MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Recommendations Summary
November 6, 2024

In Attendance:

	Committee Member	Yes or No
1	Rosanne Barber	Yes – joined virtual meeting at 10:30am
2	Catherine Decker, Pharm. D.	Yes
3	Kevin Izard, M.D.	Yes
4	William E. Raduege, M.D.	Yes – joined virtual meeting at 9:20am
5	Chris Schwake, M.D.	Yes
6	Alicia Walker, Pharm. D.	Yes
7	Michael Witkovsky, M.D.	Yes

NOVEMBER 2024 THERAPEUTIC DRUG CLASSES

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

Recommendations Summary:

The following drug classes presented for review had no recommended changes since the November 1, 2023, Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

Drug Classes included in the committee block vote:

- Alzheimer's Agents
- Antidepressants, SSRIs
- Antihistamines, Minimally Sedating
- Antihypertensives, Sympatholytics
- Antihyperuricemics
- Antipsoriatics, Oral
- Anxiolytics
- Bronchodilators, Beta Agonist
- Cough And Cold, Narcotic
- Epinephrine, Self-Injected
- Idiopathic Pulmonary Fibrosis
- Immunomodulators, Asthma
- Leukotriene Modifiers
- Ophthalmic Antibiotic-Steroid Combinations
- Ophthalmic Antibiotics
- Otic Antibiotics
- Otic Anti-Infectives & Anesthetics
- Steroids, Topical Low
- Steroids, Topical Medium
- Steroids, Topical Very High

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

The following drug classes presented for review had recommended changes since the November 1, 2023, Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee (PAC) meeting and were approved by the PAC in a block vote.

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

- Anticonvulsants
- Antidepressants, Other
- Antiparkinson's Agents
- Antipsoriatics, Topical
- Antipsychotics (Antipsychotics, Oral & Injectable)
- Bile Salts
- COPD Agents
- Cytokine And CAM Antagonists
- Erythropoiesis Stimulating Proteins
- Glucocorticoids, Inhaled
- Glucocorticoids, Oral
- Histamine II Receptor Blocker
- Immunomodulators, Atopic Dermatitis
- Immunomodulators, Topical
- Intranasal Rhinitis Agents
- Methotrexate
- Movement Disorders
- Neuropathic Pain
- NSAIDS (Analgesics/Anesthetics, Topical and Fibromyalgia)
- Ophthalmics For Allergic Conjunctivitis
- Ophthalmics, Anti-Inflammatories
- Ophthalmics, Anti-Inflammatory/Immunomodulator
- Ophthalmics, Glaucoma Agents (Ophthalmics, Glaucoma-Beta Blockers, Ophthalmics, Glaucoma-Other, and Ophthalmics, Glaucoma-Prostaglandins)
- Sedative Hypnotics
- Sickle Cell Anemia Treatments
- Steroids, Topical High
- Stimulants And Related Agents (Stimulants; Stimulants, Related Agents; and Stimulants, Related Agents-Wake Promoting)

- Discussion:

    - Kevin Izard stated that the Committee discussed the drug Dupixent during the closed session, including how it treats multiple indications.

      Izard noted the Committee aims to ensure the citizens of Wisconsin receive the best health care possible, while also considering financial responsibility.

      Izard concluded that the manufacturer of Dupixent should continue to work with the State given the Committee's desire to consider preferring the product, but as

of now, the Committee recommends the product remain non-preferred given financial considerations.

Michael Witkovsky thanked the State for its work with vulnerable populations, acknowledging the complexities required in managing medicines and care for the population being served, and the Department's good track record in doing so.

Kim Wohler thanked the Committee for its work and the speakers for participating in the morning session. Wohler specifically acknowledged the physician speaking in the morning session about Dupixent, and stated the Department will consider different options for members with more than one condition that may be treated by Dupixent.

