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ForwardHealth UPDATE

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JULY 2025 PREFERRED DRUG LIST CHANGES AND OTHER PHARMACY POLICY CHANGES

On May 7, 2025, the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee met to review existing therapeutic drug classes on the Preferred Drug List (PDL).

This ForwardHealth Update announces changes to the PDL and certain PDL drug classes from the May 2025 PDL review, certain PA form changes, and other pharmacy policy changes.

All policy and form changes are effective July 1, 2025, unless otherwise noted.

Providers may refer to the ForwardHealth Online Handbook Standard Pharmacy Policy for Covered and Noncovered Drugs topic #22337 for general ForwardHealth policy for drugs that require PA approval. Providers may also refer to this topic about what may **not** be considered criteria to support the need for a drug.

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid, SeniorCare

TO
Blood Banks, Community Health Centers, Dentists, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Pharmacists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

CONTACT INFORMATION
Provider Services and the Drug Authorization and Policy Override Center, 800-947-9627

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WISCONSIN DEPARTMENT of HEALTH SERVICES

Providers are responsible for staying current with ForwardHealth policy and procedures and billing information in the Online Handbook.

Refer to the following sections for more information about:

- Drug status changes on the PDL.
- Changes to pharmacy-related PA forms and instructions.
- A brief overview of the PDL.
- Changes to cytokine and cell adhesion molecule (CAM) antagonists drug class.
- Changes to H. pylori drug class.
- Changes to hypoglycemics, glucagon-like peptide (GLP-1) drug class.
- Changes to hypoglycemics, insulins drug class.
- Changes to immunomodulators, asthma drug class.
- Changes to immunomodulators, atopic dermatitis drug class.
- Changes to pancreatic enzymes drug class.
- Changes to skeletal muscle relaxants drug class.
- Other pharmacy policy changes.

Drug Status Changes on the Preferred Drug List

Attachment A to this Update lists the drugs that have changed their preferred or non-preferred status as a result of the May 2025 PDL review. The Preferred Drug List Quick Reference data table contains a complete list of preferred and non-preferred drugs.

For drugs that were previously preferred and will become non-preferred, pharmacy providers should work with prescribers to transition members to a preferred drug or complete the appropriate PA request forms for non-preferred drugs.

As a reminder, new drugs are usually added to existing drug classes on the PDL as non-preferred drugs until the next scheduled drug class review by the Wisconsin Medicaid Pharmacy PA Advisory Committee. This means that some drugs listed in the table have not previously been reviewed and were added to the PDL with an interim status of non-preferred. These drugs have now been reviewed, and their PDL status is included in Attachment A.

Changes to Pharmacy-Related PA Forms and Instructions

Attachment B lists the PA forms and instructions that have been created or revised as a result of the May 2025 PDL review or as a result of other

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pharmacy policy changes. The Forms page of the ForwardHealth Portal (the Portal) contains current copies of all PA forms and instructions.

More information regarding changes to clinical criteria or PA request submission options is noted in the applicable drug class or other pharmacy policy sections of this Update.

Archive Page for Pharmacy-Related Forms and Instructions

The Pharmacy-Related Forms and Instructions link under the Archives Quick Links box on the Pharmacy Resources page of the Portal contains previous versions of pharmacy-related forms and instructions for reference purposes.

A Brief Overview of the Preferred Drug List

ForwardHealth makes recommendations to the Wisconsin Medicaid Pharmacy PA Advisory Committee about whether certain PDL drugs should be preferred or non-preferred. These recommendations are based primarily on objective evaluations of a drug's relative safety, effectiveness, clinical outcomes, and relative cost (to Wisconsin Medicaid) in comparison with other therapeutically interchangeable, alternative agents in the same drug class.

New drugs are usually added to existing drug classes on the PDL as non-preferred drugs until their next scheduled class review by the Wisconsin Medicaid Pharmacy PA Advisory Committee.

The PDL is not a drug formulary and is not a comprehensive list of covered drugs.

Most drugs and drug classes included on the PDL are covered fee for service by BadgerCare Plus, Wisconsin Medicaid, and SeniorCare, but certain drugs may have restrictions (for example, diagnosis, quantity limits, age limits). Prescribers are encouraged to write prescriptions for preferred drugs if medically appropriate. Non-preferred drugs may be covered with an approved PA request. Most preferred drugs do not require PA, except in designated classes identified on the Preferred Drug List Quick Reference data table.

DID YOU KNOW?

Prescribers and pharmacy providers can find specific pharmacy-related PA forms on the Forms page by entering the form number into the Keyword or Form Number field of the Search Criteria and clicking Search.

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IMPORTANT REMINDERS OF CURRENT PA POLICY FOR PREFERRED DRUG LIST DRUGS

For prescribers' responsibilities for PA for PDL drugs, refer to A Prescriber's Responsibilities for Prior Authorization for Preferred Drug List Drugs topic #1987.

For pharmacy providers' responsibilities for PA for PDL drugs, refer to A Pharmacy Provider's Responsibilities for Prior Authorization for Preferred Drug List Drugs topic #10937.

