MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
November 5, 2025

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes
2	Catherine Decker Lindsay, Pharm. D.	Yes
3	David Dowell, M.D.	Yes
4	Kevin Izard, M.D.	Yes
5	Jessie Lawton, Pharm. D.	Yes
6	Samantha Marsh, Pharm. D.	Yes
7	William E. Raduege, M.D.	Yes (morning session only)
8	Chris Schwake, M.D.	Yes
9	Alicia Walker, Pharm. D.	No
10	Michael Witkovsky, M.D.	Yes
11	Ward Brown M.D.	No

NOVEMBER 2025 THERAPEUTIC DRUG CLASSES

ALZHEIMER'S AGENTS
ANTICONVULSANTS
ANTIDEPRESSANTS, OTHER
ANTIDEPRESSANTS, SSRIs
ANTIHISTAMINES, MINIMALLY SEDATING
ANTIHYPERTENSIVES, SYMPATHOLYTIC
ANTIHYPERURICEMICS, ORAL (GOUT AGENTS)
ANTIPARKINSON'S AGENTS
ANTIPSORIATICS, ORAL
ANTIPSORIATICS, TOPICAL
ANTIPSYCHOTICS (ORAL AND INJECTABLE)
ANTIVIRALS, COVID-19 – *Potential New Class*
ANXIOLYTICS
BILE SALTS
BRONCHODILATORS, BETA AGONIST
COPD AGENTS
COUGH AND COLD/NARCOTICS
CYTOKINE AND CAM ANTAGONISTS
EPINEPHRINE, SELF-ADMINISTERED
ERYTHROPOIESIS STIMULATING PROTEINS
GLUCOCORTICOIDS, INHALED
GLUCOCORTICOIDS, ORAL
HISTAMINE II RECEPTOR BLOCKERS
IDIOPATHIC PULMONARY FIBROSIS
IMMUNOMODULATORS, ASTHMA
IMMUNOMODULATORS FOR ATOPIC DERMATITIS
IMMUNOMODULATORS FOR ATOPIC DERMATITIS – TOPICAL
IMMUNOMODULATORS, TOPICAL
INTRANASAL RHINITIS AGENTS
LEUKOTRIENE MODIFIERS
METHOTREXATE
MOVEMENT DISORDERS
NEUROPATHIC PAIN (ANALGESICS/ANESTHETICS TOPICAL AND FIBROMYALGIA)
NSAIDS
OPHTHALMIC ANTIBIOTICS
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS
OPHTHALMIC ANTIINFLAMMATORIES
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS
OPHTHALMICS, GLAUCOMA AGENTS
OTIC ANTIBIOTICS
OTIC ANTI-INFECTIVES
SEDATIVE HYPNOTICS
SICKLE CELL ANEMIA TREATMENTS
STEROIDS, TOPICAL-HIGH POTENCY
STEROIDS, TOPICAL-LOW POTENCY
STEROIDS, TOPICAL-MEDIUM POTENCY
STEROIDS, TOPICAL-VERY HIGH POTENCY
STIMULANTS AND RELATED AGENTS

Recommendations Summary:

The following drug classes presented for review had no recommended changes since the November 6, 2024, 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:

- ANTIDEPRESSANTS, SSRIs
- ANTIHISTAMINES, MINIMALLY SEDATING
- ANTIHYPERTENSIVES, SYMPATHOLYTICS
- ANTIHYPERURICEMICS
- ANTIPARKINSON'S AGENTS
- ANTIPSORIATICS, ORAL
- ANTIPSORIATICS, TOPICAL
- BRONCHODILATORS, BETA AGONIST
- COUGH AND COLD, NARCOTIC
- ERYTHROPOIESIS STIMULATING PROTEINS
- HISTAMINE II RECEPTOR BLOCKER
- IDIOPATHIC PULMONARY FIBROSIS
- IMMUNOMODULATORS, ASTHMA
- IMMUNOMODULATORS, TOPICAL
- INTRANASAL RHINITIS AGENTS
- LEUKOTRIENE MODIFIERS
- METHOTREXATE
- MOVEMENT DISORDERS
- OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS
- OPHTHALMIC ANTIBIOTICS
- OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS
- OPHTHALMICS, ANTI-INFLAMMATORIES
- OTIC ANTIBIOTICS
- OTIC ANTI-INFECTIVES & ANESTHETICS
- SEDATIVE HYPNOTICS
- STEROIDS, TOPICAL MEDIUM
- STEROIDS, TOPICAL VERY HIGH
- STIMULANTS AND RELATED AGENTS

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

The following drug classes presented for review had recommended changes since the November 6, 2024, 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:

- ALZHEIMER'S AGENTS
- ANTICONVULSANTS
- ANTIDEPRESSANT, OTHER
- ANTIPSYCHOTICS
- ANTIVIRALS, COVID-19 – *Potential New Class*
- ANXIOLYTICS
- BILE SALTS
- COPD AGENTS
- CYTOKINE AND CAM ANTAGONISTS
- EPINEPHRINE, SELF-ADMINISTERED
- GLUCOCORTICOIDS, INHALED
- GLUCOCORTICOIDS, ORAL
- IMMUNOMODULATORS, ATOPIC DERMATITIS
- NEUROPATHIC PAIN
- NSAIDS
- OPHTHALMICS, DRY EYE AGENTS (Renamed - previously Ophthalmics, Anti-Inflammatory/Immunomodulators)
- OPHTHALMICS, GLAUCOMA AGENTS
- SICKLE CELL ANEMIA TREATMENTS
- STEROIDS, TOPICAL HIGH
- STEROIDS, TOPICAL LOW

- Discussion:

    - Kevin Izard stated that during the closed session the Committee discussed Dupixent, noting a fair number of Wisconsin Medicaid members are accessing the product, the State not wanting the prior authorization process to be arduous, and the manufacturer needing to work with the State on pricing of the product.

      Izard also indicated the Committee discussed Zurzuvae during the closed session, noting Zurzuvae is currently only offered by specialty pharmacies, which limits what the State may do with the product's prior authorization requirements.

      Izard thanked the individuals that provided testimony on Dupixent and Zurzuvae during the morning session.

      Kim Wohler added that in the case of Zurzuvae, the State can work with the manufacturer to provide a better understating of the prior authorization process and help prescribers that have expressed concern about accessing the product.

- Catherine Decker Lindsay noted there was discussion about Journavx during the closed session. Decker Lindsay stated some physicians may wrongly perceive a non-preferred status with Wisconsin Medicaid to mean a product is not available as may be the case with commercial insurance plans, when in fact the prior authorization process for Journavx and other non-preferred products for Wisconsin Medicaid is both generally easy and accessible.

  Kim Wohler elaborated that when a drug is non-preferred on the Preferred Drug List, it is still accessible as required by federal Centers for Medicare and Medicaid Services and that in the case of Journavx, STAT PA is an available option. The prior authorization requirements for Journavx do not require a member to step-through an opioid prior to accessing Journavx.

  STAT PA is a telephone resource pharmacies can access to enter information and receive a real time prior authorization response. In addition to STAT PA supporting expedited and emergency supply processes, there is overarching emergency supply policy that allows pharmacies to dispense medications in emergency situations if there are issues with prior authorization.

- Kevin Izard shared that Lynn Radmer is retiring and thanked her for her service to the State of Wisconsin and to this Committee.