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

Wisconsin Medicaid						
ANTICONVULSANTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
CLONAZEPAM (ORAL)	13.9%	P	**P**			
PHENOBARBITAL TABLET (ORAL)	0.5%	P	**P**			
CLONAZEPAM ODT (ORAL)	0.2%	NP	**NP**			
PHENOBARBITAL ELIXIR (ORAL)	0.2%	P	**P**			
DIAZEPAM (AG) (RECTAL)	0.0%	P	**P**			
DIAZEPAM DEVICE (AG) (RECTAL)	0.3%	P	**P**			
LIBERVANT FILM (BUCCAL)	0.0%	NR	**NP**			
VALTOCO (NASAL)	0.4%	P	**P**			
NAYZILAM (NASAL)	0.4%	P	**P**			
TEGRETOL SUSPENSION (ORAL)	0.1%	P	**P**			
TEGRETOL XR (ORAL)	0.6%	P	**P**			
TEGRETOL TABLET (ORAL)	0.8%	P	**P**			
CARBAMAZEPINE TABLET (ORAL)	0.0%	NP	**NP**			
OXCARBAZEPINE TABLETS (ORAL)	4.8%	P	**P**			
CARBAMAZEPINE XR (AG) (ORAL)	0.0%	NP	**NP**			
CARBAMAZEPINE CHEWABLE TABLET (ORAL)	0.2%	P	**P**			
CARBATROL (ORAL)	0.5%	P	**P**			
CARBAMAZEPINE XR (ORAL)	0.0%	NP	**NP**			
EQUETRO (ORAL)	0.0%	NP	**NP**			
TRILEPTAL SUSPENSION (ORAL)	0.0%	NP	**NP**			
OXCARBAZEPINE SUSPENSION (ORAL)	0.7%	P	**P**			
CARBAMAZEPINE SUSPENSION (ORAL)	0.0%	NP	**NP**			
CARBAMAZEPINE ER (CARBATROL) (ORAL)	0.0%	NP	**NP**			
OXTELLAR XR (ORAL)	0.2%	NP	**NP**			
APTIOM (ORAL)	0.1%	NP	**NP**			
OXCARBAZEPINE ER (OXTELLAR XR) (ORAL)	0.0%	NR	**NP**			
FELBATOL SUSPENSION (ORAL)	0.0%	P	**P**			
FELBATOL TABLET (ORAL)	0.1%	P	**P**			
ETHOSUXIMIDE CAPSULE (AG) (ORAL)	0.0%	P	**P**			
DILANTIN INFATAB (ORAL)	0.0%	P	**P**			
CELONTIN (ORAL)	0.0%	P	**P**			
DEPAKOTE SPRINKLE (ORAL)	1.2%	P	**P**			
DIVALPROEX TABLET (ORAL)	3.8%	P	**P**			
PRIMIDONE (ORAL)	0.7%	P	**P**			
DIVALPROEX ER (ORAL)	5.3%	P	**P**			
VALPROIC ACID SOLUTION (ORAL)	1.0%	P	**P**			
PHENYTOIN SUSPENSION (AG) (ORAL)	0.0%	P	**P**			
PHENYTOIN SUSPENSION (ORAL)	0.0%	P	**P**			
PHENYTOIN CAPSULE (ORAL)	0.4%	P	**P**			
VALPROIC ACID CAPSULE (ORAL)	0.1%	P	**P**			
ETHOSUXIMIDE SYRUP (ORAL)	0.2%	P	**P**			
ETHOSUXIMIDE CAPSULE (ORAL)	0.3%	P	**P**			
PHENYTOIN CHEWABLE TABLET (ORAL)	0.1%	P	**P**			
DIVALPROEX SPRINKLE (ORAL)	0.0%	NP	**NP**			
PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)	0.0%	P	**P**			
PHENYTEK (ORAL)	0.0%	NP	**NP**			
DILANTIN 30 MG CAPSULE (ORAL)	0.0%	P	**P**			
FELBAMATE TABLET (ORAL)	0.2%	P	**P**			
FELBAMATE SUSPENSION (ORAL)	0.2%	P	**P**			
METHSUXIMIDE (ORAL)	0.0%	NP	**NP**			
SABRIL TABLET (ORAL)	0.0%	P	**P**			
SABRIL POWDER PACK (ORAL)	0.0%	P	**P**			
QUDEXY XR (ORAL)	0.0%	NP	**NP**			
TOPIRAMATE TABLETS (ORAL)	14.1%	P	**P**			
LAMOTRIGINE TABLET (ORAL)	23.9%	P	**P**			
LEVETIRACETAM TABLETS (ORAL)	8.5%	P	**P**			
ZONISAMIDE (ORAL)	1.9%	P	**P**			
LEVETIRACETAM SOLUTION (ORAL)	3.0%	P	**P**			
CLOBAZAM TABLET (ORAL)	1.3%	P	**P**			
LACOSAMIDE TABLET (ORAL)	2.1%	P	**P**			
LEVETIRACETAM ER (ORAL)	0.9%	P	**P**			
LAMOTRIGINE DISPERSIBLE TABLET (ORAL)	0.4%	P	**P**			
CLOBAZAM SUSPENSION (ORAL)	0.9%	P	**P**			
LAMOTRIGINE XR (ORAL)	1.9%	P	**P**			
TOPIRAMATE SPRINKLE (ORAL)	0.3%	P	**P**			
LACOSAMIDE SOLUTION (ORAL)	0.5%	P	**P**			
EPRONTIA SOLUTION (ORAL)	0.3%	NP	**NP**			
LAMOTRIGINE ODT (ORAL)	0.1%	NP	**NP**			
LAMICTAL ODT DOSE PACK (ORAL)	0.0%	NP	**NP**			
LAMICTAL TABLET DOSE PACK (ORAL)	0.0%	P	**P**			
TROKENDI XR (ORAL)	0.2%	NP	**NP**			
TOPIRAMATE ER (QUDEXY) (AG) (ORAL)	0.0%	NP	**NP**			
RUFINAMIDE TABLET (ORAL)	0.1%	NP	**NP**			
RUFINAMIDE SUSPENSION (ORAL)	0.1%	NP	**NP**			
TIAGABINE (ORAL)	0.0%	P	**P**			
LAMOTRIGINE ODT DOSE PACK (ORAL)	0.0%	NP	**NP**			
BANZEL TABLET (ORAL)	0.0%	NP	**NP**			
LAMICTAL ODT (ORAL)	0.0%	NP	**NP**			
XCOPRI TITRATION PAK (ORAL)	0.0%	NP	**NP**			
VIMPAT TABLET (ORAL)	0.1%	NP	**NP**			
TOPIRAMATE ER (QUDEXY) (ORAL)	0.0%	NP	**NP**			
VIMPAT SOLUTION (ORAL)	0.0%	NP	**NP**			
FYCOMPA SUSPENSION (ORAL)	0.0%	NP	**NP**			
FYCOMPA TABLET (ORAL)	0.1%	NP	**NP**			
TOPIRAMATE ER (TROKENDI) (ORAL)	0.0%	NP	**NP**			
ZONISADE SUSPENSION (ORAL)	0.1%	NP	**NP**			
LAMOTRIGINE TABLET DOSE PACK (ORAL)	0.0%	P	**P**			
LAMICTAL XR (ORAL)	0.1%	NP	**NP**			
LAMICTAL XR DOSE PACK (ORAL)	0.0%	NP	**NP**			
XCOPRI TABLET (ORAL)	0.2%	NP	**NP**			
BRIVIACT TABLET (ORAL)	0.4%	NP	**NP**			
VIGABATRIN POWDER PACK (ORAL)	0.1%	P	**P**			
BANZEL SUSPENSION (ORAL)	0.0%	NP	**NP**			
MOTPOLY XR (ORAL)	0.0%	NR	**NP**			
BRIVIACT SOLUTION (ORAL)	0.1%	NP	**NP**			
SPRITAM (ORAL)	0.0%	NP	**NP**			
ELEPSIA XR TABLET (ORAL)	0.0%	NP	**NP**			
SYMPAZAN (ORAL)	0.0%	NP	**NP**			
ZTALMY (ORAL)	0.0%	NP	**NP**			
VIGAFYDE SOLUTION (ORAL)	0.0%	NR	**NP**			
EPIDIOLEX (ORAL)	0.5%	NP	**NP**			
VIGABATRIN TABLET (ORAL)	0.0%	P	**P**			
DIACOMIT CAPSULE (ORAL)	0.0%	NP	**NP**			
FINTEPLA (ORAL)	0.0%	NP	**NP**			
DIACOMIT POWDER PACK (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
APLENZIN (ORAL)	0.0%	NP	**NP**			
FORFIVO XL (ORAL)	0.0%	NP	**NP**			
TRAZODONE (ORAL)	26.1%	P	**P**			
MARPLAN (ORAL)	0.0%	P	**P**			
BUPROPION XL (ORAL)	30.6%	P	**P**			
VENLAFAXINE ER CAPSULES (ORAL)	18.1%	P	**P**			
VENLAFAXINE (ORAL)	1.2%	P	**P**			
BUPROPION SR (ORAL)	5.0%	P	**P**			
MIRTAZAPINE TABLET (ORAL)	10.9%	P	**P**			
BUPROPION (ORAL)	1.6%	P	**P**			
MIRTAZAPINE ODT (ORAL)	0.2%	P	**P**			
VENLAFAXINE ER TABLETS (ORAL)	0.0%	NP	**NP**			
DESVENLAFAXINE ER (PRISTIQ) (ORAL)	4.6%	P	**P**			
DESVENLAFAXINE ER (PRISTIQ) (AG) (ORAL)	0.0%	P	**P**			
VILAZODONE (AG) (ORAL)	0.0%	NP	**P**			
VENLAFAXINE ER TABLETS (AG) (ORAL)	0.0%	NP	**NP**			
NEFAZODONE (ORAL)	0.0%	NP	**NP**			
VILAZODONE (ORAL)	0.0%	NP	**P**			
FETZIMA (ORAL)	0.1%	NP	**NP**			
FETZIMA DOSE PACK (ORAL)	0.0%	NP	**NP**			
PHENELZINE (ORAL)	0.0%	P	**P**			
TRINTELLIX (ORAL)	1.2%	NP	**NP**			
NARDIL (ORAL)	0.0%	P	**NP**			
DESVENLAFAXINE ER (NO BRAND) (ORAL)	0.0%	NP	**NP**			
TRANYLCYPROMINE SULFATE (ORAL)	0.0%	P	**P**			
VENLAFAXINE BESYLATE ER (ORAL)	0.0%	NP	**NP**			
EMSAM (TRANSDERMAL)	0.0%	NP	**NP**			
BUPROPION XL (FORFIVO XL) (AG) (ORAL)	0.0%	NP	**NP**			
AUVELITY (ORAL)	0.2%	NP	**NP**			
ZURZUVAE (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid ANTIPARKINSON'S AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
AZILECT (ORAL)	0.0%	NP	**NP**			
ZELAPAR (ORAL)	0.0%	NP	**NP**			
NEUPRO (TRANSDERM)	0.3%	NP	**NP**			
PRAMIPEXOLE (ORAL)	18.9%	P	**P**			
ROPINIROLE (ORAL)	26.5%	P	**P**			
BENZTROPINE (ORAL)	32.2%	P	**P**			
TRIHEXYPHENIDYL TABLET (ORAL)	4.5%	P	**P**			
AMANTADINE CAPSULE (ORAL)	3.1%	P	**P**			
CARBIDOPA / LEVODOPA (ORAL)	7.6%	P	**P**			
CARBIDOPA / LEVODOPA ER (ORAL)	1.5%	P	**P**			
AMANTADINE SYRUP (ORAL)	0.5%	P	**P**			
SELEGILINE CAPSULE (ORAL)	0.0%	P	**P**			
SELEGILINE TABLET (ORAL)	0.0%	P	**P**			
AMANTADINE TABLET (ORAL)	2.8%	P	**P**			
TRIHEXYPHENIDYL ELIXIR (ORAL)	0.3%	P	**P**			
RASAGILINE (ORAL)	0.1%	NP	**NP**			
ROPINIROLE ER (ORAL)	0.3%	NP	**NP**			
CARBIDOPA/LEVODOPA/ENTACAPONE (ORAL)	0.1%	P	**P**			
ENTACAPONE (ORAL)	0.1%	NP	**NP**			
CARBIDOPA / LEVODOPA ODT (ORAL)	0.0%	P	**P**			
CARBIDOPA (ORAL)	0.0%	P	**P**			
BROMOCRIPTINE (ORAL)	0.7%	P	**P**			
PRAMIPEXOLE ER (ORAL)	0.1%	NP	**NP**			
RYTARY (ORAL)	0.4%	NP	**NP**			
DHIVY TABLET (ORAL)	0.0%	NP	**NP**			
ONGENTYS (ORAL)	0.0%	NP	**NP**			
OSMOLEX ER (ORAL)	0.0%	NP	**NP**			
CREXONT CAPSULE ER (ORAL)	0.0%	NR	**NP**			
STALEVO (ORAL)	0.0%	NP	**NP**			
XADAGO (ORAL)	0.0%	NP	**NP**			
NOURIANZ (ORAL)	0.1%	NP	**NP**			
TOLCAPONE (ORAL)	0.0%	NP	**NP**			
INBRIJA (INHALATION)	0.0%	NP	**NP**			
GOCOVRI (ORAL)	0.0%	NP	**NP**			