Changes to Cytokine and Cell Adhesion Molecule Antagonists Drug Class

New Indication for Rinvoq

The Food and Drug Administration (FDA) has approved a new indication for Rinvoq used to treat giant cell arteritis. Rinvoq will be added to the list of non-preferred drugs used to treat giant cell arteritis.

Actemra subQ and Rinvoq are non-preferred drugs used to treat giant cell arteritis.

Tyenne subQ is a preferred drug used to treat giant cell arteritis. Preferred drugs do not require PA.

The clinical criteria and PA submission options for non-preferred cytokine and CAM antagonist drugs used to treat giant cell arteritis have not changed.

New Indication for Tremfya SubQ Used to Treat Crohn's Disease

The FDA has approved a new indication for Tremfya subQ used to treat Crohn's disease. Tremfya subQ will be added to the list of non-preferred drugs used to treat Crohn's disease.

Adalimumab-xxxx, Entyvio subQ, Omvoh subQ, Rinvoq, Skyrizi subQ, Stelara subQ, Tremfya subQ, ustekinumab-xxxx subQ, and Zymfentra are non-preferred drugs used to treat Crohn's disease.

Cimzia, Cyltezo, and Humira are preferred drugs used to treat Crohn's disease. Preferred drugs do not require PA.

Note: Omvoh, Skyrizi, Stelara, and ustekinumab-xxxx require an IV induction prior to initiating treatment with the subQ. A PA request for the IV induction must be approved before ForwardHealth will consider PA for the subQ. PA for

QUICK LINKS

- Cytokine and Cell Adhesion Molecule Antagonist Drugs topic #16217
- Prior Authorization/ Physician-Administered Drug Attachment topic #22580

Note: These topics will be updated on July 1, 2025.

the IV induction may be obtained through the physician-administered drug PA process. An IV induction for Tremfya is optional prior to initiating treatment with the subQ.

The clinical criteria and the PA submission options for non-preferred cytokine and CAM antagonist drugs used to treat Crohn's disease have not changed.

Tremfya SubQ Used to Treat Ulcerative Colitis

Tremfya subQ is a non-preferred drug in the cytokine and CAM antagonist drug class used to treat ulcerative colitis. Tremfya will be added to the list of drugs that require an IV induction prior to initiating treatment with the subQ.

Note: Omvoh, Skyrizi, Stelara, Tremfya, and ustekinumab-xxxx will require an IV induction prior to initiating treatment with the subQ. A PA request for the IV induction must be approved before ForwardHealth will consider PA for the subQ. PA for the IV induction may be obtained through the physician-administered drug PA process.

The clinical criteria and the PA submission options for non-preferred cytokine and CAM antagonist drugs used to treat ulcerative colitis have not changed.

Tremfya IV for Crohn's Disease and Ulcerative Colitis

Tremfya IV is a physician-administered drug that will require clinical PA.

All PA requests for Tremfya IV must be submitted with Healthcare Common Procedure Coding System procedure code J1628 (Injection, guselkumab, 1 mg).

Conditions for Which PA Requests for Use of Tremfya IV Will Be Considered for Review

ForwardHealth will only consider PA requests for Tremfya IV to treat these conditions:

- Crohn's disease
- Ulcerative colitis

New Clinical Criteria for Tremfya IV for Crohn's Disease

ForwardHealth has established the clinical PA criteria for Tremfya IV for members with Crohn's disease.

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Clinical criteria that must be documented for approval of a PA request for Tremfya IV for members with Crohn's disease are **all** of the following:

- The member has Crohn's disease.
- The member has been diagnosed by a gastroenterologist.
- The member has taken Cimzia for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The member has taken Cyltezo or Humira for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The prescriber has indicated the clinical reason(s) why Tremfya IV is being requested.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Tremfya IV for members with Crohn's disease. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan
- The member's current weight

If the clinical criteria for Tremfya IV for members with Crohn's disease are met, PA requests will only be approved for three IV induction doses.

Note: A separate PA request must be obtained for maintenance treatment with Tremfya subQ. PA for Tremfya subQ must be obtained through the pharmacy PA process.

New Clinical Criteria for Tremfya IV for Ulcerative Colitis

ForwardHealth has established the clinical PA criteria for Tremfya IV for members with ulcerative colitis.

Clinical criteria that must be documented for approval of a PA request for Tremfya IV for members with ulcerative colitis are **all** of the following:

- The member has ulcerative colitis.
- The member has been diagnosed by a gastroenterologist.

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- **Two** of the following are true:
  - The member has taken Cyltezo or Humira for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
  - The member has taken Simponi subQ for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
  - The member has taken Xeljanz for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The prescriber has indicated the clinical reason(s) why Tremfya IV is being requested.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Tremfya IV. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

If the clinical criteria for Tremfya IV are met, PA requests will only be approved for three IV induction doses.

Note: A separate PA request must be obtained for maintenance treatment with Tremfya subQ. PA for Tremfya subQ must be obtained through the pharmacy PA process.

Submitting PA Requests for Tremfya IV

PA requests for Tremfya IV must be completed, signed, and dated by the prescriber. PA requests for Tremfya IV must be submitted using Section V (Clinical Information for Physician-Administered Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) on the Prior Authorization/Physician-Administered Drug Attachment (PA/PAD) form, F-11034 (07/2022). Clinical documentation supporting the use of Tremfya IV must be submitted with the PA request.

