

MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
May 1, 2024

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Catherine Decker, Pharm. D.	Yes
3	Kevin Izard, M.D.	Yes – joined virtual meeting at 9:20am
4	William E. Raduege, M.D.	Yes
5	Chris Schwake, M.D.	Yes
6	Alicia Walker, Pharm. D.	Yes
7	Michael Witkovsky, M.D.	Yes

MAY 2024 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, 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 (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
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 3, 2023, 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, Narcotics long
 - Analgesics, Miscellaneous
 - Androgenic Agents
 - Androgenic Agents, Injectable
 - Angiotensin Modulator Combinations
 - Antibiotics, Inhaled
 - Antibiotics, Topical
 - Anticoagulants
 - Antiemetic/Antivertigo Agents
 - Antifungals, Topical
 - Antimigraine Agents, Triptans
 - Antiparasitics, Topical
 - Antivirals, Oral
 - BPH Treatments
 - Fluoroquinolones, Oral
 - Glucagon Agents
 - Hepatitis B Agents
 - Hepatitis C Agents
 - Hep C Treatment Course
 - HIV/AIDS
 - Hypoglycemics, Alpha-Glucosidase Inhibitors
 - Hypoglycemics, Meglitinides
 - Hypoglycemics, Sulfonylureas
 - Hypoglycemics, TZD
 - Lipotropics, Other
 - Multiple Sclerosis Agents
 - Pancreatic Enzymes
 - Penicillins
 - Platelet Aggregation Inhibitors
 - Tetracyclines
 - Uterine Disorder Treatments
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- Discussion:
 - 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 3, 2023, 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:

- Acne Agents, Topical
 - Analgesics, Narcotics Short
 - Angiotensin Modulators
 - Antibiotics, GI
 - Antibiotics, Vaginal
 - Antifungals, Oral
 - Antimigraine Agents, Other
 - Antivirals, Topical
 - Beta Blockers
 - Bladder Relaxant Preparations
 - Bone Resorption Suppression and Related Agents
 - Calcium Channel Blockers
 - Cephalosporins and Related Antibiotics
 - GI Motility, Chronic
 - Growth Hormone
 - H. Pylori Treatment
 - Hypoglycemics, Insulin and Related Agents
 - Hypoglycemics, Metformins
 - Hypoglycemics, SGLT2
 - Lipotropics, Statins
 - Macrolides/Ketolides
 - Opiate Dependence Treatments
 - PAH Agents, Oral and Inhaled
 - Phosphate Binders
 - Prenatal Vitamins
 - Proton Pump Inhibitors
 - Skeletal Muscle Relaxants
 - Ulcerative Colitis Agents
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- Discussion:
 - Growth Hormone – Chris Schwake thanked the speakers from the morning session, stated the Committee discussed the long-acting agents during the closed session, and noted the Committee plans to continue to monitor and review long-acting and short acting agents in this class.
 - Hypoglycemics, Insulin and Related Agents – Lynn Radmer stated that insulin glargine-yfgn, a generic of the biosimilar Semglee YFGN, was recently made temporarily preferred due to supply issues with Lantus and the removal of Levemir from the market. The State recognizes the need for another preferred

long-acting insulin agent longer-term and will evaluate all products in this drug class to determine which product is the best fit.

- Opiate Dependence Treatments – Michael Witkovsky noted the Committee’s discussion during the closed session about the opioid epidemic, the importance of rescue products, and that the variety of preferred products available is adequate at this time.
- Michael Witkovsky made a motion to accept staff recommendations as presented.
 - Second – Kevin Izard
 - All members were in favor of the motion
 - Motion passed

The Committee determined during the closed session the Hypoglycemics, Incretin Mimetic/Enhancer drug class would be voted on separately.

Kim Wohler stated there was significant discussion regarding Ozempic in this drug class during the closed session, noting Ozempic was recently made temporarily preferred given shortage issues with Trulicity, and the intent to return Ozempic to non-preferred when the supply issues improve.

- Alicia Walker made a motion to accept the recommendations as presented in this class, suggesting the State consider a legacy exemption for members who started Ozempic during the time it was a temporarily preferred product.
 - Second - Kevin Izard

Discussion:

- Michael Witkovsky indicated he found the discussion about this class instructive and suggested the consideration of a motion to change the status of Ozempic to preferred.

Kim Wohler clarified that there was currently a motion on the table.

- Catherine Decker asked for background on how legacy exemptions work.

Kim Wohler clarified that a legacy exemption in this case would be a policy that allows a member who started on Ozempic during the time the product was made temporarily preferred the ability to continue accessing Ozempic without prior authorization when the product is moved back to non-preferred.

Lynn Radmer stated the legacy exemption in this case is different than typical situations where legacy exemptions are utilized, noting a legacy exemption has never been a policy enacted in response to a product shortage.

- Kevin Izard provided a hypothetical example where a member’s HbA1c is 8 while taking Trulicity, but after they start Ozempic due to the shortage of Trulicity, their

HbA1c is 7. Izard asked if this would be considered a situation where the member may remain on Ozempic when Ozempic returned to non-preferred.

Lynn Radmer stated in this hypothetical case, this alone would not likely meet prior authorization criteria, but the past use of Trulicity would appear to count as one preferred product trial. Current prior authorization criteria for this drug class requires two preferred product trials where the dose was maximized, or if the member had significant side effects with two preferred products.

- Members voting in favor of the motion:
 - Catherine Decker
 - Kevin Izard
 - Chris Schwake
 - Alicia Walker
- Members voting against the motion:
 - Rose Barber
 - William Raduege
 - Michael Witkovsky
- Motion passed