- David Dowell made a motion to accept staff recommendations as presented.
  - Second – Michael Witkovsky
  - All members present were in favor of the motion
  - Motion passed

Wisconsin Medicaid						
ALZHEIMER'S AGENTS			**Recommendations**			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EXELON (TRANSDERM.)	1.6%	P	**P**			
MEMANTINE TABLET (AG) (ORAL)	0.0%	P	**P**			
DONEPEZIL TABLET (ORAL)	53.2%	P	**P**			
MEMANTINE TABLET (ORAL)	41.5%	P	**P**			
DONEPEZIL ODT (ORAL)	0.2%	P	**P**			
RIVASTIGMINE CAPSULES (ORAL)	2.7%	P	**P**			
MEMANTINE TABLET DOSE PACK (AG) (ORAL)	0.0%	P	**P**			
MEMANTINE ER (ORAL)	0.4%	NP	**NP**			
GALANTAMINE TABLET (ORAL)	0.1%	NP	**NP**			
DONEPEZIL 23 MG (ORAL)	0.2%	NP	**NP**			
GALANTAMINE ER (ORAL)	0.2%	NP	**NP**			
RIVASTIGMINE (TRANSDERM.)	0.0%	NP	**NP**			
RIVASTIGMINE (AG) (TRANSDERM.)	0.0%	NP	**NP**			
MEMANTINE ER (AG) (ORAL)	0.0%	NP	**NP**			
MEMANTINE SOLUTION (ORAL)	0.0%	P	**P**			
NAMZARIC (ORAL)	0.0%	NP	**NP**			
GALANTAMINE SOLUTION (ORAL)	0.0%	NP	**NP**			
ADLARITY (TRANSDERM)	0.0%	NP	**NP**			
ZUNVEYL TABLET DR (ORAL)	0.0%	NR	**NP**			
NAMZARIC DOSE PACK (ORAL)	0.0%	NP	**NP**			
MEMANTINE/DONEPEZIL ER CAP (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid ANTICONVULSANTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLONAZEPAM (ORAL)	13.2%	P	**P**			
PHENOBARBITAL TABLET (ORAL)	0.4%	P	**P**			
CLONAZEPAM ODT (ORAL)	0.3%	NP	**NP**			
PHENOBARBITAL ELIXIR (ORAL)	0.2%	P	**P**			
DIAZEPAM (AG) (RECTAL)	0.0%	P	**P**			
DIASTAT (RECTAL)	0.0%	P	**P**			
DIAZEPAM DEVICE (AG) (RECTAL)	0.3%	P	**P**			
NAYZILAM (NASAL)	0.5%	P	**P**			
VALTOCO (NASAL)	0.5%	P	**P**			
LIBERVANT FILM (BUCCAL)	0.0%	NP	**NP**			
TEGRETOL SUSPENSION (ORAL)	0.1%	P	**P**			
TEGRETOL XR (ORAL)	0.6%	P	**P**			
TEGRETOL TABLET (ORAL)	0.7%	P	**P**			
CARBAMAZEPINE TABLET (ORAL)	0.0%	NP	**NP**			
OXCARBAZEPINE TABLETS (ORAL)	5.0%	P	**P**			
EQUETRO (ORAL)	0.0%	NP	**NP**			
CARBAMAZEPINE 100MG CHEWABLE TABLET (ORAL)	0.2%	P	**P**			
CARBATROL (ORAL)	0.5%	P	**P**			
CARBAMAZEPINE XR (ORAL)	0.0%	NP	**NP**			
OXCARBAZEPINE SUSPENSION (ORAL)	0.7%	P	**P**			
CARBAMAZEPINE 200MG CHEWABLE TABLET (ORAL)	0.0%	P	**P**			
CARBAMAZEPINE ER (CARBATROL) (ORAL)	0.0%	NP	**NP**			
CARBAMAZEPINE SUSPENSION (ORAL)	0.0%	NP	**NP**			
TRILEPTAL SUSPENSION (ORAL)	0.0%	NP	**NP**			
OXTELLAR XR (ORAL)	0.1%	NP	**NP**			
OXCARBAZEPINE ER (OXTELLAR XR) (AG) (ORAL)	0.0%	NR	**NP**			
ESLICARBAZEPINE ACETATE TABLET (ORAL)	0.0%	NR	**NP**			
OXCARBAZEPINE ER (OXTELLAR XR) (ORAL)	0.1%	NR	**NP**			
DILANTIN SUSPENSION (ORAL)	0.0%	P	**P**			
FELBATOL TABLET (ORAL)	0.1%	P	**P**			
CELONTIN (ORAL)	0.0%	P	**P**			
DEPAKOTE SPRINKLE (ORAL)	1.3%	P	**P**			
DILANTIN INFATAB (ORAL)	0.0%	P	**P**			
DIVALPROEX TABLET (ORAL)	3.6%	P	**P**			
PRIMIDONE (ORAL)	0.8%	P	**P**			
DIVALPROEX ER (ORAL)	5.2%	P	**P**			
PHENYTOIN SUSPENSION (AG) (ORAL)	0.0%	P	**P**			
VALPROIC ACID SOLUTION (ORAL)	1.0%	P	**P**			
PHENYTOIN SUSPENSION (ORAL)	0.0%	P	**P**			
VALPROIC ACID CAPSULE (ORAL)	0.1%	P	**P**			
PHENYTOIN CAPSULE (ORAL)	0.3%	P	**P**			
ETHOSUXIMIDE CAPSULE (ORAL)	0.3%	P	**P**			
PHENYTOIN CHEWABLE TABLET (ORAL)	0.0%	P	**P**			
ETHOSUXIMIDE SYRUP (ORAL)	0.2%	P	**P**			
DIVALPROEX SPRINKLE (ORAL)	0.0%	NP	**NP**			
PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)	0.0%	P	**P**			
DILANTIN CAPSULE (ORAL)	0.0%	P	**P**			
FELBAMATE TABLET (ORAL)	0.2%	P	**P**			
FELBAMATE SUSPENSION (ORAL)	0.2%	P	**P**			
PHENYTEK (ORAL)	0.0%	NP	**NP**			
METHSUXIMIDE (ORAL)	0.0%	NP	**NP**			
TOPIRAMATE TABLETS (ORAL)	13.8%	P	**P**			
LAMOTRIGINE TABLET (ORAL)	23.6%	P	**P**			
LEVETIRACETAM TABLETS (ORAL)	8.8%	P	**P**			
ZONISAMIDE (ORAL)	1.8%	P	**P**			
LEVETIRACETAM SOLUTION (ORAL)	3.2%	P	**P**			
LACOSAMIDE TABLET (ORAL)	2.3%	P	**P**			
CLOBAZAM TABLET (ORAL)	1.5%	P	**P**			
LEVETIRACETAM ER (ORAL)	1.0%	P	**P**			
LAMOTRIGINE DISPERSIBLE TABLET (ORAL)	0.5%	P	**P**			
CLOBAZAM SUSPENSION (ORAL)	1.1%	P	**P**			
LAMOTRIGINE XR (ORAL)	2.0%	P	**P**			
TOPIRAMATE SPRINKLE (ORAL)	0.3%	P	**P**			
LACOSAMIDE SOLUTION (ORAL)	0.5%	P	**P**			
QUDEXY XR (ORAL)	0.0%	NP	**NP**			
EPRONTIA SOLUTION (ORAL)	0.3%	NP	**NP**			
LAMICTAL ODT DOSE PACK (ORAL)	0.0%	NP	**NP**			
LAMOTRIGINE ODT (ORAL)	0.2%	NP	**NP**			
TOPIRAMATE 50 MG SPRINKLE (ORAL)	0.0%	P	**P**			
TIAGABINE (ORAL)	0.0%	P	**P**			
LAMICTAL TABLET DOSE PACK (ORAL)	0.0%	P	**P**			
RUFINAMIDE TABLET (ORAL)	0.1%	NP	**NP**			
TROKENDI XR (ORAL)	0.2%	NP	**NP**			
RUFINAMIDE SUSPENSION (ORAL)	0.1%	NP	**NP**			
LEVETIRACETAM (SPRITAM) (AG) (ORAL)	0.0%	NR	**NP**			
LAMOTRIGINE ODT DOSE PACK (ORAL)	0.0%	NP	**NP**			
TOPIRAMATE SOLUTION (ORAL)	0.0%	NR	**NP**			
BANZEL TABLET (ORAL)	0.0%	NP	**NP**			
TOPIRAMATE ER (QUDEXY) (ORAL)	0.0%	NP	**NP**			
TOPIRAMATE ER (QUDEXY) (AG) (ORAL)	0.0%	NP	**NP**			
VIMPAT TABLET (ORAL)	0.1%	NP	**NP**			
LAMICTAL ODT (ORAL)	0.0%	NP	**NP**			
XCOPRI TITRATION PAK (ORAL)	0.0%	NP	**NP**			
VIGABATRIN POWDER PACK (ORAL)	0.0%	P	**P**			
TOPIRAMATE ER (TROKENDI) (ORAL)	0.0%	NP	**NP**			
LAMICTAL XR (ORAL)	0.1%	NP	**NP**			
LAMICTAL XR DOSE PACK (ORAL)	0.0%	NP	**NP**			