Wisconsin Medicaid ANTIPSORIATICS, TOPICAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TACLONEX SCALP (TOPICAL)	10.1%	P	**P**			
ENSTILAR (TOPICAL)	1.2%	NP	**NP**			
CALCIPOTRIENE/BETAMETHASONE SUSPENSION (TOPICAL)	0.0%	NP	**NP**			
CALCIPOTRIENE CREAM (TOPICAL)	36.6%	P	**P**			
CALCIPOTRIENE FOAM (AG) (TOPICAL)	0.0%	NP	**NP**			
CALCIPOTRIENE/BETAMETHASONE OINTMENT (TOPICAL)	0.0%	NP	**NP**			
CALCIPOTRIENE/BETAMETHASONE OINTMENT (AG) (TOPICAL)	0.0%	NP	**NP**			
CALCIPOTRIENE SOLUTION (TOPICAL)	8.1%	P	**P**			
CALCIPOTRIENE OINTMENT (TOPICAL)	21.9%	P	**P**			
SORILUX (TOPICAL)	0.0%	NP	**NP**			
CALCITRIOL OINTMENT (TOPICAL)	0.0%	NP	**NP**			
DUOBRII (TOPICAL)	0.0%	NP	**NP**			
CALCITRIOL OINTMENT (AG) (TOPICAL)	0.0%	NR	**NP**			
ZORYVE 0.3% CREAM (TOPICAL)	10.7%	NP	**NP**			
VTAMA (TOPICAL)	11.3%	NP	**NP**			

Wisconsin Medicaid ANTIPSYCHOTICS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RISPERIDONE TABLET (ORAL)	11.0%	P	**P**			
QUETIAPINE TABLETS (ORAL)	24.6%	P	**P**			
OLANZAPINE TABLET (ORAL)	8.9%	P	**P**			
ARIPIPRAZOLE TABLET (ORAL)	21.6%	P	**P**			
QUETIAPINE ER (ORAL)	2.1%	P	**P**			
ZIPRASIDONE CAPSULE (AG) (ORAL)	0.0%	P	**P**			
LURASIDONE (ORAL)	5.7%	P	**P**			
OLANZAPINE ODT (ORAL)	0.9%	P	**P**			
ZIPRASIDONE CAPSULE (ORAL)	2.9%	P	**P**			
RISPERIDONE SOLUTION (ORAL)	0.5%	P	**P**			
CLOZAPINE (ORAL)	2.0%	P	**P**			
RISPERIDONE ODT (ORAL)	0.3%	P	**P**			
PALIPERIDONE (ORAL)	1.3%	NP	**P**			
FANAPT TITRATION PACK (ORAL)	0.0%	NP	**NP**			
ASENAPINE (AG) (SUBLINGUAL)	0.0%	P	**P**			
ARIPIPRAZOLE SOLUTION (ORAL)	0.2%	P	**P**			
ARIPIPRAZOLE ODT (ORAL)	0.1%	P	**P**			
ASENAPINE (SUBLINGUAL)	0.0%	P	**P**			
FANAPT TABLET (ORAL)	0.1%	NP	**NP**			
CLOZAPINE ODT (ORAL)	0.1%	NP	**NP**			
SAPHRIS (SUBLINGUAL)	0.2%	P	**NP**			
LATUDA (ORAL)	0.0%	NP	**NP**			
VRAYLAR (ORAL)	6.2%	P	**P**			
REXULTI (ORAL)	1.3%	NP	**NP**			
SECUADO (TRANSDERMAL)	0.0%	NP	**NP**			
CAPLYTA (ORAL)	0.5%	NP	**NP**			
ABILIFY MYCITE (ORAL)	0.0%	NP	**NP**			
VERSACLOZ (ORAL)	0.0%	NP	**NP**			
NUPLAZID TABLET (ORAL)	0.0%	NP	**NP**			
NUPLAZID CAPSULE (ORAL)	0.0%	NP	**NP**			
OLANZAPINE/FLUOXETINE (ORAL)	0.0%	NP	**NP**			
LYBALVI (ORAL)	0.4%	NP	**NP**			
HALDOL DECANOATE (INTRAMUSC)	0.0%	P	**P**			
HALOPERIDOL DECANOATE (INJECTION)	0.7%	P	**P**			
FLUPHENAZINE DECANOATE (INJECTION)	0.2%	P	**P**			
RYKINDO (INTRAMUSC)	0.0%	NP	**NP**			
RISPERDAL CONSTA (INTRAMUSC)	0.4%	P	**P**			
PERSERIS (SUBCUTANEOUS)	0.1%	P	**P**			
UZEDY (SUBCUTANEOUS)	0.1%	P	**P**			
ZYPREXA RELPREVV (INTRAMUSC)	0.0%	P	**P**			
RISPERIDONE (INTRAMUSC)	0.0%	NR	**NP**			
INVEGA SUSTENNA (INTRAMUSC)	1.9%	P	**P**			
ARISTADA (INTRAMUSC)	0.8%	P	**P**			
ARISTADA INITIO (INTRAMUSC)	0.0%	P	**P**			
ABILIFY MAINTENA (INTRAMUSC.)	0.9%	P	**P**			
ABILIFY ASIMTUFII (INTRAMUSC)	0.0%	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**			
HALOPERIDOL LACTATE CONC (ORAL)	0.0%	P	**P**			
FLUPHENAZINE TABLET (ORAL)	0.5%	P	**P**			
THIORIDAZINE (ORAL)	0.0%	NP	**NP**			
LOXAPINE (ORAL)	0.2%	P	**P**			
TRIFLUOPERAZINE (ORAL)	0.1%	P	**P**			
CHLORPROMAZINE (ORAL)	0.4%	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**			
MOLINDONE (ORAL)	0.0%	NP	**NP**			
FLUPHENAZINE ELIXIR/SOLN (ORAL)	0.0%	P	**P**			