Wisconsin Medicaid						
ACNE AGENTS, TOPICAL		Recommendations				
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ERYTHROMYCIN GEL (AG) (TOPICAL)	0.0%	P	P			
CLINDAMYCIN / BENZOYL PEROXIDE (ONEXTON) W/PUMP (AG) (TOPICAL)	0.0%	NR	NP			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (AG) (TOPICAL)	0.0%	NP	NP			
ONEXTON W/PUMP (TOPICAL)	0.0%	NP	NP			
ACANYA W/PUMP (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAGEL (TOPICAL)	0.0%	P	NP			
BENZOYL PEROXIDE LOTION OTC (TOPICAL)	0.2%	P	P			
BENZOYL PEROXIDE 5% WASH OTC (TOPICAL)	8.4%	P	P			
RETIN-A CREAM (TOPICAL)	23.9%	P	P			
BENZOYL PEROXIDE 10% WASH OTC (TOPICAL)	4.8%	P	P			
ACNE MEDICATION GEL OTC (TOPICAL)	0.0%	P	P			
BENZOYL PEROXIDE GEL OTC (TOPICAL)	8.0%	P	P			
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL)	8.1%	P	P			
ERYTHROMYCIN SOLUTION (TOPICAL)	0.3%	P	P			
ERYTHROMYCIN GEL (TOPICAL)	0.5%	P	P			
ADAPALENE GEL OTC (TOPICAL)	0.1%	P	P			
CLINDAMYCIN PHOSPHATE GEL (TOPICAL)	27.7%	P	P			
CLINDAMYCIN PHOSPHATE LOTION (TOPICAL)	0.3%	NP	NP			
RETIN-A GEL (TOPICAL)	2.3%	P	P			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (AG) (TOPICAL)	0.0%	NP	NP			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)	0.1%	NP	NP			
ALTRENO (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZAOLIN) (TOPICAL)	0.2%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)	3.5%	P	P			
ADAPALENE GEL (TOPICAL)	4.1%	P	P			
ADAPALENE GEL (AG) (TOPICAL)	0.0%	P	P			
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	0.0%	NP	NP			
ADAPALENE / BENZOYL PEROXIDE (EPIDUO FORTE) (TOPICAL)	0.1%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (BENZAOLIN) W/PUMP (TOPICAL)	0.0%	NP	NP			
ADAPALENE GEL PUMP (TOPICAL)	0.0%	NP	NP			
TRETINOIN CREAM (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SUSPENSION (TOPICAL)	0.2%	P	P			
CLINDAMYCIN / BENZOYL PEROXIDE (ACANYA) W/PUMP (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR (TOPICAL)	0.0%	P	NP			
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	0.0%	NP	NP			
DAPSONE GEL (TOPICAL)	0.5%	NP	NP			
SULFACETAMIDE / SULFUR CLEANSER (TOPICAL) *	1.2%	P	P			
TAZAROTENE CREAM (AG) (TOPICAL)	0.0%	NP	NP			
TAZAROTENE CREAM (TOPICAL)	0.2%	NP	NP			
ADAPALENE CREAM (TOPICAL)	4.4%	P	P			
TRETINOIN GEL (AVITA, RETIN-A) (AG) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR SUSPENSION (TOPICAL)	0.2%	P	NP			
DAPSONE GEL (AG) (TOPICAL)	0.1%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR CREAM (TOPICAL)	0.0%	NP	NP			
ARAZLO (TOPICAL)	0.0%	NP	NP			
TRETINOIN GEL (ATRALIN) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR LOTION (TOPICAL)	0.0%	NP	NP			
TAZAROTENE GEL (TOPICAL)	0.0%	NP	NP			
BP 10-1 (TOPICAL)	0.0%	NP	NP			
SSS 10-5 FOAM (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (AG) (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / BENZOYL PEROXIDE (ONEXTON) W/PUMP (TOPICAL)	0.0%	NR	NP			
RETIN-A MICRO 0.08% PUMP (TOPICAL)	0.0%	NP	NP			
RETIN-A MICRO 0.06% PUMP (TOPICAL)	0.0%	NP	NP			
NEUAC (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE FOAM (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN PHOSPHATE GEL (CLINDAGEL) (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SODIUM CLEANSER ER (TOPICAL)	0.0%	NP	NP			
WINLEVI (TOPICAL)	0.3%	NP	NP			
CLINDAMYCIN / TRETINOIN (AG) (TOPICAL)	0.0%	NP	NP			
OVACE PLUS LOTION (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE / SULFUR / UREA CLEANSER (TOPICAL)	0.0%	NP	NP			
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (AG) (TOPICAL)	0.0%	NP	NP			
CLINDAMYCIN / TRETINOIN (TOPICAL)	0.0%	NP	NP			
SULFACETAMIDE SODIUM/SULFUR CLEANSER (TOPICAL) *	0.0%	P	P			
TAZAROTENE FOAM (AG) (TOPICAL)	0.0%	NP	NP			
AVAR CLEANSER (TOPICAL)	0.0%	NP	NP			
AVAR-E (TOPICAL)	0.0%	NP	NP			
FABIOR (TOPICAL)	0.0%	NP	NP			
CABTREO GEL (TOPICAL)	0.0%	NR	NP			
TRETINOIN MICROSPHERES GEL 0.08% PUMP (TOPICAL)	0.0%	NR	NP			
ZMA CLEAR CLEANSER (TOPICAL)	0.0%	NR	NP			

* Only SULFACETAMIDE / SULFUR CLEANSER (TOPICAL) 10-5% is P.