ZONISADE SUSPENSION (ORAL)	0.1%	NP	**NP**			
MOTPOLY XR (ORAL)	0.0%	NP	**NP**			
VIMPAT SOLUTION (ORAL)	0.0%	NP	**NP**			
LAMOTRIGINE TABLET DOSE PACK (ORAL)	0.0%	P	**P**			
FYCOMPA TABLET (ORAL)	0.1%	NP	**NP**			
PERAMPANEL TABLET (FYCOMPA) (ORAL)	0.0%	NR	**NP**			
SYMPAZAN (ORAL)	0.0%	NP	**NP**			
BRIVIACT TABLET (ORAL)	0.5%	NP	**NP**			
SPRITAM (ORAL)	0.0%	NP	**NP**			
BANZEL SUSPENSION (ORAL)	0.0%	NP	**NP**			
XCOPRI TABLET (ORAL)	0.3%	NP	**NP**			
FYCOMPA SUSPENSION (ORAL)	0.0%	NP	**NP**			
BRIVIACT SOLUTION (ORAL)	0.1%	NP	**NP**			
ELEPSIA XR TABLET (ORAL)	0.0%	NP	**NP**			
SABRIL TABLET (ORAL)	0.0%	P	**P**			
VIGABATRIN TABLET (ORAL)	0.0%	P	**P**			
EPIDIOLEX (ORAL)	0.5%	NP	**NP**			
DIACOMIT POWDER PACK (ORAL)	0.0%	NP	**NP**			
DIACOMIT CAPSULE (ORAL)	0.0%	NP	**NP**			
FINTEPLA (ORAL)	0.0%	NP	**NP**			
VIGAFYDE SOLUTION (ORAL)	0.0%	NP	**NP**			
ZTALMY (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANTIDEPRESSANTS, OTHER			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VENLAFAXINE ER TABLETS (AG) (ORAL)	0.0%	NP	**NP**			
TRAZODONE (ORAL)	26.7%	P	**P**			
BUPROPION XL (ORAL)	30.0%	P	**P**			
VENLAFAXINE ER CAPSULES (ORAL)	17.1%	P	**P**			
VENLAFAXINE (ORAL)	1.1%	P	**P**			
MIRTAZAPINE TABLET (ORAL)	10.7%	P	**P**			
BUPROPION SR (ORAL)	4.4%	P	**P**			
BUPROPION (ORAL)	1.5%	P	**P**			
MARPLAN (ORAL)	0.0%	P	**P**			
MIRTAZAPINE ODT (ORAL)	0.2%	P	**P**			
FETZIMA DOSE PACK (ORAL)	0.0%	NP	**NP**			
DESVENLAFAXINE ER (PRISTIQ) (ORAL)	4.9%	P	**P**			
FETZIMA (ORAL)	0.1%	NP	**NP**			
VENLAFAXINE ER TABLETS (ORAL)	0.0%	NP	**NP**			
VILAZODONE (AG) (ORAL)	0.0%	P	**P**			
NEFAZODONE (ORAL)	0.0%	NP	**NP**			
VILAZODONE (ORAL)	1.5%	P	**P**			
NARDIL (ORAL)	0.0%	NP	**NP**			
TRINTELLIX (ORAL)	1.2%	NP	**NP**			
PHENELZINE (ORAL)	0.0%	P	**P**			
TRANYLCYPROMINE SULFATE (ORAL)	0.0%	P	**P**			
DESVENLAFAXINE ER (NO BRAND) (ORAL)	0.0%	NP	**NP**			
FORFIVO XL (ORAL)	0.0%	NP	**NP**			
VENLAFAXINE BESYLATE ER (ORAL)	0.0%	NP	**NP**			
BUPROPION XL (FORFIVO XL) (AG) (ORAL)	0.0%	NP	**NP**			
EMSAM (TRANSDERMAL)	0.0%	NP	**NP**			
RALDESY SOLUTION (ORAL)	0.0%	NR	**NP**			
AUVELITY (ORAL)	0.4%	NP	**NP**			
ZURZUVAE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANTIPSYCHOTICS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RISPERIDONE TABLET (ORAL)	10.9%	P	**P**			
QUETIAPINE TABLETS (ORAL)	24.1%	P	**P**			
OLANZAPINE TABLET (ORAL)	9.2%	P	**P**			
ARIPIPRAZOLE TABLET (ORAL)	21.5%	P	**P**			
QUETIAPINE ER (ORAL)	2.2%	P	**P**			
LURASIDONE (ORAL)	5.6%	P	**P**			
ZIPRASIDONE CAPSULE (AG) (ORAL)	0.0%	P	**P**			
ZIPRASIDONE CAPSULE (ORAL)	2.6%	P	**P**			
RISPERIDONE SOLUTION (ORAL)	0.6%	P	**P**			
OLANZAPINE ODT (ORAL)	1.0%	P	**P**			
CLOZAPINE (ORAL)	1.9%	P	**P**			
PALIPERIDONE (ORAL)	1.6%	P	**P**			
RISPERIDONE ODT (ORAL)	0.3%	P	**P**			
FANAPT TITRATION PACK (ORAL)	0.0%	NP	**NP**			
ARIPIPRAZOLE SOLUTION (ORAL)	0.3%	P	**P**			
ASENAPINE (SUBLINGUAL)	0.2%	P	**P**			
ARIPIPRAZOLE ODT (ORAL)	0.0%	P	**P**			
FANAPT TABLET (ORAL)	0.1%	NP	**NP**			
LATUDA (ORAL)	0.0%	NP	**NP**			
CLOZAPINE ODT (ORAL)	0.1%	NP	**NP**			
VRAYLAR (ORAL)	6.6%	P	**P**			
REXULTI (ORAL)	1.4%	NP	**NP**			
SECUADO (TRANSDERMAL)	0.0%	NP	**NP**			
OPIPZA FILM (ORAL)	0.0%	NR	**NP**			
LYBALVI (ORAL)	0.4%	NP	**NP**			
CAPLYTA (ORAL)	0.6%	NP	**NP**			
COBENFY (ORAL)	0.1%	NR	**NP**			
COBENFY STARTER PACK (ORAL)	0.0%	NR	**NP**			
ABILIFY MYCITE (ORAL)	0.0%	NP	**NP**			
VERSACLOZ (ORAL)	0.0%	NP	**NP**			
NUPLAZID CAPSULE (ORAL)	0.0%	NP	**NP**			
NUPLAZID TABLET (ORAL)	0.0%	NP	**NP**			
OLANZAPINE/FLUOXETINE (ORAL)	0.0%	NP	**NP**			
HALDOL DECANOATE (INTRAMUSC)	0.0%	P	**P**			
HALOPERIDOL DECANOATE (INJECTION)	0.7%	P	**P**			
FLUPHENAZINE DECANOATE (INJECTION)	0.2%	P	**P**			
RISPERDAL CONSTA (INTRAMUSC)	0.3%	P	**P**			
PERSERIS (SUBCUTANEOUS)	0.0%	P	**P**			
ZYPREXA RELPREVV (INTRAMUSC)	0.0%	P	**P**			
UZEDY (SUBCUTANEOUS)	0.2%	P	**P**			
RISPERIDONE (INTRAMUSC)	0.0%	NP	**NP**			
INVEGA SUSTENNA (INTRAMUSC)	1.8%	P	**P**			
ARISTADA INITIO (INTRAMUSC)	0.0%	P	**P**			
ARISTADA (INTRAMUSC)	0.7%	P	**P**			
ABILIFY MAINTENA (INTRAMUSC.)	0.9%	P	**P**			
ERZOFRI (INTRAMUSC)	0.0%	NR	**NP**			
RYKINDO (INTRAMUSC)	0.0%	NP	**NP**			
ABILIFY ASIMTUFII (INTRAMUSC)	0.1%	P	**P**			
INVEGA TRINZA (INTRAMUSC)	0.2%	P	**P**			
INVEGA HAFYERA (INTRAMUSC)	0.0%	P	**P**			
ZIPRASIDONE (INTRAMUSC)	0.0%	NP	**NP**			
PERPHENAZINE (ORAL)	0.2%	P	**P**			
HALOPERIDOL (ORAL)	2.2%	P	**P**			
FLUPHENAZINE TABLET (ORAL)	0.4%	P	**P**			
HALOPERIDOL LACTATE CONC (ORAL)	0.0%	P	**P**			
CHLORPROMAZINE (ORAL)	0.4%	P	**P**			
LOXAPINE (ORAL)	0.2%	P	**P**			
THIORIDAZINE (ORAL)	0.0%	NP	**NP**			
TRIFLUOPERAZINE (ORAL)	0.0%	P	**P**			
THIOTHIXENE (ORAL)	0.1%	P	**P**			
PIMOZIDE (ORAL)	0.0%	P	**P**			
AMITRIPTYLINE / PERPHENAZINE (ORAL)	0.0%	P	**P**			
ADASUVE (INHALATION)	0.0%	NP	**NP**			
FLUPHENAZINE ELIXIR/SOLN (ORAL)	0.0%	P	**P**			
MOLINDONE (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
ANTIVIRALS, COVID-19			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PAXLOVID TAB DS PK (ORAL)	100.0%	NR	**P**			