Prescribers are required to submit the completed PA/PAD form and a completed Prior Authorization Request Form (PA/RF), F-11018 (05/2013), to ForwardHealth.

QUICK LINKS

Forms page

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PA requests for Tremfya IV may be submitted on the Portal, by fax, or by mail (but **not** using the Specialized Transmission Approval Technology-Prior Authorization [STAT-PA] system).

Changes to H. Pylori Drug Class

New PA Form for Voquezna Tablets

ForwardHealth has created the Prior Authorization Drug Attachment for Voquezna Tablets form, F-03384 (07/2025). PA requests for Voquezna tablets received on and after July 1, 2025, must be submitted on the new form, or they will be returned to the provider.

ForwardHealth will honor PA requests for Voquezna tablets submitted on the Prior Authorization/Drug Attachment (PA/DGA) form, F-11049 (01/2024), and approved before July 1, 2025, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Voquezna Tablets

PA requests for Voquezna tablets must be completed, signed, and dated by the prescriber. PA requests for Voquezna tablets must be submitted using the Prior Authorization Drug Attachment for Voquezna Tablets form. Clinical documentation supporting the use of Voquezna tablets must be submitted with the PA request.

QUICK LINKS

- Non-Preferred Drugs That Use the Prior Authorization/ Preferred Drug List Exemption Request Form topic #22218
- H. Pylori Drugs topic #23258

Note: Topic ##23258 will be updated on July 1, 2025.

QUICK LINKS

Forms page

Effective July 1, 2025, the Wisconsin Department of Health Services (DHS) is transitioning to a different form format for new ForwardHealth forms. This change in format impacts the new Prior Authorization Drug Attachment for Voquezna form. The intent of the new format is to allow for greater readability for ForwardHealth forms online. Providers may still print paper copies and fill out the forms to send via mail or fax.

Any ForwardHealth forms that would be revised due to new or revised policy will not be restructured in the new format at this time. ForwardHealth will publish additional information about the format transition for forms as needed.

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The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed Prior Authorization Drug Attachment for Voquezna Tablets form and a completed PA/RF to ForwardHealth.

PA requests for Voquezna tablets may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

The clinical criteria for Voquezna tablets have not changed.

Voquezna dual pak and Voquezna triple pak will continue to use the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request form, F-11075 (07/2023).

Changes to Hypoglycemics, Glucagon-Like Peptide Drug Class

Ozempic and Soliqua will become preferred drugs in the hypoglycemics, GLP-1 drug class.

Byetta, exenatide, liraglutide (temporarily preferred due to a Victoza shortage), Trulicity, and Victoza are preferred drugs in the hypoglycemics, GLP-1 drug class. Preferred drugs do not require PA.

All drugs in the hypoglycemics, GLP-1 drug class are diagnosis restricted. A ForwardHealth-allowed diagnosis code must be indicated on claims (and PA requests when applicable) for all drugs in the hypoglycemics, GLP-1 drug class.

Both preferred and non-preferred hypoglycemics, GLP-1 agents require a ForwardHealth-allowed diagnosis code on claims submitted to ForwardHealth. All preferred hypoglycemics GLP-1 drug claims must be submitted with a ForwardHealth-allowed diagnosis code, or PA is required.

Prescribers are required to indicate a diagnosis on prescriptions for all drugs that are identified by ForwardHealth as diagnosis restricted. If a diagnosis is not indicated on the prescription, pharmacy providers should contact the prescriber to obtain the diagnosis and document the diagnosis on the

QUICK LINKS

Hypoglycemics, Glucagon-Like Peptide Agents #8858

Note: This topic will be updated on July 1, 2025.

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prescription or pharmacy health care record. It is not acceptable for pharmacy providers to obtain the diagnosis from the member.

Revised Clinical Criteria for Hypoglycemics, Glucagon-Like Peptide Agents

ForwardHealth has revised the clinical criteria for non-preferred hypoglycemics, GLP-1 agents.

Clinical criteria for approval of a PA request for a non-preferred hypoglycemics, GLP-1 agent are **all** of the following:

- The non-preferred drug is being prescribed in a manner consistent with the FDA-approved product labeling.
- The member has type 2 diabetes mellitus.
- The member's hemoglobin A1c (HbA1c) was measured within the past six months.
- If the member is **not** currently using a hypoglycemics, GLP-1 agent, their most recent HbA1c is 6.5% or greater.

One of the following must be documented for **at least two** of the preferred hypoglycemics, GLP-1 agents:

- The member has taken the maximum dose of a preferred hypoglycemics, GLP-1 agent for **at least three** consecutive months and experienced an unsatisfactory therapeutic response in glycemic control. (Note: Initial PA requests require an HbA1c measurement after the member has been taking the maximum dose of a preferred agent for **at least three** consecutive months.)
- The member experienced a clinically significant adverse drug reaction with a preferred hypoglycemics, GLP-1 agent.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for non-preferred hypoglycemics, GLP-1 agents. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan
- The member's current HbA1c lab report

NEVER MISS A MESSAGE

Stay current on policies and procedures by signing up for Portal text messages or email alerts! These alerts let providers know when there is a new secure Portal message. Go to the **Message Center** on the secure Portal and click **Notification Preferences**. Section 12.4 of the ForwardHealth Provider Portal Account User Guide has detailed instructions.