Wisconsin Medicaid		Recommendations				
ANALGESICS, NARCOTICS SHORT						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NUCYNIA (ORAL)	0.1%	NP	NP			
APAP / CODEINE ELIXIR (ORAL)	0.0%	P	P			
MORPHINE SOLUTION (AG) (ORAL)	0.0%	P	P			
TRAMADOL (ORAL)	18.5%	P	P			
MEPERIDINE SOLUTION (ORAL)	0.0%	NP	NP			
OXYCODONE TABLET (ORAL)	26.4%	P	P			
MORPHINE SOLUTION (ORAL)	0.1%	P	P			
APAP / CODEINE TABLET (ORAL)	5.7%	P	P			
TRAMADOL / APAP (ORAL)	0.0%	P	P			
HYDROCODONE / APAP TABLET (ORAL)	33.8%	P	P			
HYDROMORPHONE TABLET (ORAL)	1.1%	P	P			
OXYCODONE / APAP TABLET (ORAL)	11.1%	P	P			
OXYCODONE SOLUTION (ORAL)	1.2%	P	P			
MORPHINE CONC SOLUTION (ORAL)	0.2%	P	P			
MORPHINE IR TABLET (ORAL)	1.0%	P	P			
OXYCODONE CAPSULE (ORAL)	0.0%	NP	NP			
HYDROCODONE / APAP SOLUTION (ORAL)	0.5%	P	P			
BUTORPHANOL TARTRATE (NASAL)	0.0%	NP	NP			
HYDROCODONE / IBUPROFEN (ORAL)	0.0%	P	P			
BUTALBITAL COMPOUND W/CODEINE (ORAL)	0.0%	NP	NP			
OXYCODONE CONC (ORAL)	0.0%	NP	NP			
CODEINE (ORAL)	0.0%	NP	NP			
MORPHINE SUPPOSITORIES (RECTAL)	0.0%	P	P			
HYDROMORPHONE LIQUID (ORAL)	0.0%	NP	NP			
OXYCODONE / APAP SOLUTION (ORAL)	0.0%	P	P			
TRAMADOL 100 MG (ORAL)	0.0%	NP	NP			
OXYMORPHONE (ORAL)	0.0%	NP	NP			
BUTALBITAL / CAFFEINE / APAP W/CODEINE (ORAL)	0.1%	NP	NP			
MEPERIDINE TABLET (ORAL)	0.0%	NP	NP			
HYDROMORPHONE SUPPOSITORIES (RECTAL)	0.0%	NP	NP			
TRAMADOL 25 MG (ORAL)	0.0%	NR	NP			
SEGLENTIS (ORAL)	0.0%	NP	NP			
CARISOPRODOL COMPOUND-CODEINE (ORAL)	0.0%	NP	NP			
DIHYDROCODEINE / APAP / CAFFEINE (ORAL)	0.0%	NP	NP			
PENTAZOCINE / NALOXONE (ORAL)	0.0%	NP	NP			
TRAMADOL SOLUTION (AG) (ORAL)	0.0%	NP	NP			
FENTORA (BUCCAL)	0.0%	NP	NP			
ROXYBOND (ORAL)	0.0%	NP	NP			
LEVORPHANOL (ORAL)	0.0%	NP	NP			
FENTANYL (BUCCAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANGIOTENSIN MODULATORS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LISINOPRIL HCTZ (ORAL)	6.0%	P	P			
ENALAPRIL HCTZ (ORAL)	0.1%	P	P			
CAPTOPRIL HCTZ (ORAL)	0.0%	NP	NP			
FOSINOPRIL HCTZ (ORAL)	0.0%	NP	NP			
QUINAPRIL HCTZ (ORAL)	0.0%	NP	NP			
BENAZEPRIL HCTZ (ORAL)	0.0%	NP	NP			
QUINAPRIL HCTZ (AG) (ORAL)	0.0%	NP	NP			
LISINOPRIL (ORAL)	39.4%	P	P			
RAMIPRIL (ORAL)	0.2%	P	P			
BENAZEPRIL (ORAL)	1.2%	P	P			
TRANDOLAPRIL (ORAL)	0.0%	NP	NP			
QUINAPRIL (ORAL)	0.0%	P	P			
ENALAPRIL (ORAL)	1.8%	P	P			
FOSINOPRIL (ORAL)	0.1%	P	P			
PERINDOPRIL (ORAL)	0.0%	NP	NP			
CAPTOPRIL (ORAL)	0.1%	P	P			
MOEXIPRIL (ORAL)	0.0%	NP	NP			
ENALAPRIL SOLUTION (AG) (ORAL)	0.2%	P	P			
ENALAPRIL SOLUTION (ORAL)	0.3%	P	P			
QBRELIS SOLUTION (ORAL)	0.0%	NP	NP			
VALSARTAN SOLUTION (ORAL)	0.0%	NR	NP			
EDARBI (ORAL)	0.0%	NP	NP			
OLMESARTAN (ORAL)	1.7%	P	P			
LOSARTAN (ORAL)	31.5%	P	P			
IRBESARTAN (ORAL)	1.8%	P	P			
VALSARTAN (ORAL)	4.5%	P	P			
TELMISARTAN (ORAL)	0.0%	NP	NP			
OLMESARTAN (AG) (ORAL)	0.0%	P	P			
BENICAR (ORAL)	0.0%	NP	NP			
CANDESARTAN (AG) (ORAL)	0.0%	NP	NP			
CANDESARTAN (ORAL)	0.1%	NP	NP			
MICARDIS (ORAL)	0.0%	NP	NP			
EPROSARTAN (ORAL)	0.0%	NP	NP			
EDARBYCLOR (ORAL)	0.0%	NP	NP			
IRBESARTAN HCTZ (ORAL)	0.3%	P	P			
VALSARTAN HCTZ (ORAL)	1.2%	P	P			
OLMESARTAN HCTZ (ORAL)	0.3%	P	P			
LOSARTAN HCTZ (ORAL)	4.1%	P	P			
OLMESARTAN HCTZ (AG) (ORAL)	0.0%	P	P			
BENICAR HCT (ORAL)	0.0%	NP	NP			
TELMISARTAN HCTZ (ORAL)	0.0%	NP	NP			
CANDESARTAN HCTZ (AG) (ORAL)	0.0%	NP	NP			
MICARDIS HCT (ORAL)	0.0%	NP	NP			
CANDESARTAN HCTZ (ORAL)	0.0%	NP	NP			
ENTRESTO (ORAL)	5.2%	P	P			
TEKTURN (ORAL)	0.0%	NP	NP			
TEKTURN HCT (ORAL)	0.0%	NP	NP			
ALISKIREN (AG) (ORAL)	0.0%	NP	NP			
ALISKIREN (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, GI						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METRONIDAZOLE TABLET (ORAL)	86.2%	P	P			
NEOMYCIN (ORAL)	0.9%	P	P			
TINIDAZOLE (ORAL)	0.7%	P	P			
VANCOMYCIN CAPSULE (ORAL)	2.0%	P	P			
VANCOMYCIN CAPSULE (AG) (ORAL)	0.6%	P	P			
SOLOSEC (ORAL)	0.0%	NP	NP			
VANCOMYCIN SOLUTION (FIRVANQ) (ORAL)	0.0%	NP	P			
VANCOMYCIN SOLUTION (FIRVANQ) (AG) (ORAL)	0.0%	NR	P			
FIRVANQ (ORAL)	0.3%	P	NP			
AEMCOLO (ORAL)	0.0%	NP	NP			
METRONIDAZOLE CAPSULE (ORAL)	0.0%	NP	NP			
VANCOMYCIN SOLUTION (ORAL)	0.0%	NP	NP			
LIKMEZ SUSPENSION (ORAL)	0.0%	NR	NP			
XIFAXAN (ORAL)	9.0%	P	P			
DIFICID TABLET (ORAL)	0.2%	NP	NP			
NITAZOXANIDE TABLET (ORAL)	0.0%	NP	NP			
DIFICID SUSPENSION (ORAL)	0.0%	NP	NP			
VOWST CAPSULE (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid		Recommendations				
ANTIBIOTICS, VAGINAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLEOCIN CREAM (VAGINAL)	4.3%	P	P			
METRONIDAZOLE (VAGINAL)	90.9%	P	P			
CLEOCIN OVULES (VAGINAL)	2.0%	P	P			
NUVESSA (VAGINAL)	2.2%	P	P			
VANDAZOLE (VAGINAL)	0.0%	NP	NP			
CLINDAMYCIN (VAGINAL)	0.2%	NP	NP			
XACIATO (VAGINAL)	0.0%	NP	NP			
CLINDESSE (VAGINAL)	0.4%	P	NP			

Wisconsin Medicaid		Recommendations				
ANTIFUNGALS, ORAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SPORANOX SOLUTION (ORAL)	0.1%	P	P			
FLUCONAZOLE TABLET (ORAL)	73.5%	P	P			
TERBINAFINE (ORAL)	9.2%	P	P			
NYSTATIN SUSPENSION (ORAL)	11.4%	P	P			
FLUCONAZOLE SUSPENSION (ORAL)	1.6%	P	P			
CLOTTRIMAZOLE (MUCOUS MEM)	1.1%	P	P			
KETOCONAZOLE (ORAL)	0.2%	P	P			
NYSTATIN TABLET (ORAL)	0.2%	P	P			
ITRACONAZOLE CAPSULE (ORAL)	0.9%	P	P			
VORICONAZOLE TABLETS (ORAL)	0.1%	NP	NP			
GRISEOFULVIN ULTRAMICROSIZED (ORAL)	0.3%	P	P			
GRISEOFULVIN SUSPENSION (ORAL)	1.2%	P	P			
GRISEOFULVIN TABLETS (ORAL)	0.0%	NP	NP			
BREXAFEMME (ORAL)	0.0%	NP	NP			
VFEND SUSPENSION (ORAL)	0.0%	NP	NP			
POSACONAZOLE TABLET (AG) (ORAL)	0.0%	P	P			
POSACONAZOLE TABLET (ORAL)	0.1%	P	P			
NOXAFIL SUSPENSION (ORAL)	0.0%	NP	NP			
ORAVIG (BUCCAL)	0.0%	NP	NP			
VORICONAZOLE SUSPENSION (ORAL)	0.1%	NP	NP			
ITRACONAZOLE SOLUTION (ORAL)	0.0%	NP	NP			
FLUCYTOSINE (ORAL)	0.0%	NP	NP			
POSACONAZOLE SUSPENSION (AG) (ORAL)	0.0%	NP	NP			
VIVJOA CAPSULE (ORAL)	0.0%	NP	NP			
POSACONAZOLE SUSPENSION (ORAL)	0.0%	NR	NP			
CRESEMBA (ORAL)	0.1%	NP	NP			
TOLSURA (ORAL)	0.0%	NP	NP			
NOXAFIL SUSPDR PKT (ORAL)	0.0%	NP	NP			
FLUCYTOSINE (AG) (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIMIGRAINE AGENTS, OTHER						
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)	0.0%	NP	NP			
ELYXB SOLUTION (ORAL)	0.0%	NP	NP			
ZAVZPRET (NASAL)	0.1%	NR	NP			
AIMOVIG (SUBCUTANEOUS)	1.6%	NP	NP			
AJOVY (SUBCUTANEOUS)	1.7%	P	P			
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	14.2%	P	P			
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	2.7%	P	P			
EMGALITY PEN (SUBCUTANEOUS)	36.1%	P	P			
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)	0.1%	P	P			
UBRELVY (ORAL)	18.1%	P	P			
QULIPTA (ORAL)	1.3%	NP	NP			
NURTEC ODT (ORAL)	23.7%	P	P			
REYVOW (ORAL)	0.3%	NP	NP			
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)	0.2%	NP	NP			