Wisconsin Medicaid						
ANXIOLYTICS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DIAZEPAM TABLET (ORAL)	8.6%	P	**P**			
ALPRAZOLAM TABLET (ORAL)	22.1%	P	**P**			
LORAZEPAM TABLET (ORAL)	20.2%	P	**P**			
CHLORDIAZEPOXIDE (ORAL)	0.6%	P	**P**			
BUSPIRONE (ORAL)	46.7%	P	**P**			
ALPRAZOLAM ER (ORAL)	0.8%	P	**P**			
DIAZEPAM SOLUTION (ORAL)	0.3%	P	**P**			
LORAZEPAM INTENSOL (ORAL)	0.2%	P	**P**			
DIAZEPAM INTENSOL (ORAL)	0.0%	NP	**NP**			
OXAZEPAM (ORAL)	0.0%	NP	**NP**			
CLORAZEPATE (ORAL)	0.2%	NP	**NP**			
LOREEV XR CAP ER 24H (ORAL)	0.0%	NP	**NP**			
ALPRAZOLAM ODT (ORAL)	0.0%	NP	**NP**			
ALPRAZOLAM INTENSOL (ORAL)	0.0%	NP	**NP**			
MEPROBAMATE (ORAL)	0.0%	NP	**NP**			
BUCAPSOL (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
BILE SALTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
URSODIOL TABLET (ORAL)	31.6%	P	**P**			
URSODIOL 300 MG CAPSULE (ORAL)	66.1%	P	**P**			
RELTONE (ORAL)	0.0%	NP	**NP**			
IQIRVO TABLET (ORAL)	0.3%	NP	**NP**			
LIVDELZI CAPSULE (ORAL)	1.0%	NP	**NP**			
BYLVAY CAPSULE (ORAL)	0.0%	NP	**NP**			
CHOLBAM (ORAL)	0.8%	NP	**NP**			
CTEXLI (ORAL)	0.0%	NR	**NP**			
CHENODAL (ORAL)	0.0%	NP	**NP**			
LIVMARLI SOLUTION (ORAL)	0.2%	NP	**NP**			
BYLVAY PELLET (ORAL)	0.0%	NP	**NP**			
LIVMARLI TABLET (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
COPD AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
SPIRIVA (INHALATION)	31.9%	P	**P**			
IPRATROPIUM NEBULIZER (INHALATION)	0.8%	P	**P**			
ROFLUMILAST (ORAL)	2.1%	P	**P**			
IPRATROPIUM / ALBUTEROL (INHALATION)	24.4%	P	**P**			
ATROVENT HFA (INHALATION)	2.5%	P	**P**			
ANORO ELLIPTA (INHALATION)	11.5%	P	**P**			
SPIRIVA RESPIMAT (INHALATION)	4.0%	NP	**NP**			
STIOLTO RESPIMAT (INHALATION)	8.5%	P	**P**			
COMBIVENT RESPIMAT (INHALATION)	13.0%	P	**P**			
INCRELLIPTA (INHALATION)	0.8%	NP	**NP**			
BEVESPI AEROSPHERE (INHALATION)	0.2%	NP	**NP**			
UMECLIDINIUM/VILANTEROL (AG) INHALATION	0.0%	NR	**NP**			
TUDORZA PRESSAIR (INHALATION)	0.1%	NP	**NP**			
TIOTROPIUM (INHALATION)	0.0%	NP	**NP**			
DUAKLIR PRESSAIR (INHALATION)	0.0%	NP	**NP**			
YUPELRI (INHALATION)	0.1%	NP	**NP**			
OHTUVAYRE (INHALATION)	0.1%	NP	**NP**			