Wisconsin Medicaid						
BILE SALTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
URSODIOL 300 MG CAPSULE (ORAL)	66.1%	P	**P**			
URSODIOL TABLET (ORAL)	32.2%	P	**P**			
RELTONE (ORAL)	0.0%	NP	**NP**			
IQIRVO TABLET (ORAL)	0.0%	NR	**NP**			
LIVDELZI CAPSULE (ORAL)	0.0%	NR	**NP**			
OCALIVA (ORAL)	0.9%	NP	**NP**			
CHOLBAM (ORAL)	0.3%	NP	**NP**			
BYLVAY CAPSULE (ORAL)	0.0%	NP	**NP**			
CHENODAL (ORAL)	0.0%	NP	**NP**			
LIVMARLI (ORAL)	0.3%	NP	**NP**			
BYLVAY PELLET (ORAL)	0.1%	NP	**NP**			

Wisconsin Medicaid						
COPD AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DUAKLIR PRESSAIR (INHALATION)	0.0%	NP	**NP**			
ANORO ELLIPTA (INHALATION)	10.4%	P	**P**			
STIOLTO RESPIMAT (INHALATION)	7.5%	P	**P**			
BEVESPI AEROSPHERE (INHALATION)	0.2%	NP	**NP**			
SPIRIVA (INHALATION)	35.3%	P	**P**			
SPIRIVA RESPIMAT (INHALATION)	4.1%	NP	**NP**			
INCRUSE ELLIPTA (INHALATION)	0.8%	NP	**NP**			
TUDORZA PRESSAIR (INHALATION)	0.1%	NP	**NP**			
YUPELRI (INHALATION)	0.1%	NP	**NP**			
TIOTROPIUM (INHALATION)	0.0%	NP	**NP**			
OHTUVAYRE (INHALATION)	0.0%	NR	**NP**			
ROFLUMILAST (ORAL)	2.1%	P	**P**			
ATROVENT HFA (INHALATION)	2.8%	P	**P**			
IPRATROPIUM NEBULIZER (INHALATION)	1.0%	P	**P**			
IPRATROPIUM / ALBUTEROL (INHALATION)	21.9%	P	**P**			
COMBIVENT RESPIMAT (INHALATION)	13.7%	P	**P**			

Wisconsin Medicaid						
CYTOKINE AND CAM ANTAGONISTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
OTEZLA (ORAL)	8.1%	P	P			
XELJANZ (ORAL)	3.7%	P	P			
ORENCIA CLICKJECT (SUBCUTANE.)	2.1%	P	P			
XELJANZ XR (ORAL)	0.1%	NP	NP			
ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
KINERET (INJECTION)	0.3%	NP	NP			
ENBREL MINI CARTRIDGE (SUBCUTANE.)	0.6%	P	P			
ENBREL SYRINGE (INJECTION)	1.1%	P	P			
ENBREL VIAL (SUBCUTANE.)	0.1%	P	P			
ENBREL PEN (INJECTION)	7.8%	P	P			
HADLIMA KIT (INJECTION) 50 MG/ML	0.0%	NP	NP			
ADALIMUMAB-AATY PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
CYLTEZO PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	P			
CYLTEZO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	P			
ORENCIA SYRINGE (SUBCUTANE.)	0.5%	P	P			
ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
CYLTEZO KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	P			
ADALIMUMAB-AATY KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
ADALIMUMAB-ADAZ PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
ADALIMUMAB-FKJP KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
AMJEVITA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
SIMPONI PEN INJECTOR (INJECTION)	0.5%	NP	P			
ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
HADLIMA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
SIMPONI SYRINGE (INJECTION)	0.1%	NP	P			
YUSIMRY PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
ADALIMUMAB-ADAZ KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
CYLTEZO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	P			
HUMIRA PEN KIT (INJECTION) 50 MG/ML	2.3%	P	P			
HUMIRA KIT (INJECTION) 50 MG/ML	0.6%	P	P			
ADALIMUMAB-AACF PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
HUMIRA KIT (INJECTION) (CF) 100 MG/ML	3.0%	P	P			
HADLIMA PEN KIT (INJECTION) 50 MG/ML	0.0%	NP	NP			
HADLIMA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
HUMIRA PEN KIT (INJECTION) (CF) 100 MG/ML	41.3%	P	P			
HULIO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
SIMLANDI KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
AMJEVITA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
CIMZIA SYRINGE KIT (INJECTION)	2.0%	NP	P			
XELJANZ SOLUTION (ORAL)	0.0%	NP	NP			
TYENNE SYRINGE (SUBCUTANE.)	0.0%	NR	P			
ADALIMUMAB-AACF SYR KIT (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
TYENNE AUTOINJECTOR (SUBCUTANE.)	0.0%	NR	P			
OLUMIANT (ORAL)	0.1%	NP	NP			
AMJEVITA PEN KIT (INJECTION) HW (CF) 50 MG/ML	0.0%	NP	NP			
COSENTYX VIAL (INTRAVENOUS)	0.0%	NR	NP			
ABRILADA PEN KIT (INJECTION) (CF) 50 MG/ ML	0.0%	NR	NP			
SOTYKTU (ORAL)	0.2%	NP	NP			
CIBINQO (ORAL)	0.2%	NP	NP			
ABRILADA KIT (INJECTION) (CF) 50 MG/ ML	0.0%	NR	NP			
KEVZARA PEN (SUBCUTANE.)	0.6%	NP	NP			
ZYMFENTRA PEN (SUBCUTANE.)	0.0%	NR	NP			
ACTEMRA SYRINGE (SUBCUTANE.)	0.3%	NP	NP			
KEVZARA SYRINGE (SUBCUTANE.)	0.1%	NP	NP			
ACTEMRA PEN (SUBCUTANE.)	0.9%	NP	NP			
AMJEVITA PEN KIT (INJECTION) LW (CF) 50 MG/ML	0.0%	NP	NP			
RINVOQ ER (ORAL)	4.3%	NP	NP			
HULIO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
ENTYVIO PEN (SUBCUTANE.)	0.1%	NR	NP			
RINVOQ LQ SOLUTION (ORAL)	0.0%	NR	NP			
AMJEVITA KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
SILIQ (SUBCUTANE.)	0.0%	NP	NP			
COSENTYX PEN (SUBCUTANE.)	6.4%	NP	NP			
COSENTYX SYRINGE (SUBCUTANE.)	0.2%	NP	NP			
ADALIMUMAB-RYVK KIT (SIMLANDI) (INJECTION) (CF) 100MG/ML	0.0%	NR	NP			
ADALIMUMAB-ADBM PEN KIT (QUALLENT) (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
HYRIMOZ KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
ADALIMUMAB-ADBM PEN KIT (QUALLENT) (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
ADALIMUMAB-ADBM KIT (QUALLENT) (INJECTION) (CF) 50 MG/ML	0.0%	NR	NP			
YUFLYMA KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
ADALIMUMAB-ADBM KIT (QUALLENT)(INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
ADALIMUMAB-RYVK PEN KIT (SIMLANDI) (INJECTION) (CF) 100MG/ML	0.0%	NR	NP			
VELSIPITY (ORAL)	0.0%	NR	NP			
CIMZIA KIT (INJECTION)	0.0%	NP	P			
IDACIO PEN KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
IDACIO KIT (INJECTION) (CF) 50 MG/ML	0.0%	NP	NP			
HYRIMOZ PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NP	NP			
SKYRIZI VIAL (INTRAVEN.)	0.0%	NP	NP			
TALTZ AUTOINJECTOR (SUBCUTANE.)	3.1%	NP	NP			
TALTZ SYRINGE (SUBCUTANE.)	0.3%	NP	NP			
ZYMFENTRA SYRINGE (SUBCUTANE.)	0.0%	NR	NP			
OMVOH PEN (SUBCUTANE.)	0.0%	NR	NP			
OMVOH SYRINGE (SUBCUTANE.)	0.0%	NR	NP			
YUFLYMA PEN KIT (INJECTION) (CF) 100 MG/ML	0.0%	NR	NP			
BIMZELX SYRINGE (SUBCUTANE.)	0.0%	NR	NP			
TREMFYA AUTOINJECTOR (SUBCUTANE.)	0.9%	NP	NP			
BIMZELX PEN (SUBCUTANE.)	0.2%	NR	NP			
TREMFYA SYRINGE (SUBCUTANE.)	0.2%	NP	NP			
ENSPRYNG (SUBCUTANE.)	0.1%	NP	NP			
SKYRIZI ON-BODY (SUBCUTANE.)	0.9%	NP	NP			
STELARA VIAL (INJECTION)	0.0%	NP	NP			
SKYRIZI PEN (SUBCUTANE.)	2.2%	NP	NP			
SKYRIZI SYRINGE (SUBCUTANE.)	0.2%	NP	NP			
STELARA SYRINGE (INJECTION)	4.2%	NP	NP			
SPEVIGO SYRINGE (SUBCUTANE.)	0.0%	NR	NP			