Wisconsin Medicaid		Recommendations				
ANTIVIRALS, TOPICAL						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
XERESE (TOPICAL)	0.0%	NP	NP			
ACYCLOVIR OINTMENT (TOPICAL)	67.9%	P	P			
DENAVIR (TOPICAL)	2.4%	P	P			
ACYCLOVIR CREAM (AG) (TOPICAL)	0.3%	NP	P			
ZOVIRAX CREAM (TOPICAL)	29.4%	P	NP			
ACYCLOVIR CREAM (TOPICAL)	0.0%	NP	P			
PENCICLOVIR (AG) (TOPICAL)	0.0%	NP	NP			
PENCICLOVIR (TOPICAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
BETA-BLOCKERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ATENOLOL (ORAL)	6.3%	P	P			
METOPROLOL (ORAL)	17.5%	P	P			
CARVEDILOL (ORAL)	14.4%	P	P			
METOPROLOL XL (AG) (ORAL)	0.0%	P	P			
PROPRANOLOL TABLET (ORAL)	13.2%	P	P			
METOPROLOL XL (ORAL)	36.6%	P	P			
NEBIVOLOL (ORAL)	0.0%	NP	P			
SOTALOL (ORAL)	0.5%	P	P			
PROPRANOLOL ER (ORAL)	5.8%	P	P			
PROPRANOLOL SOLUTION (ORAL)	0.4%	P	P			
LABETALOL (ORAL)	2.8%	P	P			
PROPRANOLOL ER (AG) (ORAL)	0.0%	P	P			
NADOLOL (ORAL)	0.6%	P	P			
BISOPROLOL (ORAL)	0.9%	P	P			
BISOPROLOL HCTZ (ORAL)	0.2%	P	P			
ATENOLOL / CHLORTHALIDONE (ORAL)	0.4%	P	P			
BETAXOLOL (ORAL)	0.0%	NP	NP			
BYSTOLIC (ORAL)	0.3%	NP	NP			
PINDOLOL (ORAL)	0.0%	NP	NP			
KAPSPARGO (ORAL)	0.0%	NP	NP			
PROPRANOLOL / HCTZ (ORAL)	0.0%	NP	NP			
METOPROLOL / HCTZ (ORAL)	0.0%	NP	NP			
ACEBUTOLOL (ORAL)	0.0%	P	P			
CARVEDILOL ER (AG) (ORAL)	0.0%	NP	NP			
HEMANGEOL (ORAL)	0.0%	P	P			
CARVEDILOL ER (ORAL)	0.1%	NP	NP			
COREG CR (ORAL)	0.0%	NP	NP			
INNOPRAN XL (ORAL)	0.0%	NP	NP			
INDERAL XL (ORAL)	0.0%	NP	NP			
TIMOLOL (ORAL)	0.0%	NP	NP			
SOTYLIZE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
BLADDER RELAXANT PREPARATIONS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DETROL (ORAL)	0.0%	NP	NP			
DETROL LA (ORAL)	0.0%	NP	NP			
GELNIQUE (TRANSDERM.)	0.0%	NP	NP			
OXYTROL (TRANSDERM.)	0.2%	NP	NP			
OXYBUTYNIN SYRUP (ORAL)	1.4%	P	P			
OXYBUTYNIN TABLET (ORAL)	17.0%	P	P			
OXYBUTYNIN ER (ORAL)	38.3%	P	P			
TOLTERODINE ER (AG) (ORAL)	0.1%	NP	NP			
SOLIFENACIN (ORAL)	23.4%	P	P			
TOLTERODINE ER (ORAL)	0.5%	NP	NP			
TOLTERODINE (ORAL)	0.2%	NP	NP			
TROSPIMUM (ORAL)	0.4%	NP	NP			
MYRBETRIQ (ORAL)	11.8%	NP	NP			
TOVIAZ (ORAL)	4.8%	P	P			
FESOTERODINE ER (ORAL)	0.0%	NP	NP			
DARIFENACIN ER (ORAL)	0.2%	NP	NP			
TROSPIMUM ER (ORAL)	0.4%	NP	NP			
MYRBETRIQ GRANULES (ORAL)	0.1%	NP	NP			
OXYBUTYNIN 2.5MG (ORAL)	0.0%	NR	NP			
GEMTESA (ORAL)	1.2%	NP	NP			
VESICARE LS (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
BONE RESORPTION SUPPRESSION AND RELATED AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ALENDRONATE TABLETS (ORAL)	90.6%	P	P			
IBANDRONATE TABLETS (ORAL)	3.2%	P	P			
RALOXIFENE (ORAL)	0.9%	NP	NP			
RISEDRONATE (ACTONEL) (ORAL)	0.1%	NP	NP			
RISEDRONATE (ACTONEL) (AG) (ORAL)	0.0%	NP	NP			
CALCITONIN SALMON (NASAL)	1.8%	P	P			
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)	0.1%	NP	NP			
BINOSTO (ORAL)	0.0%	NP	NP			
ALENDRONATE SOLUTION (ORAL)	0.1%	NP	NP			
FORTEO (SUBCUTANE.)	3.0%	P	P			
TERIPARATIDE (FORTEO) (SUBCUTANE.)	0.0%	NR	NP			
TERIPARATIDE (BRAND) (SUBCUTANE.)	0.1%	NP	NP			
TYMLOS (SUBCUTANE.)	0.1%	NP	NP			