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The following will **not** be considered as criteria to support the need for a non-preferred hypoglycemics, GLP-1 agent:

- Nonadherence to previous hypoglycemics, GLP-1 treatment
- The member's fear of needles
- The member's or prescriber's preference for the use of an oral agent
- The member's or prescriber's preference for the use of a non-preferred hypoglycemics, GLP-1 agent
- The member's or prescriber's preference for a less frequent dosing schedule

PA requests for non-preferred hypoglycemics, GLP-1 agents may be initially approved for up to 183 days.

Renewal PA requests may be approved for up to 365 days if the member has been adherent with the prescribed treatment regimen and had a reduction in their HbA1c compared to their baseline prior to the initiation of the non-preferred hypoglycemics, GLP-1 agent.

Revised PA Form for Hypoglycemics, Glucagon-Like Peptide Agents

ForwardHealth has revised the Prior Authorization Drug Attachment for Hypoglycemics, Glucagon-Like Peptide (GLP-1) Agents form, F-00238 (07/2025). Effective July 1, 2025, pharmacy providers must use the revised Prior Authorization Drug Attachment for Hypoglycemics, GLP-1 Agents form to submit PA requests for non-preferred hypoglycemics, GLP-1 agents.

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for non-preferred hypoglycemics, GLP-1 agents approved before July 1, 2025, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Non-Preferred Hypoglycemics, Glucagon-Like Peptide Agents

PA requests for non-preferred hypoglycemics, GLP-1 agents must be completed, signed, and dated by the prescriber. PA requests for non-preferred hypoglycemics, GLP-1 agents must be submitted using the Prior Authorization Drug Attachment for Hypoglycemics, GLP-1 Agents form.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the

QUICK LINKS

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member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed Prior Authorization Drug Attachment for Hypoglycemics, GLP-1 Agents form and a completed PA/RF to ForwardHealth.

PA requests for non-preferred hypoglycemics, GLP-1 agents may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Changes to Hypoglycemics, Insulins Drug Class

All brand name Novolog drug products will become non-preferred drugs in the hypoglycemics, insulin and related agents drug class.

- Novolog Mix
- Novolog U-100 cartridge/pen/vial

Also, effective July 1, 2025, the generic copay for Novolog Mix and Novolog U-100 cartridge/pen/vial will no longer apply.

All Humalog drug products will remain preferred drugs in the hypoglycemics, insulin drug class.

- Humalog Jr Kwikpen
- Humalog Mix
- Humalog U-100 cartridge/kwikpen/vial

Preferred drugs do not require PA. The generic copay status for Humalog Jr Kwikpen, Humalog Mix, and Humalog U-100 cartridge/kwikpen/vial have not changed.

Changes to Immunomodulators, Asthma Drug Class

PA requests for Nucala will only be approved for use to treat the following identified clinical conditions:

- Asthma with an eosinophilic phenotype
- Chronic rhinosinusitis with nasal polyposis (CRSwNP)
- Eosinophilic granulomatosis with polyangiitis (EGPA)
- Hypereosinophilic syndrome (HES)

Note: If a member has more than one clinical condition for which ForwardHealth will approve a non-preferred immunomodulators, asthma drug and the provider would like to bypass the required trial of a ForwardHealth

QUICK LINKS

Immunomodulators, Asthma topic #22357

Note: This topic will be updated on July 1, 2025.

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preferred biologic drug, the provider must submit complete medical records for the clinical conditions. Additionally, the provider must clearly identify on the PA/DGA form that the member has more than one clinical condition for which the non-preferred drug is approved, and they must provide justification for bypassing the required ForwardHealth-preferred biologic drug. ForwardHealth will use the member's complete clinical picture to evaluate the PA request.

Revised Clinical Criteria for Nucala for Members With Chronic Rhinosinusitis With Nasal Polyposis

ForwardHealth has revised the clinical criteria for Nucala for members with CRSwNP.

Clinical criteria that must be documented for approval of a PA request for Nucala for members with CRSwNP are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Nucala.
- The member has CRSwNP.
- The prescription is written by or through consultation with an allergist or an ear, nose, and throat specialist.
- The member has been adherent to and maintained on a maximized CRSwNP treatment regimen, including an intranasal corticosteroid (INCS) for **at least three** months prior to requesting Nucala. Documentation should include the CRSwNP drug treatment names, doses, and start dates.
- **At least one** of the following is true:
    - The member has taken Xolair for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
    - The member has a serum immunoglobulin E (IgE) level less than 30 IU/mL. A current serum IgE level completed within the past 90 days must be submitted.
- The member will not use Nucala in combination with any biologic immunomodulator.

When initially accessing Online Handbook topic links available throughout this Update, providers need to click the "I Accept" button at the bottom of the licensure agreement page of the Online Handbook. After 30 minutes of inactivity, providers will need to click "I Accept" again before going to their intended topic.

