**			
NALOXONE SYRINGE (INJECTION)	0.0%	P	**P**			
NALTREXONE (ORAL)	10.9%	P	**P**			
REXTOVY SPRAY (NASAL)	0.0%	NP	**NP**			
OPVEE SPRAY (NASAL)	0.0%	P	**NP**			
ZURNAI (INJECTION)	0.0%	NR	**NP**			
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	4.2%	P	**P**			
BUPRENORPHINE HCL (SUBLINGUAL)	0.5%	NP	**P**			
SUBOXONE FILM (SUBLINGUAL)	65.0%	P	**P**			
BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)	0.0%	NP	**NP**			
ZUBSOLV (SUBLINGUAL)	4.7%	P	**P**			
VIVITROL (INTRAMUSC)	2.9%	P	**P**			
BRIXADI MONTHLY (SUBCUTANEOUS)	1.0%	P	**P**			
BRIXADI WEEKLY (SUBCUTANEOUS)	0.3%	P	**P**			
SUBLOCADE (SUBCUTANEOUS)	2.9%	P	**P**			

Wisconsin Medicaid						
PAH AGENTS, ORAL AND INHALED			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
YUTREPIA CAP W/DEV (INHALATION)	1.3%	NR	**NP**			
TYVASO (INHALATION)	0.1%	NP	**NP**			
TYVASO DPI (INHALATION)	2.7%	NP	**NP**			
TRACLEER TABLET (ORAL)	1.1%	P	**P**			
AMBRISENTAN (ORAL)	12.4%	P	**P**			
BOSENTAN TABLET (ORAL)	0.4%	NP	**NP**			
BOSENTAN TAB SUSP (ORAL)	0.0%	NR	**NP**			
OPSUMIT (ORAL)	9.6%	P	**P**			
TRACLEER SUSPENSION (ORAL)	0.0%	NP	**NP**			
OPSYNVI TABLET (ORAL)	0.4%	NP	**NP**			
SILDENAFIL TABLET (ORAL)	15.4%	P	**P**			
TADALAFIL (ADCIRCA) (ORAL)	24.6%	P	**P**			
SILDENAFIL SUSPENSION (ORAL)	5.2%	NP	**NP**			
TADLIQ SUSPENSION (ORAL)	11.9%	NP	**NP**			
ORENITRAM TITRATION KIT (ORAL)	0.0%	NP	**NP**			
ADEMPAS (ORAL)	5.9%	NP	**NP**			
ORENITRAM ER (ORAL)	0.7%	NP	**NP**			
UPTRAVI (ORAL)	8.0%	NP	**NP**			
UPTRAVI TABLET DOSE PACK (ORAL)	0.4%	NP	**NP**			

Wisconsin Medicaid						
PENICILLINS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMOXICILLIN CAPSULE (ORAL)	22.6%	P	**P**			
AMOXICILLIN TABLET (ORAL)	19.3%	P	**P**			
PENICILLIN V POTASSIUM TABLET (ORAL)	3.9%	P	**P**			
AMOXICILLIN SUSPENSION (ORAL)	52.5%	P	**P**			
PENICILLIN V POTASSIUM SUSPENSION (ORAL)	0.7%	P	**P**			
AMPICILLIN CAPSULE (ORAL)	0.1%	P	**P**			
AMOXICILLIN TAB CHEW (ORAL)	0.5%	P	**P**			
DICLOXACILLIN (ORAL)	0.5%	P	**P**			
PIVYA (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
PRENATAL VITAMINS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PNV WITH CA,NO.72/IRON/FA (ORAL)	54.4%	P	**P**			
PRENATAL VIT #76/IRON,CARB/FA (ORAL)	5.9%	P	**P**			
TRINATAL RX 1 (ORAL)	1.2%	P	**P**			
VITAFOL TAB CHEW (ORAL)	0.0%	NP	**NP**			
PNV NO.15/IRON FUM & PS CMP/FA (ORAL)	0.0%	P	**P**			
VITAFOL ULTRA (ORAL)	0.0%	NP	**NP**			
WESCAP-C DHA (ORAL)	0.0%	P	**P**			