Wisconsin Medicaid		Recommendations				
CALCIUM CHANNEL BLOCKERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMLODIPINE (ORAL)	80.5%	P	P			
FELODIPINE ER (ORAL)	0.0%	NP	NP			
NIFEDIPINE ER (ORAL)	6.2%	P	P			
LEVAMLODIPINE MALEATE (AG) (ORAL)	0.0%	NP	NP			
NIFEDIPINE IR (ORAL)	0.1%	P	P			
NIMODIPINE (ORAL)	0.0%	P	P			
ISRADIPINE (ORAL)	0.0%	NP	NP			
NISOLDIPINE (ORAL)	0.0%	NP	NP			
NORLIQVA (ORAL)	0.0%	NP	NP			
KATERZIA (ORAL)	0.5%	NP	NP			
NICARDIPINE (ORAL)	0.0%	NP	NP			
NYMALIZE SOLUTION (ORAL)	0.0%	NP	NP			
CARDIZEM LA (ORAL)	0.0%	NP	NP			
VERAPAMIL TABLET (ORAL)	0.8%	P	P			
DILTIAZEM TABLET (ORAL)	0.9%	P	P			
VERAPAMIL TABLET ER (ORAL)	2.5%	P	P			
DILTIAZEM CAPSULE ER (ORAL)	8.3%	P	P			
DILTIAZEM LA (AG) (ORAL)	0.0%	NP	NP			
VERAPAMIL CAPSULE ER (ORAL)	0.0%	NP	NP			
DILTIAZEM LA (ORAL)	0.0%	NP	NP			
MATZIM LA (ORAL)	0.0%	NP	NP			
VERAPAMIL ER PM (ORAL)	0.0%	NP	NP			
VERAPAMIL ER PM (AG) (ORAL)	0.0%	NR	NP			
VERAPAMIL 360 MG CAPSULE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
CEPHALOSPORINS AND RELATED ANTIBIOTICS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CEPHALEXIN CAPSULE (ORAL)	20.2%	P	P			
CEFADROXIL CAPSULE (ORAL)	1.7%	P	P			
AMOXICILLIN/CLAV TABLET (ORAL)	35.4%	P	P			
AMOXICILLIN/CLAV TABLET (AG) (ORAL)	0.4%	P	P			
AMOXICILLIN/CLAV SUSPENSION (ORAL)	12.9%	P	P			
AMOXICILLIN/CLAV SUSPENSION (AG) (ORAL)	0.3%	P	P			
CEPHALEXIN SUSPENSION (ORAL)	4.8%	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 CHEW TABLET (ORAL)	0.1%	P	P			
AMOXICILLIN/CLAV XR (ORAL)	0.0%	NP	NP			
CEFUROXIME TABLET (ORAL)	2.1%	P	P			
CEFPROZIL TABLET (ORAL)	0.3%	P	P			
CEFPROZIL SUSPENSION (ORAL)	0.2%	P	P			
CEFACLOL CAPSULE (ORAL)	0.0%	NP	NP			
CEFACLOL TABLET ER (ORAL)	0.0%	NP	NP			
CEFACLOL SUSPENSION (ORAL)	0.0%	P	NP			
CEFDINIR CAPSULE (ORAL)	8.4%	P	P			
CEFDINIR SUSPENSION (ORAL)	12.8%	P	P			
CEFIXIME CAPSULE (AG) (ORAL)	0.1%	P	P			
CEFIXIME CAPSULE (ORAL)	0.1%	P	P			
CEFPODOXIME TABLET (ORAL)	0.0%	NP	NP			
CEFPODOXIME SUSPENSION (ORAL)	0.1%	P	NP			
CEFIXIME SUSPENSION (ORAL)	0.0%	P	P			

Wisconsin Medicaid		Recommendations				
GI MOTILITY, CHRONIC						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LINZESS (ORAL)	78.5%	P	P			
TRULANCE (ORAL)	3.3%	NP	P			
LUBIPROSTONE (AG) (ORAL)	0.0%	P	P			
LUBIPROSTONE (ORAL)	0.0%	P	P			
AMITIZA (ORAL)	11.6%	P	P			
MOVANTIK (ORAL)	1.7%	NP	NP			
SYMPROIC (ORAL)	0.1%	NP	NP			
ALOSETRON (AG) (ORAL)	0.0%	NP	P			
ALOSETRON (ORAL)	0.0%	NP	P			
LOTRONEX (ORAL)	0.2%	P	NP			
MOTEGRITY (ORAL)	3.2%	NP	NP			
RELISTOR (ORAL)	0.2%	NP	NP			
VIBERZI (ORAL)	0.5%	NP	NP			
IBSRELA (ORAL)	0.5%	NP	NP			

Wisconsin Medicaid		Recommendations				
GROWTH HORMONE						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
GENOTROPIN DISP SYRIN (INJECTION)	2.8%	P	P			
ZOMACTON VIAL (INJECTION)	0.0%	NP	NP			
GENOTROPIN CARTRIDGE (INJECTION)	34.3%	P	P			
NORDITROPIN PEN (INJECTION)	61.9%	P	P			
OMNITROPE VIAL (INJECTION)	0.0%	NP	NP			
SAIZEN VIAL (INJECTION)	0.0%	NP	NP			
OMNITROPE CARTRIDGE (INJECTION)	0.0%	NP	NP			
NUTROPIN AQ PEN (INJECTION)	0.2%	NP	NP			
HUMATROPE CARTRIDGE (INJECTION)	0.0%	NP	NP			
SEROSTIM VIAL (INJECTION)	0.0%	NP	NP			
SOGROYA (SUBCUTANEOUS)	0.5%	NR	NP			
NGENLA PEN (INJECTION)	0.0%	NR	NP			
SKYTROFA CARTRIDGE (SUBCUTANEOUS)	0.3%	NP	NP			

Wisconsin Medicaid			Recommendations			
H. PYLORI TREATMENT						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PYLERA (ORAL)	97.3%	P	P			
VOQUEZNA TRIPLE PAK (ORAL)	0.0%	NR	NP			
VOQUEZNA DUAL PAK (ORAL)	0.0%	NR	NP			
OMECLAMOX-PAK (ORAL)	0.0%	NP	NP			
VOQUEZNA (ORAL)	0.0%	NR	NP			
TALICIA (ORAL)	2.7%	P	P			
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (ORAL)	0.0%	NP	NP			
BISMUTH/METRONID/TETRACYCLINE CAPSULE (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid			Recommendations			
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HUMALOG MIX VIAL (SUBCUTANE.)	0.1%	P	P			
HUMALOG MIX PEN (SUBCUTANE.)	0.5%	P	P			
HUMULIN 70/30 PEN OTC (SUBCUTANE.)	1.9%	P	P			
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)	0.5%	P	P			
INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS)	0.3%	P	P			
HUMULIN 500 U/M VIAL (SUBCUTANE.)	0.1%	P	P			
HUMULIN 500 U/M PEN (SUBCUTANE.)	0.9%	P	P			
HUMULIN VIAL OTC (SUBCUTANE.)	1.2%	P	P			
HUMULIN PEN OTC (SUBCUTANE.)	1.0%	P	P			
NOVOLOG MIX PEN (SUBCUTANE.)	0.4%	P	P			
INSULIN LISPRO PROTAMINE MIX KWKPEN (AG) (SUBCUTANEOUS)	0.4%	P	P			
NOVOLOG MIX VIAL (SUBCUTANE.)	0.1%	P	P			
NOVOLIN PEN OTC (SUBCUTANEOUS)	0.0%	NP	NP			
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			
LEVEMIR VIAL (SUBCUTANE.)	0.4%	P	P			
LEVEMIR PENS (SUBCUTANE.)	5.2%	P	P			
LANTUS SOLOSTAR PEN (SUBCUTANE.)	45.2%	P	P			
LANTUS VIAL (SUBCUTANE.)	3.2%	P	P			
INSULIN GLARGINE-YFGN PEN (SUBCUTANE.) *	0.0%	NP	NP			
INSULIN GLARGINE VIAL (SUBCUTANE.)	0.0%	NP	NP			
INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.) *	0.0%	NP	NP			
INSULIN GLARGINE PEN (SUBCUTANE.)	0.0%	NP	NP			
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)	0.1%	NP	NP			
BASAGLAR KWKPEN (SUBCUTANE.)	0.0%	NP	NP			
TRESIBA FLEXTOUCH 100 U/M PEN (SUBCUTANEOUS)	0.1%	NP	NP			
TRESIBA VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)	0.2%	NP	NP			
INSULIN DEGLUDEC VIAL (SUBCUTANE.)	0.0%	NP	NP			
REZVOGLAR KWKPEN (SUBCUTANEOUS)	0.0%	NR	NP			
INSULIN DEGLUDEC PEN 100U/M (SUBCUTANE.)	0.0%	NP	NP			
TRESIBA FLEXTOUCH 200 U/M PEN (SUBCUTANEOUS)	0.2%	NP	NP			
INSULIN DEGLUDEC PEN 200U/M (SUBCUTANE.)	0.0%	NP	NP			
INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANE.)	0.0%	NR	NP			
SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
SEMGLEE (YFGN) PEN (SUBCUTANEOUS)	0.0%	NP	NP			
BASAGLAR TEMPO PEN (SUBCUTANE.)	0.0%	NP	NP			
INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANE.)	0.0%	NR	NP			
INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANE.)	0.0%	P	P			
HUMALOG CARTRIDGE (SUBCUTANE.)	1.1%	P	P			
HUMALOG VIAL (SUBCUTANE.)	2.4%	P	P			
HUMALOG PEN (SUBCUTANE.)	6.7%	P	P			
HUMALOG JUNIOR KWKPEN (SUBCUTANE.)	1.1%	P	P			
HUMALOG TEMPO PEN (SUBCUTANE.)	0.0%	NR	NP			
INSULIN ASPART CARTRIDGE (AG) (SUBCUTANE.)	0.1%	P	P			
INSULIN ASPART VIAL (AG) (SUBCUTANE.)	1.0%	P	P			
INSULIN ASPART PEN (AG) (SUBCUTANE.)	3.8%	P	P			
NOVOLOG CARTRIDGE (SUBCUTANE.)	0.4%	P	P			
APIDRA SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP			
APIDRA VIAL (SUBCUTANE.)	0.0%	NP	NP			
INSULIN LISPRO JUNIOR KWKPEN (AG) (SUBCUTANE.)	1.2%	P	P			
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)	11.1%	P	P			
NOVOLOG VIAL (SUBCUTANE.)	1.2%	P	P			
NOVOLOG PEN (SUBCUTANE.)	4.4%	P	P			
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)	2.7%	P	P			
FIASP FLEXTOUCH PEN (SUBCUTANE.)	0.1%	NP	NP			
FIASP PENFILL (SUBCUTANE.)	0.0%	NP	NP			
FIASP VIAL (SUBCUTANE.)	0.0%	NP	NP			
ADMELOG SOLOSTAR PEN (SUBCUTANE.)	0.0%	NP	NP			
ADMELOG VIAL (SUBCUTANE.)	0.0%	NP	NP			
FIASP PUMPCART (SUBCUTANE.)	0.0%	NR	NP			
LYUMJEV TEMPO PEN (SUBCUTANE.)	0.0%	NP	NP			
HUMALOG 200 U/M PEN (SUBCUTANE.)	0.2%	NP	NP			
LYUMJEV VIAL (SUBCUTANEOUS)	0.0%	NP	NP			
LYUMJEV 100 U/M PEN (SUBCUTANEOUS)	0.1%	NP	NP			
LYUMJEV 200 U/M PEN (SUBCUTANEOUS)	0.0%	NP	NP			
AFREZZA CARTRIDGE (INHALATION)	0.0%	NP	NP			