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Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Nucala for members with CRSwNP. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

If clinical criteria for Nucala are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Nucala may be approved for up to 365 days. Renewal PA requests for members who have CRSwNP must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a significant reduction in CRSwNP symptoms compared to the member's baseline prior to the initiation of Nucala. Members must also continue to take their maximized CRSwNP treatment regimen, including the INCS, during treatment with Nucala.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

The clinical criteria for Nucala for members with the following clinical conditions have not changed:

- Asthma with an eosinophilic phenotype
- EGPA
- HES

The clinical criteria for Tezspire also have not changed.

Submitting PA Requests for Nucala and Tezspire

PA requests for Nucala or Tezspire must be completed, signed, and dated by the prescriber. PA requests for Nucala or Tezspire must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. Clinical documentation supporting the use of Nucala or Tezspire must be submitted with the PA request.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The

QUICK LINKS

Forms page

pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed PA/DGA form and a completed PA/RF to ForwardHealth.

PA requests for Nucala or Tezspire may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Note: Fasenra, Nucala, Tezspire, and Xolair in the immunomodulators, asthma drug class are available as physician-administered drugs, as well as through the pharmacy benefit. The PDL and clinical PA criteria apply only to drugs billed through the pharmacy benefit.

Changes to Immunomodulators, Atopic Dermatitis Drug Class

New Clinical Condition

ForwardHealth has added a new clinical condition, chronic spontaneous urticaria (CSU), to the list of clinical conditions for non-preferred immunomodulators, atopic dermatitis drugs that require PA.

PA requests for non-preferred immunomodulators, atopic dermatitis drugs will only be approved for use to treat the identified clinical conditions.

- Atopic dermatitis
- Chronic Obstructive Pulmonary Disease (COPD)
- CRSwNP
- CSU
- Eosinophilic esophagitis (EoE)
- Eosinophilic asthma
- Oral corticosteroid dependent asthma
- Prurigo nodularis

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for non-preferred immunomodulators, atopic dermatitis drugs. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

QUICK LINKS

Immunomodulators, Atopic Dermatitis topic #8857

Note: This topic will be updated on July 1, 2025.

Note: If a member has more than one clinical condition for which ForwardHealth will approve a non-preferred immunomodulators, atopic dermatitis drug and the provider would like to bypass the required trial of a ForwardHealth-preferred biologic drug, the provider must submit complete medical records for the clinical conditions. Additionally, the provider must clearly identify on the PA/DGA form that the member has more than one clinical condition for which the non-preferred drug is approved and provide justification for bypassing the required ForwardHealth-preferred biologic drug. ForwardHealth will use the member's complete clinical picture to evaluate the PA request.

New Clinical Criteria for Chronic Spontaneous Urticaria

ForwardHealth has established the clinical PA criteria for non-preferred immunomodulators, atopic dermatitis drugs used to treat CSU.

Dupixent is a non-preferred drug used to treat CSU.

Clinical criteria that must be documented for approval of a PA request for non-preferred drugs used to treat CSU are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for the requested drug.
- The member has CSU.
- The prescription is written by or through consultation with an allergist or a dermatologist.
- The member has taken the maximum dose of an H1 antihistamine for **at least two** consecutive weeks and remains symptomatic. The H1 antihistamine name, dose, and dates taken must be documented.
- The member has taken Xolair for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The member will not use the requested drug in combination with any biologic immunomodulator.

If clinical criteria for non-preferred immunomodulators, atopic dermatitis drugs are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for non-preferred immunomodulators, atopic dermatitis drugs may be approved for up to 365 days. Renewal PA requests for members who have CSU must include supporting clinical information and copies of

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the member's current medical records demonstrating that the member had a significant reduction in CSU symptoms.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

The clinical criteria for these clinical conditions have not changed:

- Atopic dermatitis
- COPD
- CRSwNP
- EoE
- Eosinophilic asthma
- Oral corticosteroid dependent asthma
- Prurigo nodularis

Submitting PA Requests for Non-Preferred Immunomodulators, Atopic Dermatitis Drugs

PA requests for non-preferred immunomodulators, atopic dermatitis drugs must be completed, signed, and dated by the prescriber. PA requests for non-preferred immunomodulators, atopic dermatitis drugs must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. Clinical documentation supporting the use of non-preferred immunomodulators, atopic dermatitis drugs must be submitted with the PA request.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed PA/DGA form and a completed PA/RF to ForwardHealth. PA requests for non-preferred immunomodulators, atopic dermatitis drugs may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

QUICK LINKS

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The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Changes to Pancreatic Enzymes Drug Class

Creon will become a preferred drug in the pancreatic enzymes drug class. Preferred drugs do not require PA. Zenpep will remain a preferred drug in the pancreatic enzymes drug class.

Effective July 1, 2025, the legacy exemption for Creon will expire.

Changes to Skeletal Muscle Relaxants Drug Class

Baclofen 10 mg/5 mL solution, the generic drug for Ozobax DS, will become a preferred drug in the skeletal muscle relaxants drug class. Baclofen 5 mg/5 mL solution, the generic drug for Ozobax, will remain a preferred drug in the skeletal muscle relaxants drug class.