PROVIDA OB (ORAL)	0.0%	P	**P**			
PNV NO.118/IRON FUMARATE/FA CHEW TABLET (ORAL)	3.8%	P	**P**			
VITAFOL-ONE (ORAL)	0.0%	NP	**NP**			
CITRANATAL B-CALM (ORAL)	0.0%	NR	**NP**			
FE C/FA (ORAL)	0.0%	NP	**NP**			
CONCEPT OB (ORAL)	0.0%	NP	**NP**			
CONCEPT DHA (ORAL)	0.0%	NP	**NP**			
COMPLETENATE CHEW TABLET (ORAL)	1.0%	P	**P**			
PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL)	31.9%	P	**P**			
TRICARE (ORAL)	0.2%	P	**P**			
VITAFOL-OB (ORAL)	0.0%	NP	**NP**			
PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)	0.8%	P	**P**			
PRENATAL + DHA OTC (ORAL)	0.0%	NP	**NP**			
OB COMPLETE TABLET (ORAL)	0.0%	NP	**NP**			
PNV W-CA NO.40/IRON FUM/FA CMB NO.1 (ORAL)	0.0%	NP	**NP**			
SELECT-OB TAB CHEW (ORAL)	0.0%	NP	**NP**			
PNV COMBO#47/IRON/FA #1/DHA (ORAL)	0.7%	P	**P**			
OB COMPLETE WITH DHA (ORAL)	0.0%	NP	**NP**			
OB COMPLETE PREMIER (ORAL)	0.0%	NP	**NP**			
ENBRACE HR (ORAL)	0.0%	NP	**NP**			
PRENATE STAR (ORAL)	0.0%	NP	**NP**			
PNV WITH CA NO.68/IRON/FA NO.1/DHA (ORAL)	0.0%	NP	**NP**			
PRENATE ENHANCE (ORAL)	0.0%	NP	**NP**			
PRENATE RESTORE (ORAL)	0.0%	NP	**NP**			
OB COMPLETE PETITE (ORAL)	0.0%	NP	**NP**			
WESTGEL DHA (ORAL)	0.0%	NP	**NP**			
PRENATE AM (ORAL)	0.0%	NP	**NP**			
NESTABS ONE (ORAL)	0.0%	NP	**NP**			
PRENATE CHEWABLE TABLET (ORAL)	0.0%	NP	**NP**			
OB COMPLETE ONE (ORAL)	0.0%	NP	**NP**			
PRIMACARE (ORAL)	0.0%	NR	**NP**			
PRENATE ESSENTIAL (ORAL)	0.0%	NP	**NP**			
PRENATE DHA (ORAL)	0.0%	NP	**NP**			
ONE NATAL RX TABLET OTC (ORAL)	0.0%	NR	**NP**			
NEO-VITAL RX TABLET OTC (ORAL)	0.0%	NP	**NP**			
PRENATE ELITE (ORAL)	0.0%	NP	**NP**			
TRISTART DHA (ORAL)	0.0%	NP	**NP**			
PRENATE PIXIE (ORAL)	0.0%	NP	**NP**			
PRENATE MINI (ORAL)	0.0%	NP	**NP**			
PNV TABS 20-1 TABLET OTC (ORAL)	0.0%	NP	**NP**			
FOLATEXCEL TABLET OTC (ORAL)	0.0%	NR	**NP**			
DERMACINRX PRETRATE TABLET (ORAL)	0.0%	NP	**NP**			
DERMACINRX PRENATRIX (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid PROTON PUMP INHIBITORS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PANTOPRAZOLE (ORAL)	35.4%	P	**P**			
OMEPRAZOLE (ORAL)	56.1%	P	**P**			
LANSOPRAZOLE CAPSULES (ORAL)	1.8%	P	**P**			
ESOMEPRAZOLE CAPSULES (ORAL)	4.1%	P	**P**			
RABEPRAZOLE TABLETS (ORAL)	0.4%	NP	**P**			
ESOMEPRAZOLE CAPSULES OTC (ORAL)	0.0%	P	**P**			
PROTONIX SUSPENSION (ORAL)	0.1%	P	**P**			
LANSOPRAZOLE SOLUTAB (ORAL)	0.0%	NP	**NP**			
OMEPRAZOLE / SODIUM BICARBONATE (ORAL)	0.0%	NP	**NP**			
DEXILANT (ORAL)	0.8%	P	**NP**			