* Product temporarily preferred effective 04.01.2024.

Wisconsin Medicaid			Recommendations			
HYPOGLYCEMICS, METFORMINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
GLUMETZA (ORAL)	0.0%	NP	NP			
METFORMIN (ORAL)	51.1%	P	P			
METFORMIN ER (GLUCOPHAGE XR) (ORAL)	48.4%	P	P			
GLYBURIDE-METFORMIN (ORAL)	0.2%	P	P			
METFORMIN ER (FORTAMET) (ORAL)	0.0%	NP	NP			
METFORMIN ER (GLUMETZA) (ORAL)	0.1%	NP	NP			
GLIPIZIDE-METFORMIN (ORAL)	0.0%	NP	NP			
METFORMIN SOLUTION (ORAL)	0.2%	NP	NP			
METFORMIN 625 MG (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid			Recommendations			
HYPOGLYCEMICS, SGLT2						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
INVOKANA (ORAL)	5.4%	P	P			
JARDIANCE (ORAL)	69.4%	P	P			
FARXIGA (ORAL)	24.1%	P	P			
STEGLATRO (ORAL)	0.0%	NP	NP			
DAPAGLIFLOZIN (AG) (ORAL)	0.0%	NR	NP			
INPEFA (ORAL)	0.0%	NR	NP			
SYNJARDY (ORAL)	0.2%	P	P			
INVOKAMET (ORAL)	0.1%	P	P			
XIGDUO XR (ORAL)	0.5%	P	P			
SYNJARDY XR (ORAL)	0.1%	NP	NP			
INVOKAMET XR (ORAL)	0.0%	NP	NP			
SEGLUROMET (ORAL)	0.0%	NP	NP			
DAPAGLIFLOZIN-METFORMIN ER (AG) (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid			Recommendations			
LIPOTROPICS, STATINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ROSUVASTATIN (ORAL)	28.3%	P	P			
SIMVASTATIN TABLET (ORAL)	7.5%	P	P			
ATORVASTATIN (ORAL)	57.4%	P	P			
LOVASTATIN (ORAL)	1.5%	P	P			
PRAVASTATIN (ORAL)	5.2%	P	P			
EZETIMIBE-SIMVASTATIN (ORAL)	0.0%	NP	NP			
CADUET (ORAL)	0.0%	NP	NP			
VYTORIN (ORAL)	0.0%	NP	NP			
PITAVASTATIN (ORAL)	0.0%	NR	NP			
AMLODIPINE-ATORVASTATIN (ORAL)	0.0%	NP	NP			
LIVALO (ORAL)	0.0%	NP	NP			
FLUVASTATIN ER (AG) (ORAL)	0.0%	NP	NP			
FLUVASTATIN ER (ORAL)	0.0%	NP	NP			
FLUVASTATIN (ORAL)	0.0%	NP	NP			
EZALLOR SPRINKLE (ORAL)	0.0%	NP	NP			
AMLODIPINE-ATORVASTATIN (AG) (ORAL)	0.0%	NP	NP			
ATORVALIQ (ORAL)	0.0%	NR	NP			
ZYPITAMAG (ORAL)	0.0%	NP	NP			
ALTOPREV (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
MACROLIDES/KETOLIDES						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AZITHROMYCIN TABLET (ORAL)	73.5%	P	P			
AZITHROMYCIN SUSPENSION (ORAL)	22.8%	P	P			
CLARITHROMYCIN TABLET (ORAL)	2.3%	P	P			
AZITHROMYCIN PACKET (AG) (ORAL)	0.1%	P	P			
ERY-TAB (ORAL)	0.0%	P	P			
ERYTHROCIN (ORAL)	0.0%	NP	NP			
E.E.S. 400 TABLET (ORAL)	0.0%	NP	NP			
CLARITHROMYCIN ER (ORAL)	0.0%	NP	NP			
ERYTHROMYCIN BASE TABLET (ORAL)	0.0%	NP	NP			
CLARITHROMYCIN SUSPENSION (ORAL)	0.2%	P	P			
ERYTHROMYCIN BASE TABLET DR (ORAL)	0.2%	P	P			
ERYPED 400 SUSPENSION (ORAL)	0.0%	P	P			
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (ORAL)	0.5%	P	P			
ERYTHROMYCIN BASE CAPSULE DR (ORAL)	0.1%	P	NP			
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (ORAL)	0.3%	P	P			
E.E.S. 200 SUSPENSION (ORAL)	0.0%	P	P			
ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (AG) (ORAL)	0.0%	P	P			
ERYPED 200 SUSPENSION (ORAL)	0.0%	P	P			
ERYTHROMYCIN ETHYLSUCCINATE 200 SUSPENSION (AG) (ORAL)	0.1%	P	P			