In addition, Lorzone will become a brand medically necessary (BMN) drug and will require BMN PA.

Other Pharmacy Policy

Anti-Obesity Drugs

Effective July 1, 2025, ForwardHealth will cover orlistat, the generic drug for Xenical.

PA requests for the following anti-obesity drugs must be submitted on the Prior Authorization Drug Attachment for Anti-Obesity Drugs form, F-00163 (07/2024):

- Benzphetamine
- Diethylpropion
- Orlistat
- Phendimetrazine
- Phentermine
- Evekeo
- Saxenda
- Wegovy
- Xenical
- Zepbound

Anti-obesity drugs are covered for dual eligibles enrolled in a Medicare Part D Prescription Drug Plan.

QUICK LINKS

- Brand Medically Necessary Drugs: A Prescriber's Responsibilities topic #2016
- Brand Medically Necessary Drugs: A Pharmacy Provider's Responsibilities topic #2017
- Legacy Exemptions for Pancreatic Enzymes topic #10661

Note: Topic #10661 will be removed from the Online Handbook on July 1, 2025.

QUICK LINKS

Anti-Obesity Drugs topic #7837

Note: This topic will be updated on July 1, 2025.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

The information for initial and renewal PA requests for Xenical will also apply to orlistat.

The clinical criteria and PA submission options for anti-obesity drugs have not changed.

Duvyzat

Duvyzat requires clinical PA.

Revised Clinical Criteria for Duvyzat

ForwardHealth has revised the clinical criteria for Duvyzat.

Clinical criteria for approval of a PA request for Duvyzat are **all** of the following:

- The member has a diagnosis of Duchenne muscular dystrophy.
- The member is able to ambulate.
- The member's age must be consistent with FDA-approved product labeling for Duvyzat.
- The prescription is written by or through consultation with a neurologist.
- The prescriber will obtain and evaluate the member's platelet count and triglyceride levels prior to and during treatment with Duvyzat.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Duvyzat. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

If the clinical criteria for Duvyzat are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Duvyzat may be approved for up to 365 days. Renewal PA requests must include supporting clinical information and copies of the member's current medical records.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

QUICK LINKS

Duvyzat topic #23659

Note: This topic will be updated on July 1, 2025.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Submitting PA Requests for Duvyzat

PA requests for Duvyzat must be completed, signed, and dated by the prescriber. PA requests for Duvyzat must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should not submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed PA/DGA form and a completed PA/RF to ForwardHealth.

PA requests for Duvyzat may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Qfitlia

Qfitlia will require clinical PA.

New Clinical Criteria for Qfitlia

ForwardHealth has established the clinical PA criteria for Qfitlia.

Clinical criteria for approval of a PA request for Qfitlia are **all** of the following:

- The member's age must be consistent with FDA-approved product labeling for Qfitlia.
- Qfitlia must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- Qfitlia must be used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes.
- One of the following is true:
  - The member has hemophilia A (congenital factor VIII deficiency) with or without factor VIII inhibitors.
  - The member has hemophilia B (congenital factor IX deficiency) with or without factor IX inhibitors.
- The prescriber will monitor antithrombin (AT) activity using an FDA-cleared test, target AT activity 15–35%, and modify the dosage based on AT activity levels as described in FDA product labeling.

QUICK LINKS

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QUICK LINKS

Prior Authorization/Drug Attachment topic #15937

Note: This topic will be updated on July 1, 2025.

- The prescriber will measure AT activity prior to initiation of Qfitlia. The prescriber will not initiate Qfitlia dosing if AT activity is less than 60%.
- The prescriber will avoid use of Qfitlia for a member with hepatic impairment (Child-Pugh Class A, B, and C). The prescriber must confirm the member has been evaluated for hepatic impairment.
- After Qfitlia is initiated, members may continue their prior clotting factor concentrates (CFC) or bypassing agent (BPA) prophylaxis for the first seven days of treatment. The prescriber will discontinue CFC or BPA prophylaxis no later than seven days after the initial dose of Qfitlia.
- Qfitlia will not be used in combination with prophylactic factor replacement therapy (for example, factor VIII or factor IX inhibitors). Members must discontinue use of other prophylactic therapies prior to starting Qfitlia.
- Qfitlia will not be used for treatment of breakthrough bleeds. (Note: Factor VIII or factor IX products may be administered on an as-needed basis for treatment of breakthrough bleeds in patients being treated with Qfitlia.)
- The prescription is written by or through consultation with a hematologist.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Qfitlia. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

If clinical criteria for Qfitlia are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Qfitlia may be approved for up to 365 days. Renewal PA requests must include supporting clinical information and copies of the member's current medical records demonstrating that the member has had a reduction in the frequency of bleeding episodes since starting treatment with Qfitlia.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Submitting PA Requests for Qfitlia

PA requests for Qfitlia must be completed, signed, and dated by the prescriber. PA requests for Qfitlia must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. Clinical documentation supporting the use of Qfitlia must be submitted with the PA request.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed PA/DGA form and a completed PA/RF to ForwardHealth.

PA requests for Qfitlia may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Vykat XR

Vykat XR will require clinical PA.

New Clinical Criteria for Vykat XR

ForwardHealth has established the clinical PA criteria for Vykat XR.