Wisconsin Medicaid

ERYTHROPOIESIS STIMULATING PROTEINS

Brand Name	Current Market Share	Curr. PDL Status	Recommendations PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RETACRIT (INJECTION)	30.3%	P	**P**			
EPOGEN (INJECTION)	29.9%	P	**P**			
JESDUVROQ TABLET (ORAL)	0.0%	NR	**NP**			
RETACRIT (VIFOR) (INJECTION)	0.0%	P	**P**			
VAFSEO TABLET (ORAL)	0.0%	NR	**NP**			
PROCRIT (INJECTION)	6.1%	NP	**NP**			
ARANESP DISP SYRIN (INJECTION)	30.8%	P	**P**			
ARANESP VIAL (INJECTION)	2.9%	P	**P**			
MIRCERA (INJECTION)	0.0%	NP	**NP**			

Wisconsin Medicaid

GLUCOCORTICOIDS, INHALED

Brand Name	Curr. MS	Curr. PDL Status	Recommendations PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DULERA (INHALATION)	5.2%	P	**P**			
AIRDUO RESPICLICK (INHALATION)	0.2%	P	**P**			
ADVAIR DISKUS (INHALATION)	24.5%	P	**P**			
ADVAIR HFA (INHALATION)	6.4%	P	**P**			
SYMBICORT (INHALATION)	31.5%	P	**P**			
FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)	0.0%	NP	**NP**			
FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION)	0.0%	NP	**NP**			
BREO ELLIPTA (INHALATION)	1.1%	NP	**NP**			
FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION)	0.0%	NP	**NP**			
AIRSUPRA HFA (INHALATION)	0.1%	NP	**NP**			
BUDESONIDE/FORMOTEROL (AG) (INHALATION)	0.0%	NP	**NP**			
FLUTICASONE/VILANTEROL (AG) (INHALATION)	0.0%	NP	**NP**			
BUDESONIDE/FORMOTEROL (INHALATION)	0.0%	NP	**NP**			
FLUTICASONE/SALMETEROL HFA (AG) (INHALATION)	0.0%	NP	**NP**			
BREZTRI AEROSPHERE (INHALATION)	1.1%	NP	**NP**			
TRELEGY ELLIPTA (INHALATION)	3.9%	NP	**NP**			
PULMICORT FLEXHALER (INHALATION)	1.4%	P	**P**			
FLOVENT HFA (INHALATION)	0.1%	P	**P**			
FLOVENT DISKUS (INHALATION)	0.0%	P	**P**			
ASMANEX (INHALATION)	0.4%	P	**P**			
ASMANEX HFA (INHALATION)	0.0%	NP	**P**			
ARNUITY ELLIPTA (INHALATION)	1.0%	P	**P**			
BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)	2.9%	P	**P**			
QVAR REDIHALER (INHALATION)	0.2%	NP	**P**			
FLUTICASONE (FLOVENT DISKUS) (AG) (INHALATION)	0.5%	P	**P**			
FLUTICASONE HFA (AG) (INHALATION)	18.9%	P	**P**			
ALVESCO (INHALATION)	0.1%	NP	**NP**			
BUDESONIDE 1 MG RESPULES (INHALATION)	0.5%	P	**P**			

Wisconsin Medicaid

GLUCOCORTICOIDS, ORAL

Brand Name	Curr. MS	Curr. PDL Status	Recommendations PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RAYOS TABLET DR (ORAL)	0.0%	NP	**NP**			
PREDNISONE TABLET (ORAL)	65.2%	P	**P**			
METHYLPREDNISOLONE TAB DS PK (ORAL)	14.0%	P	**P**			
DEXAMETHASONE TABLET (ORAL)	6.3%	P	**P**			
METHYLPREDNISOLONE 4 MG TABLET (ORAL)	0.4%	P	**P**			
PREDNISOLONE SODIUM PHOSPHATE (ORAL)	5.9%	P	**P**			
DEXAMETHASONE SOLUTION (ORAL)	0.2%	P	**P**			
PREDNISONE TAB DS PK (ORAL)	0.0%	P	**P**			
DEXAMETHASONE ELIXIR (ORAL)	0.1%	P	**P**			
METHYLPREDNISOLONE 32 MG TABLET (ORAL)	0.2%	P	**P**			
MEDROL TABLET (ORAL)	0.0%	NP	**NP**			
HYDROCORTISONE (ORAL)	3.2%	P	**P**			
DEXAMETHASONE INTENSOL (ORAL)	0.4%	P	**P**			
PREDNISOLONE SOLUTION (ORAL)	2.1%	P	**P**			
METHYLPREDNISOLONE 8 MG TABLET (ORAL)	0.0%	P	**P**			
METHYLPREDNISOLONE 16 MG TABLET (ORAL)	0.0%	P	**P**			
PREDNISONE SOLUTION (ORAL)	0.1%	P	**P**			
BUDESONIDE EC (ORAL)	1.6%	P	**P**			
PREDNISONE INTENSOL (ORAL)	0.0%	P	**P**			
PREDNISOLONE SODIUM PHOSPHATE ODT (AG) (ORAL)	0.0%	P	**P**			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (MILLIPRED) (ORAL)	0.0%	NP	**NP**			
HEMADY (ORAL)	0.0%	NP	**NP**			
PREDNISOLONE SODIUM PHOSPHATE SOLUTION (VERIPRED) (ORAL)	0.0%	NP	**NP**			
DEXAMETHASONE TAB DS PK (ORAL)	0.0%	NP	**NP**			
PREDNISOLONE SODIUM PHOSPHATE ODT (ORAL)	0.0%	P	**P**			
TAPERDEX (ORAL)	0.0%	NP	**NP**			
ALKINDI SPRINKLE (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%	NR	**NP**			
DEFLAZACORT TABLET (ORAL)	0.0%	NR	**NP**			
EMFLAZA SUSPENSION (ORAL)	0.0%	NP	**NP**			
EMFLAZA TABLET (ORAL)	0.1%	NP	**NP**			
AGAMREE SUSPENSION (ORAL)	0.1%	NR	**NP**			
TARPEYO (ORAL)	0.0%	NP	**NP**			
DEFLAZACORT SUSPENSION (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid HISTAMINE II RECEPTOR BLOCKER			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
FAMOTIDINE TABLET (ORAL)	86.8%	P	**P**			
NIZATIDINE CAPSULE (ORAL)	0.0%	NP	**NP**			
CIMETIDINE TABLET (ORAL)	1.4%	P	**P**			
FAMOTIDINE SUSPENSION (ORAL)	11.7%	NP	**P**			
CIMETIDINE SOLUTION (ORAL)	0.0%	P	**NP**			