Wisconsin Medicaid		Recommendations				
OPIATE DEPENDENCE TREATMENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NALOXONE VIAL (INJECTION)	0.0%	P	P			
NALTREXONE (ORAL)	8.3%	P	P			
KLOXXADO SPRAY (NASAL)	0.0%	NP	NP			
NARCAN SPRAY OTC (NASAL)	4.3%	P	P			
NARCAN SPRAY (NASAL)	1.4%	P	P			
NALOXONE SPRAY (NASAL)	0.0%	NP	NP			
NALOXONE SPRAY OTC (NASAL)	0.0%	NP	NP			
NALOXONE SPRAY (AG) (NASAL)	0.0%	NP	NP			
OPVEE SPRAY (NASAL)	0.0%	NR	NP			
NALOXONE SYRINGE (INJECTION)	0.0%	P	P			
ZIMHI (INJECTION)	0.0%	NP	NP			
VIVITROL (INTRAMUSC)	3.3%	P	P			
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	2.7%	P	P			
BUPRENORPHINE HCL (SUBLINGUAL)	0.5%	NP	NP			
SUBOXONE FILM (SUBLINGUAL)	73.4%	P	P			
BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)	0.0%	NP	NP			
ZUBSOLV (SUBLINGUAL)	3.7%	P	P			
SUBLOCADE (SUBCUTANEOUS)	2.3%	P	P			
BRIXADI MONTHLY (SUBCUTANEOUS)	0.0%	NR	P			
BRIXADI WEEKLY (SUBCUTANEOUS)	0.0%	NR	P			

Wisconsin Medicaid		Recommendations				
PAH AGENTS, ORAL AND INHALED						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VENTAVIS (INHALATION)	0.0%	NP	NP			
TYVASO (INHALATION)	0.5%	NP	NP			
TYVASO DPI (INHALATION)	4.1%	NP	NP			
TRACLEER TABLET (ORAL)	0.7%	P	P			
BOSENTAN TABLET (ORAL)	0.0%	NP	NP			
AMBRISANTAN (ORAL)	12.6%	P	P			
TRACLEER SUSPENSION (ORAL)	0.0%	NP	NP			
OPSUMIT (ORAL)	9.5%	P	P			
ORENITRAM TITRATION KIT (ORAL)	0.1%	NP	NP			
ORENITRAM ER (ORAL)	1.6%	NP	NP			
ADEMPAS (ORAL)	1.7%	NP	NP			
UPTRAVI (ORAL)	5.0%	NP	NP			
UPTRAVI TABLET DOSE PACK (ORAL)	0.4%	NP	NP			
SILDENAFIL TABLET (ORAL)	20.4%	P	P			
TADALAFIL (ADCIRCA) (ORAL)	27.8%	P	P			
SILDENAFIL SUSPENSION (ORAL)	4.7%	NP	NP			
TADLIQ SUSPENSION (ORAL)	10.7%	NP	NP			
LIQREV SUSPENSION (ORAL)	0.0%	NR	NP			
SILDENAFIL SUSPENSION (AG) (ORAL)	0.0%	NP	NP			
REVATIO SUSPENSION (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
PHOSPHATE BINDERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
REVELA TABLET (ORAL)	47.5%	P	P			
REVELA POWDER PACK (ORAL)	1.2%	P	P			
MAGNEBIND 400 RX (ORAL)	0.0%	NP	NP			
PHOSLYRA (ORAL)	0.0%	P	P			
SEVELAMER CARBONATE TABLET (AG) (ORAL)	0.0%	NP	NP			
CALCIUM ACETATE CAPSULE (ORAL)	31.2%	P	P			
SEVELAMER CARBONATE TABLET (ORAL)	2.2%	NP	NP			
FOSRENOL CHEWABLE TABLET (ORAL)	2.5%	NP	NP			
CALCIUM ACETATE TABLET (ORAL)	4.3%	P	P			
VELPHORO (ORAL)	3.5%	NP	NP			
SEVELAMER CARBONATE POWDER PACK (ORAL)	0.4%	NP	NP			
SEVELAMER HCL TABLET (ORAL)	3.0%	NP	NP			
SEVELAMER HCL TABLET (AG) (ORAL)	1.3%	NP	NP			
AURYXIA (ORAL)	2.9%	NP	NP			
LANTHANUM CARBONATE CHEWABLE TABLET (ORAL)	0.0%	NP	NP			
FOSRENOL POWDER PACK (ORAL)	0.1%	NP	NP			
XPHOZAH TABLET (ORAL)	0.0%	NR	NP			