Clinical criteria for approval of a PA request for Vykat XR are **all** of the following:

- The member's age must be consistent with FDA-approved product labeling for Vykat XR.
- Vykat XR must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has hyperphagia with Prader-Willi Syndrome.
- The member has Prader-Willi Syndrome confirmed by genetic testing.
- The member's fasting plasma glucose and HbA1c have been tested and blood glucose has been optimized in patients with hyperglycemia.
- The prescriber will monitor fasting blood glucose at least once every week for the first two weeks, then at least once every four weeks as clinically indicated.
- The prescriber will monitor HbA1c every three months and as clinically indicated.

QUICK LINKS

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The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

- The prescription is written by or through consultation with an endocrinologist.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Vykat XR. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan
- The member's current weight

If clinical criteria for Vykat XR are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Vykat XR may be approved for up to 183 days. Renewal PA requests must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a reduction in hyperphagic symptoms compared to their baseline prior to the initiation of Vykat XR.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

Submitting PA Requests for Vykat XR

PA requests for Vykat XR must be completed, signed, and dated by the prescriber. PA requests for Vykat XR must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. Clinical documentation supporting the use of Vykat XR must be submitted with the PA request.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed PA/DGA form and a completed PA/RF to ForwardHealth.

PA requests for Vykat XR may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

QUICK LINKS

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The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Copay for Brand Name Drugs Preferred Over Generic Drugs

ForwardHealth generally applies a generic copay to a brand name drug when a drug that previously required BMN PA becomes a preferred drug on the PDL, and the available generic equivalents are non-preferred drugs.

This does not include brand name drugs that were preferred over generic equivalents because the generic equivalents are new to the marketplace and not yet cost-effective when compared to brand pricing.

For drugs included in this policy, ForwardHealth will automatically apply the generic copay when a specific brand name drug is preferred over a generic equivalent. Providers do not need to indicate a National Council for Prescription Drug Program Dispense as Written/Product Selection code on claims to ensure the generic copay deduction.

Refer to Attachment C for the Copay for Brand Name Drugs Preferred Over Generic Drugs table for the most current list of drugs that applies to this copay policy. This information is also available on the Preferred Drug List Quick Reference data table.

Expedited Emergency Supply Request Drugs Data Table

As a result of the changes made during the May 2025 PDL review, the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page will be updated effective July 1, 2025.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

QUICK LINKS

Amounts topic #1927

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Information Regarding Managed Care Organizations

This Update applies to Family Care, Family Care Partnership, BadgerCare Plus, and SSI Medicaid managed care program members because pharmacy services for members of these programs are provided on a fee-for-service basis. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are provided by the member's managed care organization.

IN THE KNOW

Stay current by signing up for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

This Update was issued on 06/20/2025 and information contained in this Update was incorporated into the Online Handbook on 07/01/2025.

ATTACHMENT A
Changes to Preferred or Non-Preferred Status of Drugs on the Preferred Drug List

This table lists the drugs that changed their preferred or non-preferred status as a result of the May 2025 Preferred Drug List (PDL) review. Unless otherwise noted, the updated statuses are effective July 1, 2025. Drugs that have not been previously reviewed by the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee are marked with footnote ([1]). Non-preferred drugs in the prenatal vitamins PDL drug class that are not listed on the Preferred Drug List Quick Reference data table are marked with footnote ([2]). Drugs that changed their drug preferred/non-preferred status due to a shortage are marked with an asterisk (*). The current Preferred Drug List Quick Reference data table can be referenced on the Pharmacy Resources page of the ForwardHealth Portal (the Portal).

DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JULY 1, 2025, UNLESS OTHERWISE NOTED
Analgesics, Opioids Short-Acting	tramadol 75 mg[1]	Non-Preferred
Androgenic Agents	Azmiro[1]	Non-Preferred
	Undecatrex capsule[1]	Non-Preferred
Angiotensin Modulators, ACE Inhibitors	quinapril	Non-Preferred
Angiotensin Modulators, ARBs and DRIs	Entresto sprinkles[1]	Non-Preferred
Antibiotics, GI	metronidazole 125 mg tablet[1]	Non-Preferred
Antibiotics, Macrolides/Ketolides	Eryped suspension	Non-Preferred
	E.E.S. 200 mg suspension	Non-Preferred
Antibiotics, Tetracyclines	minocycline tablets	Preferred
Antiemetics	ondansetron 16 mg ODT[1]	Non-Preferred
Bladder Relaxant Preparations	tolterodine	Preferred
	tolterodine ER	Preferred
	mirabegron ER (Gen-Myrbetriq ER)[1]	Non-Preferred
	Myrbetriq ER	Preferred
Bone Resorption Suppression	raloxifene	Preferred
Calcium Channel Blocking Agents	nimodipine	Non-Preferred
	nimodipine solution[1]	Non-Preferred
GI Motility, Chronic – Constipation	prucalopride (Gen-Motegrity)[1]	Non-Preferred