Wisconsin Medicaid CYTOKINE AND CAM ANTAGONISTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
KINERET (INJECTION)	0.3%	NP	**NP**			
BIMZELX SYRINGE (SUBCUTANE.)	0.0%	NP	**NP**			
BIMZELX PEN (SUBCUTANE.)	1.4%	NP	**NP**			
SPEVIGO SYRINGE (SUBCUTANE.)	0.0%	NP	**NP**			
TALTZ AUTOINJECTOR (SUBCUTANE.)	3.4%	NP	**P**			
TALTZ SYRINGE (SUBCUTANE.)	0.3%	NP	**P**			
COSENTYX VIAL (INTRAVENOUS)	0.0%	NP	**NP**			
COSENTYX PEN (SUBCUTANE.)	6.6%	NP	**NP**			
COSENTYX SYRINGE (SUBCUTANE.)	0.2%	NP	**NP**			
YESINTEK VIAL (SUBCUTANE.)	0.0%	NR	**NP**			
PYZCHIVA VIAL (SUBCUTANE.)	0.0%	NR	**NP**			
STEQEYMA SYRINGE (SUBCUTANE.)	0.0%	NR	**P**			
SELARSDI SYRINGE (SUBCUTANE.)	0.1%	NR	**P**			
IMULDOSA SYRINGE (SUBCUTANE.)	0.0%	NR	**NP**			
PYZCHIVA SYRINGE (SUBCUTANEOUS)	0.0%	NR	**NP**			
YESINTEK SYRINGE (SUBCUTANE.)	0.0%	NR	**NP**			
OTULFI SYRINGE (SUBCUTANEOUS)	0.0%	NR	**NP**			
USTEKINUMAB-AEKN SYRINGE (SUBCUTANE.)	0.0%	NR	**NP**			
OMVOH SYRINGE (SUBCUTANE.)	0.0%	NP	**NP**			
OMVOH PEN (SUBCUTANE.)	0.0%	NP	**NP**			
USTEKINUMAB SYRINGE (SUBCUTANE.)	0.0%	NR	**NP**			
TREMFYA PEN (SUBCUTANE.)	0.0%	NR	**NP**			
SKYRIZI VIAL (INTRAVEN.)	0.0%	NP	**NP**			
USTEKINUMAB VIAL (SUBCUTANE.)	0.0%	NR	**NP**			
TREMFYA SYRINGE (SUBCUTANE.)	0.2%	NP	**NP**			
TREMFYA AUTOINJECTOR (SUBCUTANE.)	1.0%	NP	**NP**			
USTEKINUMAB-TTWE SYRINGE (QUALLENT) (SUBCUTANE.)	0.0%	NR	**NP**			
STELARA VIAL (SUBCUTANE.)	0.1%	NP	**NP**			
SKYRIZI PEN (SUBCUTANE.)	2.8%	NP	**NP**			
SKYRIZI SYRINGE (SUBCUTANE.)	0.2%	NP	**NP**			
SKYRIZI ON-BODY (SUBCUTANE.)	1.6%	NP	**NP**			
STELARA SYRINGE (SUBCUTANE.)	3.8%	NP	**NP**			
TYENNE AUTOINJECTOR (SUBCUTANE.)	0.1%	P	**P**			
TYENNE SYRINGE (SUBCUTANE.)	0.2%	P	**P**			
KEVZARA PEN (SUBCUTANE.)	0.7%	NP	**NP**			
ACTEMRA SYRINGE (SUBCUTANE.)	0.3%	NP	**NP**			
ACTEMRA PEN (SUBCUTANE.)	0.8%	NP	**NP**			
KEVZARA SYRINGE (SUBCUTANE.)	0.1%	NP	**NP**			
XELJANZ (ORAL)	3.9%	P	**P**			
XELJANZ XR (ORAL)	0.0%	NP	**P**			
XELJANZ SOLUTION (ORAL)	0.0%	NP	**P**			
LITFULO CAPSULE (ORAL)	0.0%	NR	**NP**			
CIBINQO (ORAL)	0.3%	NP	**NP**			
OLUMIANT (ORAL)	0.1%	NP	**NP**			
RINVOQ ER (ORAL)	5.1%	NP	**NP**			
LEQSELVI TABLET (ORAL)	0.0%	NR	**NP**			
RINVOQ LQ SOLUTION (ORAL)	0.1%	NP	**NP**			
OTEZLA (ORAL)	8.3%	P	**P**			
ORENCIA CLICKJECT (SUBCUTANE.)	1.9%	P	**P**			
ORENCIA SYRINGE (SUBCUTANE.)	0.5%	P	**P**			
SOTYKTU (ORAL)	0.1%	NP	**NP**			
ENTYVIO PEN (SUBCUTANE.)	0.2%	NP	**NP**			
VELSIPITY (ORAL)	0.0%	NP	**NP**			
ENSPRYNG (SUBCUTANE.)	0.0%	NP	**NP**			
AMJEVITA KIT (INJECTION) HW SP (CF) 100 MG/ML	0.0%	NP	**NP**			
CYLTEZO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	P	**NP**			
CYLTEZO KIT (INJECTION) (CF) 50 MG/ML	0.0%	P	**NP**			
ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
CYLTEZO PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	P	**NP**			
ADALIMUMAB-FKJP KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
HULIO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-ADAZ PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ENBREL MINI CARTRIDGE (SUBCUTANE.)	0.5%	P	**P**			
HULIO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
HADLIMA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**P**			
ENBREL SYRINGE (INJECTION)	0.9%	P	**P**			
ENBREL PEN (INJECTION)	7.1%	P	**P**			
ADALIMUMAB-ADAZ KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	**NP**			
HADLIMA KIT (INJECTION) 50 MG/ML	0.0%	NP	**NP**			
HADLIMA PEN KIT (INJECTION) 50 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**P**			
ENBREL VIAL (SUBCUTANE.)	0.1%	P	**P**			
ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
CYLTEZO KIT (INJECTION) (CF) 100 MG/ML	0.0%	P	**NP**			
SIMPONI PEN INJECTOR (INJECTION)	0.6%	P	**P**			
SIMPONI SYRINGE (INJECTION)	0.0%	P	**P**			
SIMLANDI PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
AMJEVITA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-AATY KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-AATY PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
YUSIMRY PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-AACF PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
YUFLYMA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
YUFLYMA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
HUMIRA KIT (INJECTION) 50 MG/ML	0.4%	P	**P**			
HUMIRA PEN KIT (INJECTION) 50 MG/ML	1.7%	P	**P**			
AMJEVITA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
HUMIRA KIT (INJECTION) (CF) 100 MG/ML	2.9%	P	**P**			
SIMLANDI KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	**NP**			
ABRILADA PEN KIT (INJECTION) (CF) 50 MG/ ML	0.0%	NP	**NP**			
HUMIRA PEN KIT (INJECTION) (CF) 100 MG/ML	38.8%	P	**P**			
AMJEVITA PEN KIT (INJECTION) LW (CF) 50 MG/ML	0.0%	NP	**NP**			
ABRILADA KIT (INJECTION) (CF) 50 MG/ ML	0.0%	NP	**NP**			
CIMZIA SYRINGE KIT (INJECTION)	2.3%	P	**P**			
ADALIMUMAB-ADBM KIT (QUALLENT) (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
ZYMFENTRA PEN (SUBCUTANE.)	0.0%	NP	**NP**			
ADALIMUMAB-ADBM KIT (QUALLENT)(INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-RYVK PEN KIT (SIMLANDI) (INJECTION) (CF) 100MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-ADBM PEN KIT (QUALLENT) (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-ADBM PEN KIT (QUALLENT) (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ADALIMUMAB-RYVK KIT (SIMLANDI) (INJECTION) (CF) 100MG/ML	0.0%	NP	**NP**			
IDACIO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
AMJEVITA PEN KIT (INJECTION) HW (CF) 50 MG/ML	0.0%	NP	**NP**			
HYRIMOZ PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
IDACIO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
AMJEVITA KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	**NP**			
HYRIMOZ KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	**NP**			
ZYMFENTRA SYRINGE (SUBCUTANE.)	0.0%	NP	**NP**			
CIMZIA KIT (INJECTION)	0.0%	P	**P**			

Wisconsin Medicaid EPINEPHRINE, SELF-ADMINISTERED			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EPIPEN JR (INTRAMUSC)	0.1%	P	**P**			
EPIPEN (INTRAMUSC)	0.5%	P	**P**			
EPINEPHRINE 0.15 MG (EPIPEN JR) (AG) (INJECTION)	16.7%	P	**P**			
EPINEPHRINE 0.3 MG (EPIPEN) (AG) (INJECTION)	81.4%	P	**P**			
AUVI-Q 0.1 MG (INTRAMUSC)	1.0%	P	**P**			
EPINEPHRINE 0.3 MG (ADRENACLICK) (AG) (INJECTION)	0.1%	NP	**NP**			
AUVI-Q 0.15 MG (INTRAMUSC)	0.0%	NP	**NP**			
AUVI-Q 0.3 MG (INTRAMUSC)	0.0%	NP	**NP**			
EPINEPHRINE 0.15 MG (EPIPEN JR) (INJECTION)	0.0%	NP	**NP**			
EPINEPHRINE 0.15 MG (ADRENACLICK) (AG) (INJECTION)	0.0%	NP	**NP**			
EPINEPHRINE 0.3 MG (EPIPEN) (INJECTION)	0.0%	NP	**NP**			
NEFFY SPRAY (NASAL)	0.1%	NR	**NP**			