Wisconsin Medicaid		Recommendations				
PRENATAL VITAMINS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PNV WITH CA,NO.72/IRON/FA (ORAL)	54.9%	P	P			
VITAFOL ULTRA (ORAL)	0.0%	NP	NP			
TRINATAL RX 1 (ORAL)	1.0%	P	P			
PRENATAL VIT #76/IRON,CARB/FA (ORAL)	1.7%	P	P			
VITAFOL-ONE (ORAL)	0.0%	NP	NP			
PNV COMBO#47/IRON/FA #1/DHA (ORAL)	0.1%	NP	P			
PNV NO.15/IRON FUM & PS CMP/FA (ORAL)	0.1%	P	P			
PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL)	34.9%	P	P			
VITAFOL-OB (ORAL)	0.0%	NP	NP			
PNV NO.118/IRON FUMARATE/FA CHEW TABLET (ORAL)	5.0%	P	P			
FE C/FA (ORAL)	0.0%	NP	NP			
COMPLETENATE CHEW TABLET (ORAL)	0.6%	P	P			
PNV WITH CA NO.68/IRON/FA NO.1/DHA (ORAL)	0.0%	NP	NP			
TRICARE (ORAL)	0.4%	P	P			
PNV 11-IRON FUM-FOLIC ACID-OM3 (ORAL)	0.0%	NP	NP			
PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)	1.1%	P	P			
NESTABS (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			
OB COMPLETE WITH DHA (ORAL)	0.0%	NP	NP			
OB COMPLETE TABLET (ORAL)	0.0%	NP	NP			
TRISTART DHA (ORAL)	0.0%	NP	NP			
ENBRACE HR (ORAL)	0.3%	NP	NP			
PRENATE STAR (ORAL)	0.0%	NP	NP			
PRENATE RESTORE (ORAL)	0.0%	NP	NP			
PRENATE ENHANCE (ORAL)	0.0%	NP	NP			
OB COMPLETE PREMIER (ORAL)	0.0%	NP	NP			
OB COMPLETE ONE (ORAL)	0.0%	NP	NP			
PRENATE CHEWABLE TABLET (ORAL)	0.0%	NP	NP			
PRENATE PIXIE (ORAL)	0.0%	NP	NP			
PRENATE ELITE (ORAL)	0.0%	NP	NP			
OB COMPLETE PETITE (ORAL)	0.0%	NP	NP			
PRENATE DHA (ORAL)	0.0%	NP	NP			
WESTGEL DHA (ORAL)	0.0%	NP	NP			
PRENATE MINI (ORAL)	0.0%	NP	NP			
NESTABS ONE (ORAL)	0.0%	NP	NP			
PRENATE ESSENTIAL (ORAL)	0.0%	NP	NP			
PRENATE AM (ORAL)	0.0%	NP	NP			
DERMACINRX PRENATRIX OTC (ORAL)	0.0%	NP	NP			
DERMACINRX PRETRATE TABLET OTC (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
PROTON PUMP INHIBITORS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ZEGERID (ORAL)	0.0%	NP	NP			
OMEPRAZOLE (ORAL)	59.6%	P	P			
PANTOPRAZOLE (ORAL)	32.9%	P	P			
LANSOPRAZOLE CAPSULES (ORAL)	2.1%	P	P			
ESOMEPRAZOLE CAPSULES (ORAL)	4.0%	P	P			
RABEPRAZOLE TABLETS (ORAL)	0.4%	NP	NP			
PROTONIX SUSPENSION (ORAL)	0.1%	P	P			
OMEPRAZOLE / SODIUM BICARBONATE OTC (ORAL)	0.0%	NP	NP			
DEXILANT (ORAL)	0.6%	P	P			
NEXIUM SUSPENSION (ORAL)	0.3%	P	P			
PREVACID SOLUTAB (ORAL)	0.1%	NP	NP			
LANSOPRAZOLE SOLUTAB (ORAL)	0.0%	NP	NP			
DEXLANSOPRAZOLE CAPSULES (AG) (ORAL)	0.0%	NP	NP			
ESOMEPRAZOLE SUSPENSION (ORAL)	0.0%	NP	NP			
PRILOSEC SUSPENSION (ORAL)	0.0%	NP	NP			
DEXLANSOPRAZOLE CAPSULES (ORAL)	0.0%	NP	NP			
KONVOMEF (ORAL)	0.0%	NR	NP			
PANTOPRAZOLE SUSPENSION (ORAL)	0.0%	NP	NP			
OMEPRAZOLE / SODIUM BICARBONATE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
SKELETAL MUSCLE RELAXANTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AMRIX (ORAL)	0.0%	NP	NP			
CYCLOBENZAPRINE (ORAL)	41.1%	P	P			
TIZANIDINE TABLETS (ORAL)	32.0%	P	P			
METHOCARBAMOL (ORAL)	7.7%	P	P			
BACLOFEN (ORAL)	17.8%	P	P			
CARISOPRODOL (ORAL)	0.5%	NP	NP			
TIZANIDINE CAPSULES (ORAL)	0.0%	NP	NP			
CHLORZOXAZONE (ORAL) *	0.2%	P	P			
ORPHENADRINE ER (ORAL)	0.1%	NP	NP			
CARISOPRODOL 250 MG (ORAL)	0.0%	NP	NP			
DANTROLENE SODIUM (AG) (ORAL)	0.1%	P	P			
DANTROLENE SODIUM (ORAL)	0.1%	P	P			
CYCLOBENZAPRINE ER (ORAL)	0.0%	NP	NP			
METAXALONE (ORAL)	0.2%	NP	NP			
CARISOPRODOL COMPOUND (ORAL)	0.0%	NP	NP			
CYCLOBENZAPRINE ER (AG) (ORAL)	0.0%	NP	NP			
LYVISPAN (ORAL)	0.0%	NP	NP			
LORZONE (ORAL)	0.0%	NP	NP			
BACLOFEN SOLUTION (AG) (ORAL)	0.2%	NP	P			
BACLOFEN SUSPENSION (FLEQSUVY) (AG) (ORAL)	0.0%	NR	NP			
FLEQSUVY (ORAL)	0.0%	NP	NP			
BACLOFEN SUSPENSION (FLEQSUVY) (ORAL)	0.0%	NR	NP			
ORPHENADRINE COMPOUND (ORAL)	0.0%	NP	NP			
BACLOFEN SOLUTION (OZOBAX DS) (ORAL)	0.0%	NR	NP			
NORGESIC FORTE (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
ULCERATIVE COLITIS AGENTS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
MESALAMINE (LIALDA) (AG) (ORAL)	0.2%	NP	NP			
PENTASA (ORAL)	1.8%	P	P			
LIALDA (ORAL)	46.0%	P	P			
DELZICOL (ORAL)	0.0%	NP	NP			
UCERIS (ORAL)	1.7%	P	P			
APRISO (ORAL)	11.1%	P	P			
AZULFIDINE TABLET (ORAL)	0.0%	P	P			
SULFASALAZINE (ORAL)	4.1%	P	P			
SULFASALAZINE (AG) (ORAL)	16.3%	P	P			
ROWASA (RECTAL)	1.3%	P	P			
SULFASALAZINE DR (AG) (ORAL)	5.4%	P	P			
DIPENTUM (ORAL)	0.0%	NP	NP			
MESALAMINE (CANASA) (AG) (RECTAL)	1.0%	P	P			
MESALAMINE ER (APRISO) (AG) (ORAL)	0.2%	NP	NP			
MESALAMINE (CANASA) (RECTAL)	4.4%	P	P			
BALSALAZIDE (ORAL)	4.3%	P	P			
MESALAMINE ER (APRISO) (ORAL)	0.2%	NP	NP			
BUDESONIDE DR (AG) (ORAL)	0.1%	NP	NP			
MESALAMINE (LIALDA) (ORAL)	0.7%	NP	NP			
MESALAMINE (SFROWASA) (RECTAL)	0.2%	NP	NP			
UCERIS (RECTAL)	0.0%	NP	NP			
MESALAMINE (DELZICOL) (AG) (ORAL)	0.0%	NP	NP			
MESALAMINE KIT (ROWASA) (RECTAL)	0.0%	NP	NP			
MESALAMINE ER (PENTASA) (ORAL)	0.2%	NP	NP			
MESALAMINE (DELZICOL) (ORAL)	0.2%	NP	NP			
BUDESONIDE (RECTAL)	0.1%	NR	NP			
MESALAMINE (ASACOL HD) (ORAL)	0.5%	NP	NP			
BUDESONIDE DR (ORAL)	0.0%	NP	NP			

Wisconsin Medicaid		Recommendations				
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS						
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
JENTADUETO XR (ORAL)	0.0%	NP	NP			
TRADJENTA (ORAL)	3.2%	P	P			
JANUVIA (ORAL)	13.2%	P	P			
KOMBIGLYZE XR (ORAL)	0.0%	NP	NP			
JENTADUETO (ORAL)	0.3%	P	P			
JANUMET (ORAL)	2.1%	P	P			
ONGLYZA (ORAL)	0.0%	NP	NP			
JANUMET XR (ORAL)	1.3%	P	P			
NESINA (ORAL)	0.0%	NP	NP			
GLYXAMBI (ORAL)	0.0%	NP	NP			
TRIJARDY XR (ORAL)	0.0%	NP	NP			
SAXAGLIPTIN (ORAL)	0.0%	NR	NP			
KAZANO (ORAL)	0.0%	NP	NP			
OSANI (ORAL)	0.0%	NP	NP			
QTERN (ORAL)	0.0%	NP	NP			
STEGLUJAN (ORAL)	0.0%	NP	NP			
ALOGLIPTIN/METFORMIN (AG) (ORAL)	0.0%	NP	NP			
ALOGLIPTIN (AG) (ORAL)	0.0%	NP	NP			
ALOGLIPTIN/PIOGLITAZONE (AG) (ORAL)	0.0%	NP	NP			
ZITUVIO (ORAL)	0.0%	NR	NP			
SAXAGLIPTIN/METFORMIN ER (ORAL)	0.0%	NR	NP			
VICTOZA (SUBCUTANE.)	7.7%	P	P			
BYETTA PENS (SUBCUTANE.)	0.3%	P	P			
SYMLIN PENS (SUBCUTANE.)	0.0%	P	P			
TRULICITY (SUBCUTANE.)	70.0%	P	P			
SOLIQUA (SUBCUTANE.)	0.0%	NP	NP			
BYDUREON BCISE (SUBCUTANE.)	0.0%	NP	NP			
RYBELSUS (ORAL)	0.1%	NP	NP			
OZEMPIC (SUBCUTANE.)	1.0%	NP	NP			
XULTOPHY (SUBCUTANE.)	0.0%	NP	NP			
MOUNJARO (SUBCUTANE.)	0.9%	NP	NP			