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JULY 1, 2025, UNLESS OTHERWISE NOTED
Hypoglycemics, DPP-4 Inhibitors	sitagliptin tablet (Gen-Zituvio tablet)[1]	Non-Preferred
	sitagliptin/metformin tablet (Gen-Zituvimet tablet)[1]	Non-Preferred
	Zituvimet tablet[1]	Non-Preferred
	Zituvimet XR tablet[1]	Non-Preferred
Hypoglycemics, GLP 1	liraglutide (Gen-Victoza)[1]*	Non-Preferred
	Ozempic	Preferred
	Soliqua	Preferred
Hypoglycemics, Insulins	Novolog Mix	Non-Preferred
	Novolog U-100 cartridge	Non-Preferred
	Novolog U-100 pen	Non-Preferred
	Novolog U-100 vial	Non-Preferred
Hypoglycemics, Other	metformin 750 mg tablet[1]	Non-Preferred
	Invokamet	Non-Preferred
	Invokana	Non-Preferred
	Welchol packet	Non-Preferred
Lipotropics, Bile Acid Sequestrants	Welchol packet	Non-Preferred
Lipotropics, Other	Tryngolza[1]	Non-Preferred
Lipotropics, PCSK9 Inhibitors	Repatha Sureclick	Preferred
	Repatha syringe	Preferred
Opioid Dependency Agents-Rescue Agent	Kloxxado spray	Preferred
	Opvee spray	Preferred
	Rextovy spray[1]	Non-Preferred
Pancreatic Enzymes	Creon	Preferred
Prenatal Vitamins	Neo-vital RX OTC[2]	Non-Preferred
Pulmonary Arterial Hypertension	Winrevair[1]	Non-Preferred
Skeletal Muscle Relaxants	baclofen solution (Gen-Ozobax DS)	Preferred
	Tanlor[1]	Non-Preferred

*The drug temporarily became a preferred drug due to a shortage for brand name drug Victoza. Once the shortage is resolved, the drug will return to non-preferred status.

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[1] The drug was not previously reviewed by the Wisconsin Medicaid Pharmacy PA Advisory Committee. For more information, providers should refer to the Drug Status Changes on the Preferred Drug List section of this ForwardHealth Update.

[2] The non-preferred drug in this PDL drug class is not represented on the Preferred Drug List Quick Reference. Refer to the Drug Search Tool on the Pharmacy Resources page of the Portal for a list of non-preferred drugs in this drug class.

ATTACHMENT B
Changes to Pharmacy-Related Prior Authorization Forms and Instructions

This table lists the pharmacy-related prior authorization (PA) forms and instructions that have been created or revised as the result of the May 2025 Preferred Drug List review or other pharmacy policy changes. Providers should refer to the Forms page of the ForwardHealth Portal for current copies of these forms and instructions. Effective July 1, 2025, the previous versions of these forms and instructions will be moved to the Archived Pharmacy-Related Forms and Instructions page. For more information regarding clinical criteria or PA request submission options, refer to the applicable section in this ForwardHealth Update.

FORM NAME	FORM NUMBER	NEW OR REVISED	EFFECTIVE DATE
Prior Authorization Drug Attachment for Hypoglycemics, Glucagon-Like Peptide (GLP-1) Agents	F-00238	Revised	07/2025
Instructions	F-00238A	Revised	07/2025
Prior Authorization Drug Attachment for Voquezna Tablets	F-03384	New	07/2025
Instructions	F-03384A	New	07/2025

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ATTACHMENT C
Copay for Brand Name Drugs Preferred Over Generic Drugs

ForwardHealth generally applies a generic copay to a brand name drug when a drug that previously required brand medically necessary prior authorization becomes a preferred drug on the Preferred Drug List, and the available generic equivalents are non-preferred drugs. This table lists the drugs with generic copay. The Preferred Drug List Quick Reference data table, which also includes the current Brand Name Drugs With Generic Copay table, is available on the Pharmacy Resources page of the ForwardHealth Portal.

DRUG CLASS	DRUG NAME	EFFECTIVE DATE
Acne Agents, Topical	Retin-A (not micro)	07/01/2016
Anticonvulsants	Carbatrol ER	01/01/2021
	Depakote sprinkle	01/01/2021
	Tegretol suspension	01/01/2016
	Tegretol tablet	01/01/2016
	Tegretol XR	01/01/2021
Antiemetics/Antivertigo	Transderm-Scop	07/01/2022
Bronchodilators, Beta Agonists	Ventolin HFA	01/01/2023
HIV/AIDS	Intelence	07/01/2023
	Selzentry solution, tablet	07/01/2023
	Symfi	07/01/2023
	Symfi Lo	07/01/2023
Hypoglycemics, Insulins	Humalog Jr Kwikpen	05/01/2020
	Humalog Mix	05/01/2020
	Humalog U-100 cartridge/kwikpen/vial	07/01/2019
Ophthalmics, Antibiotic-Steroid Combinations	Tobradex suspension	01/01/2012
Ophthalmics, Glaucoma-Other	Alphagan P 0.15%	01/01/2012
Ophthalmics, Glaucoma-Prostaglandins	Xalatan	01/01/2023
Opioid Dependency Agents—Buprenorphine	Suboxone film	07/01/2020
Stimulants	Concerta	01/01/2018
	Vyvanse capsule	01/01/2024

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