PREVACID SOLUTAB (ORAL)	0.1%	NP	**NP**			
PANTOPRAZOLE SUSPENSION (ORAL)	0.0%	NP	**NP**			
NEXIUM SUSPENSION (ORAL)	1.2%	P	**NP**			
DEXLANSOPRAZOLE CAPSULES (ORAL)	0.0%	NP	**NP**			
PRILOSEC SUSPENSION (ORAL)	0.0%	NP	**NP**			
ESOMEPRAZOLE SUSPENSION (ORAL)	0.0%	NP	**NP**			
KONVOMEP (ORAL)	0.1%	NP	**NP**			

Wisconsin Medicaid SKELETAL MUSCLE RELAXANTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMRIX (ORAL)	0.0%	NP	**NP**			
SOMA (ORAL)	0.0%	NP	**NP**			
CYCLOBENZAPRINE (ORAL)	39.1%	P	**P**			
TIZANIDINE TABLETS (ORAL)	31.2%	P	**P**			
METHOCARBAMOL (ORAL) *	9.7%	P	**P**			
BACLOFEN (ORAL)	18.2%	P	**P**			
CARISOPRODOL (ORAL)	0.4%	NP	**NP**			
TIZANIDINE CAPSULES (ORAL)	0.0%	NP	**NP**			
CYCLOBENZAPRINE ER (AG) (ORAL)	0.0%	NP	**NP**			
CHLORZOXAZONE (ORAL)	0.1%	P	**NP**			
CARISOPRODOL 250 MG (ORAL)	0.1%	NP	**NP**			
ORPHENADRINE ER (ORAL)	0.0%	NP	**NP**			
CYCLOBENZAPRINE ER (ORAL)	0.0%	NP	**NP**			
DANTROLENE SODIUM (AG) (ORAL)	0.1%	P	**NP**			
DANTROLENE SODIUM (ORAL)	0.1%	P	**NP**			
METAXALONE (ORAL)	0.2%	NP	**NP**			
CARISOPRODOL COMPOUND (ORAL)	0.0%	NP	**NP**			
FEXMID (ORAL)	0.0%	NP	**NP**			
LYVISPAH (ORAL)	0.0%	NP	**NP**			
BACLOFEN SUSPENSION (FLEQSUVY) (AG) (ORAL)	0.4%	NP	**NP**			
TANLOR TABLET (ORAL)	0.0%	NP	**NP**			
ONTRALFY SOLUTION (ORAL)	0.0%	NP	**NP**			
BACLOFEN SOLUTION (OZOBAX DS) (ORAL)	0.1%	P	**P**			
BACLOFEN SUSPENSION (FLEQSUVY) (ORAL)	0.1%	NP	**NP**			
BACLOFEN SOLUTION (ORAL)	0.1%	P	**P**			
TONMYA (SUBLINGUAL)	0.0%	NR	**NP**			
FLEQSUVY (ORAL)	0.0%	NP	**NP**			
OZOBAX (ORAL)	0.0%	NP	**NP**			
OZOBAX DS SOLUTION (ORAL)	0.0%	NP	**NP**			
ORPHENADRINE COMPOUND (ORAL)	0.0%	NP	**NP**			
NORGESIC FORTE (ORAL)	0.0%	NP	**NP**			
METAXALONE 640 MG (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid WEIGHT MANAGEMENT AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ZEPBOUND VIAL (SUBCUTANEOUS)	0.0%	NR	**P**		P	P
FOUNDAYO TABLET (ORAL)	0.0%	NR	**P**		P	P
ZEPBOUND PEN (SUBCUTANEOUS)	67.2%	NR	**P**		P	P
ZEPBOUND KWIKPEN (SUBCUTANEOUS)	0.0%	NR	**P**		P	P

Weight Management Agents PDL class was not able to be presented to the Committee on May 6th. However, adding the Weight Management Agents class to the PDL beginning July 1, 2026, has been recommended by staff, and this recommendation has been approved by the Secretary of the Department. Staff has informed the Committee of the addition of the Weight Management Agents class and the class will have its first review by the Committee in May 2027.