Wisconsin Medicaid GLUCOCORTICOIDS, INHALED			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DULERA (INHALATION)	5.0%	P	**P**			
AIRDUO RESPICLICK (INHALATION)	0.1%	P	**P**			
ADVAIR HFA (INHALATION)	6.1%	P	**P**			
SYMBICORT (INHALATION)	32.5%	P	**P**			
FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)	0.0%	NP	**NP**			
ADVAIR DISKUS (INHALATION)	22.5%	P	**P**			
FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION)	0.0%	NP	**NP**			
FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION)	0.0%	NP	**NP**			
BREO ELLIPTA (INHALATION)	1.1%	NP	**NP**			
AIRSUPRA HFA (INHALATION)	0.2%	NP	**NP**			
BUDESONIDE/FORMOTEROL (AG) (INHALATION)	0.0%	NP	**NP**			
BUDESONIDE/FORMOTEROL (INHALATION)	0.0%	NP	**NP**			
BREZTRI AEROSPHERE (INHALATION)	1.4%	NP	**NP**			
FLUTICASONE/VILANTEROL (AG) (INHALATION)	0.0%	NP	**NP**			
TRELEGY ELLIPTA (INHALATION)	4.7%	NP	**NP**			
FLUTICASONE/SALMETEROL HFA (AG) (INHALATION)	0.0%	NP	**NP**			
PULMICORT FLEXHALER (INHALATION)	1.2%	P	**P**			
ASMANEX (INHALATION)	0.4%	P	**P**			
ASMANEX HFA (INHALATION)	0.3%	P	**P**			
ARNUITY ELLIPTA (INHALATION)	1.3%	P	**P**			
QVAR REDIHALER (INHALATION)	0.8%	P	**P**			
BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)	2.9%	P	**P**			
FLUTICASONE (ELLIPTA) (AG) INHALATION	0.0%	NR	**NP**			
FLUTICASONE HFA (AG) (INHALATION)	18.5%	P	**P**			
FLUTICASONE (FLOVENT DISKUS) (AG) (INHALATION)	0.4%	P	**P**			
ALVESCO (INHALATION)	0.1%	NP	**NP**			
BUDESONIDE 1 MG RESPULES (INHALATION)	0.5%	P	**P**			

Wisconsin Medicaid GLUCOCORTICOIDS, ORAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
PREDNISONE TABLET (ORAL)	62.3%	P	**P**			
METHYLPREDNISOLONE TAB DS PK (ORAL)	13.5%	P	**P**			
DEXAMETHASONE TABLET (ORAL)	7.9%	P	**P**			
METHYLPREDNISOLONE 4 MG TABLET (ORAL)	0.4%	P	**P**			
METHYLPREDNISOLONE 32 MG TABLET (ORAL)	0.2%	P	**P**			
PREDNISOLONE SODIUM PHOSPHATE (ORAL)	7.1%	P	**P**			
MEDROL TABLET (ORAL)	0.0%	NP	**NP**			
DEXAMETHASONE SOLUTION (ORAL)	0.2%	P	**P**			
PREDNISONE TAB DS PK (ORAL)	0.1%	P	**P**			
METHYLPREDNISOLONE 16 MG TABLET (ORAL)	0.0%	P	**P**			
DEXAMETHASONE ELIXIR (ORAL)	0.2%	P	**P**			
HYDROCORTISONE (ORAL)	3.4%	P	**P**			
DEXAMETHASONE INTENSOL (ORAL)	0.1%	P	**P**			
PREDNISOLONE SOLUTION (ORAL)	2.6%	P	**P**			
METHYLPREDNISOLONE 8 MG TABLET (ORAL)	0.0%	P	**P**			
BUDESONIDE EC (ORAL)	1.5%	P	**P**			
PREDNISONE SOLUTION (ORAL)	0.2%	P	**P**			
PREDNISONE INTENSOL (ORAL)	0.0%	P	**P**			
HEMADY (ORAL)	0.0%	NP	**NP**			
PREDNISOLONE SODIUM PHOSPHATE ODT (ORAL)	0.0%	P	**P**			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (MILLIPRED) (ORAL)	0.0%	NP	**NP**			
DEXAMETHASONE TAB DS PK (ORAL)	0.0%	NP	**NP**			
TAPERDEX (ORAL)	0.0%	NP	**NP**			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (VERIPRED) (ORAL)	0.0%	NP	**NP**			
PREDNISOLONE TABLET (MILLIPRED) (ORAL)	0.0%	NP	**NP**			
CORTISONE (ORAL)	0.0%	NP	**NP**			
EOHILIA SUSP PACKT (ORAL)	0.0%	NP	**NP**			
ALKINDI SPRINKLE (ORAL)	0.0%	NP	**NP**			
EMFLAZA TABLET (ORAL)	0.1%	NP	**NP**			
DEFLAZACORT SUSPENSION (ORAL)	0.0%	NP	**NP**			
KHINDIVI SOLUTION (ORAL)	0.0%	NR	**NP**			
DEFLAZACORT TABLET (ORAL)	0.0%	NP	**NP**			
EMFLAZA SUSPENSION (ORAL)	0.0%	NP	**NP**			
AGAMREE SUSPENSION (ORAL)	0.1%	NP	**NP**			
TARPEYO (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid IMMUNOMODULATORS, ATOPIC DERMATITIS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
EBGLYSS SYRINGE (SUBCUTANEOUS)	0.0%	NR	**P**			
EBGLYSS PEN (SUBCUTANEOUS)	0.1%	NR	**P**			
ADBRY SYRINGE (SUBCUTANEOUS)	7.4%	P	**P**			
ADBRY AUTOINJECTOR (SUBCUTANEOUS)	5.0%	P	**P**			
DUPIXENT SYRINGE (SUBCUTANEOUS)	10.2%	NP	**NP**			
DUPIXENT PEN (SUBCUTANEOUS)	26.5%	NP	**NP**			
NEMLUVIO PEN (SUBCUTANEOUS)	0.1%	NR	**NP**			
TACROLIMUS (AG) (TOPICAL)	3.5%	P	**P**			
PIMECROLIMUS (AG) (TOPICAL)	5.6%	P	**P**			
TACROLIMUS (TOPICAL)	29.8%	P	**P**			
PIMECROLIMUS (TOPICAL)	6.7%	P	**P**			
EUCRISA (TOPICAL)	2.3%	P	**P**			
ZORYVE 0.15% CREAM (TOPICAL)	0.3%	NP	**NP**			
VTAMA (TOPICAL)	0.8%	NP	**NP**			
OPZELURA (TOPICAL)	1.7%	NP	**NP**			
ANZUPGO (TOPICAL)	0.0%	NR	**NP**			

Wisconsin Medicaid NEUROPATHIC PAIN AND SELECT AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
JOURNAVX TABLET (ORAL) *	0.0%	NR	**NP**			
GABARONE TABLET (ORAL)	0.0%	NR	**NP**			
LYRICA SOLUTION (ORAL)	0.0%	P	**P**			
GRALISE (ORAL)	0.0%	NP	**NP**			
HORIZANT (ORAL)	0.0%	NP	**NP**			
LYRICA CR (ORAL)	0.0%	NP	**NP**			
SAVELLA (ORAL)	0.4%	P	**P**			
SAVELLA DOSE PACK (ORAL)	0.0%	P	**P**			
LYRICA CAPSULE (ORAL)	0.2%	P	**P**			
GABAPENTIN SOLUTION (AG) (ORAL)	0.0%	P	**P**			
DULOXETINE (CYMBALTA) (ORAL)	28.0%	P	**P**			
GABAPENTIN CAPSULE (ORAL)	35.1%	P	**P**			
PREGABALIN CAPSULE (AG) (ORAL)	0.0%	P	**P**			
PREGABALIN CAPSULE (ORAL)	14.3%	P	**P**			
GABAPENTIN TABLET (ORAL)	11.9%	P	**P**			
GABAPENTIN SOLUTION (ORAL)	0.7%	P	**P**			
PREGABALIN SOLUTION (AG) (ORAL)	0.0%	P	**P**			
PREGABALIN SOLUTION (ORAL)	0.0%	P	**P**			
DULOXETINE (IRENKA) (ORAL)	0.1%	NP	**NP**			
GABAPENTIN ER TABLET (GRALISE) (ORAL)	0.0%	NP	**NP**			
PREGABALIN ER (ORAL)	0.0%	NP	**NP**			
DRIZALMA SPRINKLE (ORAL)	0.0%	NP	**NP**			
CAPSAICIN OTC (TOPICAL)	0.6%	P	**P**			
LIDOCAINE (AG) (TOPICAL)	5.8%	P	**P**			
LIDOCAINE (TOPICAL)	2.7%	P	**P**			
ZTLIDO (TOPICAL)	0.0%	NP	**NP**			
LIDOCAN PATCH (PURETEK) (TOPICAL)	0.0%	NP	**NP**			

* Journavx is a non-preferred drug for WI in the Analgesics, Miscellaneous drug class.