Wisconsin Medicaid IMMUNOMODULATORS, ATOPIC DERMATITIS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
ADBRY SYRINGE (SUBCUTANEOUS)	7.5%	P	**P**			
ADBRY AUTOINJECTOR (SUBCUTANEOUS)	0.0%	NR	**P**			
DUPIXENT SYRINGE (SUBCUTANEOUS)	12.5%	NP	**NP**			
DUPIXENT PEN (SUBCUTANEOUS)	31.1%	NP	**NP**			
OPZELURA (TOPICAL)	3.4%	NP	**NP**			
EUCRISA (TOPICAL)	0.9%	NP	**P**			
ZORYVE 0.15% CREAM (TOPICAL)	0.0%	NR	**NP**			
ELIDEL (TOPICAL)	0.5%	P	**P**			
PIMECROLIMUS (AG) (TOPICAL) *	4.8%	NP	**NP**			
TACROLIMUS (AG) (TOPICAL)	6.2%	P	**P**			
TACROLIMUS (TOPICAL)	27.1%	P	**P**			
PIMECROLIMUS (TOPICAL) *	5.9%	NP	**NP**			

*Pimecrolimus temporarily preferred due to Elidel shortage

Wisconsin Medicaid IMMUNOMODULATORS, TOPICAL			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
IMIQUIMOD (ALDARA) (TOPICAL)	95.8%	P	**P**			
PODOFILOX GEL (CONDYLOX) (TOPICAL)	0.2%	NR	**NP**			
ZYCLARA (TOPICAL)	0.0%	NP	**NP**			
IMIQUIMOD (ZYCLARA) (TOPICAL)	0.0%	NP	**NP**			
HYFTOR (TOPICAL)	4.0%	NP	**NP**			

Wisconsin Medicaid INTRANASAL RHINITIS AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DYMISTA (NASAL)	0.0%	NP	**NP**			
AZELASTINE/FLUTICASONE (NASAL)	0.1%	NP	**NP**			
AZELASTINE/FLUTICASONE (AG) (NASAL)	0.0%	NP	**NP**			
AZELASTINE (ASTELIN) (NASAL)	7.0%	P	**P**			
AZELASTINE (ASTEPRO) (NASAL)	0.0%	NP	**NP**			
OLOPATADINE (NASAL)	0.1%	NP	**NP**			
RYALTRIS (NASAL)	0.0%	NP	**NP**			
AZELASTINE (ASTEPRO) (AG) (NASAL)	0.0%	NP	**NP**			
IPRATROPIUM (NASAL)	2.9%	P	**P**			
OMNARIS (NASAL)	0.0%	NP	**NP**			
ZETONNA (NASAL)	0.0%	NP	**NP**			
BECONASE AQ (NASAL)	0.0%	P	**P**			
MOMETASONE OTC (NASONEX) (NASAL)	0.0%	NR	**P**			
FLUTICASONE (NASAL)	89.3%	P	**P**			
QNASL 80 (NASAL)	0.1%	NP	**P**			
MOMETASONE OTC (NASONEX) (AG) (NASAL)	0.0%	NR	**P**			
MOMETASONE (NASAL)	0.4%	NP	**NP**			
FLUNISOLIDE (NASAL)	0.0%	NP	**NP**			
QNASL 40 (NASAL)	0.0%	NP	**NP**			
XHANCE (NASAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
METHOTREXATE			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
METHOTREXATE TABLET (ORAL)	87.0%	P	**P**			
METHOTREXATE PF VIAL (AG) (INJECTION)	0.0%	P	**P**			
METHOTREXATE PF VIAL (INJECTION)	3.5%	P	**P**			
METHOTREXATE VIAL (INJECTION)	7.8%	P	**P**			
OTREXUP AUTO INJECTOR (SUBCUT.)	0.5%	NP	**NP**			
RASUVO AUTO INJECTOR (SUBCUT.)	1.2%	NP	**NP**			
TREXALL TABLET (ORAL)	0.1%	NP	**NP**			
JYLAMVO SOLUTION (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid						
MOVEMENT DISORDERS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
TETRABENAZINE (ORAL)	2.2%	P	**P**			
AUSTEDO XR TITRATION KIT (ORAL)	0.3%	P	**P**			
AUSTEDO (ORAL)	25.3%	P	**P**			
AUSTEDO XR (ORAL)	16.0%	P	**P**			
INGREZZA SPRINKLE (ORAL)	0.0%	NR	**P**			
INGREZZA (ORAL)	56.0%	P	**P**			
INGREZZA INITIATION PACK (ORAL)	0.3%	P	**P**			

Wisconsin Medicaid						
NEUROPATHIC PAIN			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
LYRICA SOLUTION (ORAL)	0.0%	P	**P**			
GRALISE (ORAL)	0.0%	NP	**NP**			
HORIZANT (ORAL)	0.0%	NP	**NP**			
SAVELLA (ORAL)	0.4%	P	**P**			
LYRICA CAPSULE (ORAL)	0.3%	P	**P**			
SAVELLA DOSE PACK (ORAL)	0.0%	P	**P**			
PREGABALIN CAPSULE (AG) (ORAL)	0.0%	P	**P**			
DULOXETINE (CYMBALTA) (ORAL)	27.2%	P	**P**			
GABAPENTIN CAPSULE (ORAL)	37.4%	P	**P**			
PREGABALIN CAPSULE (ORAL)	12.9%	P	**P**			
CAPSAICIN OTC (TOPICAL)	0.5%	P	**P**			
GABAPENTIN TABLET (ORAL)	12.7%	P	**P**			
LYRICA CR (ORAL)	0.0%	NP	**NP**			
GABAPENTIN SOLUTION (AG) (ORAL)	0.0%	P	**P**			
GABAPENTIN SOLUTION (ORAL)	0.6%	P	**P**			
PREGABALIN SOLUTION (AG) (ORAL)	0.0%	P	**P**			
LIDOCAINE (AG) (TOPICAL)	2.4%	P	**P**			
DULOXETINE (IRENKA) (ORAL)	0.1%	NP	**NP**			
LIDOCAINE (TOPICAL)	5.4%	P	**P**			
PREGABALIN SOLUTION (ORAL)	0.0%	P	**P**			
ZTLIDO (TOPICAL)	0.0%	NP	**NP**			
GABAPENTIN ER TABLET (GRALISE) (ORAL)	0.0%	NR	**NP**			
DRIZALMA SPRINKLE (ORAL)	0.0%	NP	**NP**			
PREGABALIN ER (ORAL)	0.0%	NP	**NP**			
LIDOCAN PATCH (PURETEK) (TOPICAL)	0.0%	NP	**NP**			

Wisconsin Medicaid						
NSAIDS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
VIMOVO (ORAL)	0.0%	NP	**NP**			
DUEXIS (ORAL)	0.0%	NP	**NP**			
PENNSAID PUMP (TOPICAL)	0.0%	NP	**NP**			
FLECTOR (TOPICAL)	0.0%	NP	**NP**			
MELOXICAM TABLET (ORAL)	16.2%	P	**P**			
IBUPROFEN TABLET OTC (ORAL)	2.7%	P	**P**			
IBUPROFEN TABLET (ORAL)	30.8%	P	**P**			
NAPROXEN SODIUM OTC (ORAL)	0.4%	P	**P**			
CELECOXIB (AG) (ORAL)	0.0%	P	**P**			
NAPROXEN TABLET (ORAL)	10.5%	P	**P**			
IBUPROFEN TAB CHEW OTC (ORAL)	0.1%	P	**P**			
CELECOXIB (ORAL)	8.7%	P	**P**			
PIROXICAM (ORAL)	0.0%	NP	**NP**			
INDOMETHACIN CAPSULE (ORAL)	1.1%	P	**P**			
IBUPROFEN SUSPENSION OTC (ORAL)	4.1%	P	**P**			
INDOMETHACIN CAPSULE ER (ORAL)	0.0%	NP	**NP**			
NAPROXEN SODIUM (ORAL)	0.0%	NP	**NP**			
KETOROLAC (ORAL)	2.8%	P	**P**			
DICLOFENAC SODIUM (ORAL)	7.7%	P	**P**			
IBUPROFEN SUSPENSION (ORAL)	2.1%	P	**P**			
DICLOFENAC POTASSIUM TABLET (ORAL)	0.5%	P	**P**			
SULINDAC (ORAL)	0.2%	P	**P**			
DICLOFENAC SODIUM GEL OTC (TOPICAL)	3.6%	P	**P**			
FLURBIPROFEN (ORAL)	0.0%	P	**P**			
NABUMETONE (ORAL)	0.9%	P	**P**			
DICLOFENAC GEL (TOPICAL)	7.1%	P	**P**			
ETODOLAC (ORAL)	0.1%	NP	**NP**			
DICLOFENAC SOLUTION (TOPICAL)	0.0%	NP	**NP**			
IBUPROFEN DROPS SUSPENSION OTC (ORAL)	0.0%	P	**P**			
OXAPROZIN (ORAL)	0.0%	NP	**NP**			
DICLOFENAC SR (ORAL)	0.1%	P	**P**			
DICLOFENAC SODIUM/MISOPROSTOL (ORAL)	0.0%	NP	**NP**			
DIFLUNISAL (ORAL)	0.0%	NP	**NP**			
NAPROXEN SUSPENSION (AG) (ORAL)	0.0%	NP	**NP**			
ARTHROTEC (ORAL)	0.0%	NP	**NP**			
FENOPROFEN (ORAL)	0.0%	NP	**NP**			
NAPROXEN EC (AG) (ORAL)	0.0%	P	**P**			
MEFENAMIC ACID (ORAL)	0.0%	NP	**NP**			
DICLOFENAC SODIUM PUMP (AG) (TOPICAL)	0.0%	NP	**NP**			
ETODOLAC TAB SR (ORAL)	0.0%	NP	**NP**			
KETOPROFEN (ORAL)	0.0%	NP	**NP**			
NAPROXEN EC (ORAL)	0.2%	P	**P**			
DICLOFENAC SODIUM PUMP (TOPICAL)	0.0%	NP	**NP**			
IBUPROFEN/FAMOTIDINE (ORAL)	0.0%	NP	**NP**			
IBUPROFEN/FAMOTIDINE TABLET (AG) (ORAL)	0.0%	NP	**NP**			
NAPROXEN SUSPENSION (ORAL)	0.0%	NP	**NP**			
MELOXICAM CAPSULE (ORAL)	0.0%	NP	**NP**			
DICLOFENAC PATCH (AG) (TRANSDERMAL)	0.0%	NP	**NP**			
NALFON (ORAL)	0.0%	NP	**NP**			
KETOPROFEN ER (ORAL)	0.0%	NP	**NP**			
MECLOFENAMATE (ORAL)	0.0%	NP	**NP**			
DICLOFENAC POTASSIUM CAPSULE (AG) (ORAL)	0.0%	NP	**NP**			
NAPROXEN CR (ORAL)	0.0%	NP	**NP**			
FENOPROFEN (AG) (ORAL)	0.0%	NP	**NP**			
LICART PATCH (TRANSDERMAL)	0.0%	NP	**NP**			
NAPROXEN/ESOMEPRAZOLE (AG) (ORAL)	0.0%	NP	**NP**			
NAPROXEN CR (AG) (ORAL)	0.0%	NP	**NP**			
NAPROXEN/ESOMEPRAZOLE (ORAL)	0.0%	NP	**NP**			
INDOMETHACIN ORAL SUSP (ORAL)	0.0%	NR	**NP**			
LOFENA (ORAL)	0.0%	NP	**NP**			
DICLOFENAC POTASSIUM CAPSULE (ORAL)	0.0%	NP	**NP**			
TOLMETIN SODIUM TABLET (ORAL)	0.0%	NP	**NP**			
KETOROLAC (SPRIX) (AG) (NASAL)	0.0%	NP	**NP**			
RELAFEN DS (ORAL)	0.0%	NP	**NP**			
TOLMETIN SODIUM CAPSULE (ORAL)	0.0%	NP	**NP**			
INDOMETHACIN (RECTAL)	0.0%	NP	**NP**			

Wisconsin Medicaid OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
BEPREVE (OPHTHALMIC)	0.0%	NP	**NP**			
ALREX (OPHTHALMIC)	1.6%	P	**P**			
AZELASTINE (OPHTHALMIC)	0.4%	NP	**P**			
KETOTIFEN OTC (OPHTHALMIC)	32.4%	P	**P**			
OLOPATADINE OTC (PATADAY TWICE A DAY) (OPHTHALMIC)	30.8%	P	**P**			
ZERVIATE (OPHTHALMIC)	0.0%	NP	**NP**			
OLOPATADINE OTC (PATADAY ONCE DAILY) (OPHTHALMIC)	29.2%	P	**P**			
ZADITOR OTC (OPHTHALMIC)	3.3%	P	**P**			
LOTEPREDNOL (OPHTHALMIC)	0.0%	NR	**NP**			
OLOPATADINE (PATANOL) (OPHTHALMIC)	0.1%	NP	**NP**			
OLOPATADINE DROPS (PATADAY) (OPHTHALMIC)	0.0%	NP	**NP**			
EPINASTINE (OPHTHALMIC)	0.1%	NP	**NP**			
BEPOTASTINE (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
BEPOTASTINE (OPHTHALMIC)	0.0%	NP	**NP**			
CROMOLYN SODIUM (OPHTHALMIC)	2.1%	P	**P**			
ALOMIDE (OPHTHALMIC)	0.0%	NP	**NP**			
ALOCRIL (OPHTHALMIC)	0.0%	NP	**NP**			

Wisconsin Medicaid OPHTHALMICS, ANTI-INFLAMMATORIES			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
NEVANAC (OPHTHALMIC)	0.0%	P	**P**			
DICLOFENAC (OPHTHALMIC)	1.8%	P	**P**			
KETOROLAC (OPHTHALMIC)	15.5%	P	**P**			
FLURBIPROFEN (OPHTHALMIC)	0.0%	P	**P**			
BROMFENAC (OPHTHALMIC)	0.0%	NP	**NP**			
KETOROLAC LS (OPHTHALMIC)	1.8%	P	**P**			
PROLENSA (OPHTHALMIC)	0.0%	NP	**NP**			
BROMFENAC (AG) (BROMSITE) (OPHTHALMIC)	0.0%	NR	**NP**			
BROMFENAC (BROMSITE) (OPHTHALMIC)	0.0%	NR	**NP**			
ILEVRO (OPHTHALMIC)	1.0%	P	**P**			
BROMSITE (OPHTHALMIC)	0.0%	NP	**NP**			
BROMFENAC (AG) (PROLENSA) (OPHTHALMIC)	0.0%	NR	**NP**			
ACUVAIL (OPHTHALMIC)	0.0%	NP	**NP**			
BROMFENAC (PROLENSA) (OPHTHALMIC)	0.0%	NR	**NP**			
LOTEMAX DROPS (OPHTHALMIC)	3.5%	P	**P**			
FML (OPHTHALMIC)	0.0%	NP	**NP**			
DUREZOL (OPHTHALMIC)	2.4%	P	**P**			
LOTEMAX OINTMENT (OPHTHALMIC)	0.0%	NP	**NP**			
FLAREX (OPHTHALMIC)	0.2%	P	**P**			
PRED MILD (OPHTHALMIC)	0.0%	P	**P**			
FML FORTE (OPHTHALMIC)	0.3%	P	**P**			
MAXIDEX (OPHTHALMIC)	1.1%	P	**P**			
FLUOROMETHOLONE (OPHTHALMIC)	8.7%	P	**P**			
PREDNISOLONE ACETATE (OPHTHALMIC)	56.7%	P	**P**			
INVELTYS (OPHTHALMIC)	0.0%	NP	**NP**			
DEXAMETHASONE (OPHTHALMIC)	6.5%	P	**P**			
PREDNISOLONE SOD PHOSPHATE (OPHTHALMIC)	0.0%	NP	**NP**			
DIFLUPREDNATE (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
DIFLUPREDNATE (OPHTHALMIC)	0.0%	NP	**NP**			
LOTEMAX GEL (OPHTHALMIC)	0.0%	NP	**NP**			
LOTEPREDNOL DROPS (AG) (OPHTHALMIC)	0.1%	NP	**NP**			
LOTEPREDNOL DROPS (OPHTHALMIC)	0.0%	NP	**NP**			
LOTEPREDNOL GEL (AG) (OPHTHALMIC)	0.2%	NP	**NP**			