Wisconsin Medicaid NSAIDS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
FLURBIPROFEN (ORAL)	0.0%	P	**P**			
MELOXICAM TABLET (ORAL)	15.3%	P	**P**			
CELECOXIB (AG) (ORAL)	0.0%	P	**P**			
IBUPROFEN TABLET OTC (ORAL)	3.0%	P	**P**			
INDOMETHACIN CAPSULE ER (ORAL)	0.0%	NP	**NP**			
IBUPROFEN TABLET (ORAL)	30.4%	P	**P**			
NAPROXEN SODIUM OTC (ORAL)	0.4%	P	**P**			
NAPROXEN TABLET (ORAL)	9.9%	P	**P**			
CELECOXIB (ORAL)	9.5%	P	**P**			
IBUPROFEN CAPSULE OTC (ORAL)	0.0%	P	**P**			
KETOROLAC (ORAL)	2.8%	P	**P**			
IBUPROFEN TAB CHEW OTC (ORAL)	0.1%	P	**P**			
IBUPROFEN SUSPENSION OTC (ORAL)	5.0%	P	**P**			
DICLOFENAC SODIUM (ORAL)	7.0%	P	**P**			
INDOMETHACIN CAPSULE (ORAL)	1.0%	P	**P**			
IBUPROFEN SUSPENSION (ORAL)	2.2%	P	**P**			
NABUMETONE (ORAL)	0.7%	P	**P**			
DICLOFENAC POTASSIUM TABLET (ORAL)	0.5%	P	**P**			
SULINDAC (ORAL)	0.1%	P	**P**			
NAPROXEN SODIUM (ORAL)	0.0%	NP	**NP**			
IBUPROFEN DROPS SUSPENSION OTC (ORAL)	0.0%	P	**P**			
ETODOLAC (ORAL)	0.0%	NP	**NP**			
PIROXICAM (ORAL)	0.0%	NP	**NP**			
DICLOFENAC SR (ORAL)	0.1%	P	**P**			
ARTHROTEC (ORAL)	0.0%	NP	**NP**			
DICLOFENAC SODIUM/MISOPROSTOL (ORAL)	0.0%	NP	**NP**			
OXAPROZIN (ORAL)	0.0%	NP	**NP**			
ETODOLAC TAB SR (ORAL)	0.0%	NP	**NP**			
DIFLUNISAL (ORAL)	0.0%	NP	**NP**			
MEFENAMIC ACID (ORAL)	0.0%	NP	**NP**			
NAPROXEN EC (ORAL)	0.1%	P	**P**			
IBUPROFEN/FAMOTIDINE (ORAL)	0.0%	NP	**NP**			
NAPROXEN SUSPENSION (AG) (ORAL)	0.0%	NP	**NP**			
NAPROXEN SUSPENSION (ORAL)	0.0%	NP	**NP**			
DICLOFENAC POTASSIUM CAPSULE (AG) (ORAL)	0.0%	NP	**NP**			
DICLOFENAC POTASSIUM CAPSULE (ORAL)	0.0%	NP	**NP**			
KETOPROFEN ER (ORAL)	0.0%	NP	**NP**			
NAPROXEN/ESOMEPRAZOLE (AG) (ORAL)	0.0%	NP	**NP**			
NAPROXEN CR (AG) (ORAL)	0.0%	NP	**NP**			
MECLOFENAMATE (ORAL)	0.0%	NP	**NP**			
NAPROXEN/ESOMEPRAZOLE (ORAL)	0.0%	NP	**NP**			
FENOPROFEN (AG) (ORAL)	0.0%	NP	**NP**			
MELOXICAM CAPSULE (ORAL)	0.0%	NP	**NP**			
NAPROXEN CR (ORAL)	0.0%	NP	**NP**			
INDOMETHACIN ORAL SUSP (ORAL)	0.0%	NP	**NP**			
LOFENA (ORAL)	0.0%	NP	**NP**			
KETOPROFEN (ORAL)	0.0%	NP	**NP**			
IBUPROFEN 300 MG TABLET (ORAL)	0.0%	NR	**NP**			
FENOPROFEN (ORAL)	0.0%	NP	**NP**			
RELAFEN DS (ORAL)	0.0%	NP	**NP**			
DOLOBID (ORAL)	0.0%	NR	**NP**			
TOLMETIN SODIUM CAPSULE (ORAL)	0.0%	NP	**NP**			
TOLMETIN SODIUM TABLET (ORAL)	0.0%	NP	**NP**			
INDOMETHACIN (RECTAL)	0.0%	NP	**NP**			
DICLOFENAC SODIUM GEL OTC (TOPICAL)	11.4%	P	**P**			
DICLOFENAC GEL (TOPICAL)	0.2%	P	**P**			
DICLOFENAC SOLUTION (TOPICAL)	0.0%	NP	**NP**			
DICLOFENAC SODIUM PUMP (AG) (TOPICAL)	0.0%	NP	**NP**			
DICLOFENAC SODIUM PUMP (TOPICAL)	0.0%	NP	**NP**			
DICLOFENAC PATCH (AG) (TRANSDERMAL)	0.0%	NP	**NP**			

Wisconsin Medicaid OPHTHALMICS, DRY EYE AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RESTASIS (OPHTHALMIC)	73.2%	P	**P**			
EYSUVIS (OPHTHALMIC)	0.0%	NP	**NP**			
XIIDRA (OPHTHALMIC)	22.8%	P	**P**			
CYCLOSPORINE (AG) (OPHTHALMIC)	0.1%	NP	**NP**			
CYCLOSPORINE (OPHTHALMIC)	0.0%	NP	**NP**			
TYRVAYA SPRAY (NASAL)	0.3%	NP	**NP**			
CEQUA (OPHTHALMIC)	0.4%	NP	**NP**			
RESTASIS MULTIDOSE (OPHTHALMIC)	0.2%	NP	**NP**			
MIEBO (OPHTHALMIC)	1.9%	NP	**NP**			
VEVYE (OPHTHALMIC)	0.8%	NP	**NP**			
VERKAZIA (OPHTHALMIC)	0.3%	NP	**NP**			
TRYPTYR (OPHTHALMIC)	0.0%	NR	**NP**			

Wisconsin Medicaid OPHTHALMICS, GLAUCOMA AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ALPHAGAN P 0.15% (OPHTHALMIC)	0.8%	P	**P**			
ALPHAGAN P 0.1% (OPHTHALMIC)	0.2%	P	**P**			
BRIMONIDINE 0.2% (OPHTHALMIC)	8.8%	P	**P**			
IOPIDINE (OPHTHALMIC)	0.0%	NP	**NP**			
APRACLONIDINE (OPHTHALMIC)	0.0%	NP	**NP**			
BRIMONIDINE 0.15% (ALPHAGAN P 0.15%) (OPHTHALMIC)	0.0%	NP	**NP**			
BRIMONIDINE 0.1% (ALPHAGAN P 0.1%) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOPTIC OCUDOSE (OPHTHALMIC)	0.0%	NP	**NP**			
ISTALOL (OPHTHALMIC)	0.0%	NP	**NP**			
BETOPTIC S (OPHTHALMIC)	0.1%	P	**P**			
COMBIGAN (OPHTHALMIC)	3.7%	P	**P**			
BETIMOL (OPHTHALMIC)	0.0%	P	**P**			
TIMOLOL (OPHTHALMIC)	13.4%	P	**P**			
LEVOBUNOLOL (OPHTHALMIC)	0.1%	P	**P**			
CARTEOLOL (OPHTHALMIC)	0.0%	P	**P**			
BRIMONIDINE TARTRATE/TIMOLOL DROPS (OPHTHALMIC)	0.0%	NP	**NP**			
BETAXOLOL (OPHTHALMIC)	0.0%	NP	**NP**			
BRIMONIDINE TARTRATE/TIMOLOL DROPS (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (ISTALOL) (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (BETIMOL) (OPHTHALMIC)	0.0%	NR	**NP**			
TIMOLOL (TIMOPTIC OCUDOSE) (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (TIMOPTIC OCUDOSE) (OPHTHALMIC)	0.1%	NP	**NP**			
TIMOLOL (ISTALOL) (OPHTHALMIC)	0.0%	NP	**NP**			
AZOPT (OPHTHALMIC)	0.7%	P	**P**			
SIMBRINZA (OPHTHALMIC)	1.4%	P	**P**			
DORZOLAMIDE / TIMOLOL (OPHTHALMIC)	9.5%	P	**P**			
DORZOLAMIDE (OPHTHALMIC)	3.7%	P	**P**			
DORZOLAMIDE/TIMOLOL/PF DROPS (OPHTHALMIC)	0.7%	P	**P**			
BRINZOLAMIDE (OPHTHALMIC)	0.0%	NP	**NP**			
BRINZOLAMIDE (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
COSOPT PF (OPHTHALMIC)	0.0%	NP	**NP**			
PILOCARPINE (OPHTHALMIC)	0.5%	P	**P**			
LUMIGAN 7.5ML (OPHTHALMIC)	0.0%	P	**P**			
TRAVATAN Z 2.5 ML (OPHTHALMIC)	4.3%	P	**P**			
LUMIGAN 5ML (OPHTHALMIC)	0.1%	P	**P**			
ZIOPTAN (OPHTHALMIC)	0.0%	NP	**NP**			
LUMIGAN 2.5ML (OPHTHALMIC)	1.3%	P	**P**			
LATANOPROST 2.5 ML (OPHTHALMIC)	47.4%	P	**P**			
TRAVOPROST 2.5 ML (OPHTHALMIC)	0.0%	NP	**NP**			
BIMATOPROST 5ML (OPHTHALMIC)	0.0%	NP	**NP**			
BIMATOPROST 2.5ML (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVOPROST 2.5 ML (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVOPROST 5 ML (OPHTHALMIC)	0.0%	NP	**NP**			
XELPROS (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVOPROST 5 ML (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TAFLUPROST (AG) (OPHTHALMIC)	0.1%	NP	**NP**			
TAFLUPROST (OPHTHALMIC)	0.1%	NP	**NP**			
VYZULTA (OPHTHALMIC)	0.5%	NP	**NP**			
IYUZEH (OPHTHALMIC)	0.0%	NP	**NP**			
BIMATOPROST 7.5ML (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVATAN Z 5 ML (OPHTHALMIC)	0.0%	P	**P**			
ROCKLATAN (OPHTHALMIC)	1.0%	P	**P**			
RHOPRESSA (OPHTHALMIC)	1.6%	P	**P**			

Wisconsin Medicaid						
SICKLE CELL ANEMIA TREATMENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DROXIA (ORAL)	14.0%	P	**P**			
XROMI SOLUTION (ORAL)	47.8%	NR	**P**			
SIKLOS (ORAL)	26.3%	P	**P**			
ENDARI (ORAL)	11.8%	P	**P**			
GLUTAMINE POWD PACK (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
STEROIDS, TOPICAL HIGH			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)	47.1%	P	**P**			
BETAMET DIPROP / PROP GLY CREAM (TOPICAL)	0.1%	NP	**NP**			
TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)	43.4%	P	**P**			
FLUOCINONIDE SOLUTION (TOPICAL)	1.1%	P	**P**			
FLUOCINONIDE OINTMENT (TOPICAL)	0.7%	P	**P**			
FLUOCINONIDE CREAM (TOPICAL)	0.5%	P	**P**			
BETAMETHASONE VALERATE CREAM (TOPICAL)	2.5%	P	**P**			
TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)	1.4%	P	**P**			
BETAMETHASONE DIPROPIONATE OINTMENT (TOPICAL)	0.1%	NP	**NP**			
BETAMETHASONE VALERATE OINTMENT (TOPICAL)	1.8%	P	**P**			
BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)	0.1%	NP	**NP**			
BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)	0.0%	NP	**NP**			
DESOXIMETASONE OINTMENT (TOPICAL)	0.1%	NP	**NP**			
BETAMET DIPROP / PROP GLY OINTMENT (TOPICAL)	0.1%	NP	**NP**			
BETAMETHASONE VALERATE LOTION (TOPICAL)	1.0%	P	**P**			
DESOXIMETASONE CREAM (TOPICAL)	0.0%	NP	**NP**			
BETAMET DIPROP / PROP GLY LOTION (TOPICAL)	0.1%	NP	**NP**			
FLUOCINONIDE EMOLLIENT (TOPICAL)	0.0%	NP	**NP**			
FLUOCINONIDE GEL (TOPICAL)	0.0%	NP	**NP**			
BETAMETHASONE DIPROPIONATE GEL (TOPICAL)	0.0%	NP	**NP**			
DESOXIMETASONE SPRAY (TOPICAL)	0.0%	NP	**NP**			
DESOXIMETASONE GEL (TOPICAL)	0.0%	NP	**NP**			
DIFLORASONE DIACETATE OINTMENT (TOPICAL)	0.0%	NP	**NP**			
TRIAMCINOLONE ACETONIDE AEROSOL (TOPICAL)	0.0%	NP	**NP**			
DIFLORASONE DIACETATE CREAM (TOPICAL)	0.0%	NP	**NP**			
HALCINONIDE CREAM (TOPICAL)	0.0%	NP	**NP**			
TOPICORT SPRAY (TOPICAL)	0.0%	NP	**NP**			
KENALOG AEROSOL (TOPICAL)	0.0%	NP	**NP**			
HALOG OINTMENT (TOPICAL)	0.0%	NP	**NP**			
AMCINONIDE CREAM (TOPICAL)	0.0%	NP	**NP**			
HALCINONIDE SOLUTION (TOPICAL)	0.0%	NR	**NP**			
HALCINONIDE CREAM (AG) (TOPICAL)	0.0%	NP	**NP**			
APEXICON E (TOPICAL)	0.0%	NP	**NP**			
CLOBETASOL PROPIONATE (IMPOYZ) (AG) TOPICAL	0.0%	NR	**NP**			

Wisconsin Medicaid						
STEROIDS, TOPICAL LOW			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CAPEX SHAMPOO (TOPICAL)	0.0%	NP	**NP**			
HYDROCORTISONE ACETATE CREAM OTC (TOPICAL)	0.1%	P	**P**			
HYDROCORTISONE ACETATE OINTMENT OTC (TOPICAL)	1.8%	P	**P**			
HYDROCORTISONE CREAM OTC (TOPICAL)	9.9%	P	**P**			
HYDROCORTISONE OINTMENT OTC (TOPICAL)	0.1%	P	**P**			
HYDROCORTISONE CREAM (TOPICAL)	27.1%	P	**P**			
HYDROCORTISONE CREAM (RECTAL)	7.5%	P	**P**			
HYDROCORTISONE OINTMENT (TOPICAL)	47.1%	P	**P**			
DERMA-SMOOTHE-FS (TOPICAL)	5.1%	P	**P**			
DESONIDE CREAM (TOPICAL)	0.1%	NP	**NP**			
DESONIDE OINTMENT (TOPICAL)	0.2%	NP	**NP**			
HYDROCORTISONE LOTION (TOPICAL)	1.0%	P	**P**			
ALCLOMETASONE DIPROPIONATE OINTMENT (TOPICAL)	0.0%	NP	**NP**			
FLUOCINOLONE 0.01% OIL (TOPICAL)	0.1%	NP	**NP**			
ALCLOMETASONE DIPROPIONATE CREAM (TOPICAL)	0.0%	NP	**NP**			
DESONIDE LOTION (TOPICAL)	0.0%	NP	**NP**			
TEXACORT (TOPICAL)	0.0%	NP	**NP**			
HYDROCORTISONE SOLUTION (TOPICAL)	0.0%	NR	**NP**			
HYDROXYM GEL (TOPICAL)	0.0%	NP	**NP**			