Wisconsin Medicaid						
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RESTASIS (OPHTHALMIC)	78.7%	P	**P**			
XIIDRA (OPHTHALMIC)	19.3%	P	**P**			
EYSUVIS (OPHTHALMIC)	0.0%	NP	**NP**			
CYCLOSPORINE (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
CYCLOSPORINE (OPHTHALMIC)	0.0%	NP	**NP**			
VERKAZIA (OPHTHALMIC)	0.4%	NP	**NP**			
TYRVAYA SPRAY (NASAL)	0.5%	NP	**NP**			
CEQUA (OPHTHALMIC)	0.3%	NP	**NP**			
RESTASIS MULTIDOSE (OPHTHALMIC)	0.1%	NP	**NP**			
VEVYE (OPHTHALMIC)	0.1%	NR	**NP**			
MIEBO (OPHTHALMIC)	0.7%	NP	**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)	0.9%	P	**P**			
ALPHAGAN P 0.1% (OPHTHALMIC)	0.1%	NP	**P**			
BRIMONIDINE 0.2% (OPHTHALMIC)	8.5%	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%	NR	**NP**			
TIMOPTIC OCUDOSE (OPHTHALMIC)	0.0%	NP	**NP**			
ISTALOL (OPHTHALMIC)	0.0%	NP	**NP**			
BETOPTIC S (OPHTHALMIC)	0.2%	P	**P**			
COMBIGAN (OPHTHALMIC)	4.3%	P	**P**			
TIMOLOL (OPHTHALMIC)	13.8%	P	**P**			
LEVOBUNOLOL (OPHTHALMIC)	0.1%	P	**P**			
CARTEOLOL (OPHTHALMIC)	0.1%	P	**P**			
BRIMONIDINE TARTRATE/TIMOLOL DROPS (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (TIMOPTIC OCUDOSE) (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
BRIMONIDINE TARTRATE/TIMOLOL DROPS (OPHTHALMIC)	0.0%	NP	**NP**			
BETAXOLOL (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (ISTALOL) (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (ISTALOL) (OPHTHALMIC)	0.0%	NP	**NP**			
TIMOLOL (TIMOPTIC OCUDOSE) (OPHTHALMIC)	0.1%	NP	**NP**			
AZOPT (OPHTHALMIC)	0.9%	P	**P**			
SIMBRINZA (OPHTHALMIC)	1.2%	P	**P**			
DORZOLAMIDE (OPHTHALMIC)	3.8%	P	**P**			
DORZOLAMIDE / TIMOLOL (OPHTHALMIC)	9.3%	P	**P**			
DORZOLAMIDE/TIMOLOL/PF DROPS (OPHTHALMIC)	0.5%	P	**P**			
BRINZOLAMIDE (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
BRINZOLAMIDE (OPHTHALMIC)	0.0%	NP	**NP**			
COSOPT PF (OPHTHALMIC)	0.1%	NP	**NP**			
PILOCARPINE (OPHTHALMIC)	0.5%	P	**P**			
TRAVATAN Z 5 ML (OPHTHALMIC)	0.5%	P	**P**			
LUMIGAN 7.5ML (OPHTHALMIC)	0.0%	P	**P**			
TRAVATAN Z 2.5 ML (OPHTHALMIC)	4.4%	P	**P**			
LUMIGAN 5ML (OPHTHALMIC)	0.1%	P	**P**			
ZIOPTAN (OPHTHALMIC)	0.0%	NP	**NP**			
LUMIGAN 2.5ML (OPHTHALMIC)	1.2%	P	**P**			
LATANOPROST 2.5 ML (OPHTHALMIC)	46.0%	P	**P**			
TRAVOPROST 2.5 ML (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVOPROST 2.5 ML (OPHTHALMIC)	0.1%	NP	**NP**			
BIMATOPROST 2.5ML (OPHTHALMIC)	0.0%	NP	**NP**			
XELPROS (OPHTHALMIC)	0.0%	NP	**NP**			
BIMATOPROST 5ML (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVOPROST 5 ML (AG) (OPHTHALMIC)	0.0%	NP	**NP**			
TRAVOPROST 5 ML (OPHTHALMIC)	0.0%	NP	**NP**			
VYZULTA (OPHTHALMIC)	0.4%	NP	**NP**			
TAFLUPROST (OPHTHALMIC)	0.0%	NP	**NP**			
TAFLUPROST (AG) (OPHTHALMIC)	0.2%	NP	**NP**			
IYUZEH (OPHTHALMIC)	0.0%	NP	**NP**			
BIMATOPROST 7.5ML (OPHTHALMIC)	0.0%	NP	**NP**			
ROCKLATAN (OPHTHALMIC)	1.0%	P	**P**			
RHOPRESSA (OPHTHALMIC)	1.5%	P	**P**			

Wisconsin Medicaid SEDATIVE HYPNOTICS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RESTORIL (ORAL)	0.0%	P	**P**			
ZOLPIDEM (ORAL)	57.2%	P	**P**			
TEMAZEPAM (ORAL)	5.6%	P	**P**			
TEMAZEPAM (AG) (ORAL)	1.9%	P	**P**			
ESZOPICLONE (ORAL)	12.4%	P	**P**			
ZOLPIDEM ER (ORAL)	5.6%	P	**P**			
ZALEPLON (ORAL)	3.0%	P	**P**			
TRIAZOLAM (ORAL)	1.0%	P	**P**			
RAMELTEON (ORAL)	0.2%	P	**P**			
BELSOMRA (ORAL)	3.0%	NP	**NP**			
ESTAZOLAM (ORAL)	0.1%	NP	**NP**			
TEMAZEPAM 7.5 MG (ORAL)	0.0%	NP	**NP**			
ROZEREM (ORAL)	7.5%	P	**NP**			
ZOLPIDEM (SUBLINGUAL)	0.0%	NP	**NP**			
TEMAZEPAM 22.5 MG (ORAL)	0.0%	NP	**NP**			
EDLUAR (SUBLINGUAL)	0.0%	NP	**NP**			
DAYVIGO (ORAL)	0.7%	NP	**NP**			
DOXEPIN (ORAL)	0.9%	NP	**NP**			
QUAZEPAM (AG) (ORAL)	0.0%	NP	**NP**			
QUVIVIQ (ORAL)	0.7%	NP	**NP**			
ZOLPIDEM CAPSULE (ORAL)	0.0%	NP	**NP**			
FLURAZEPAM (ORAL)	0.0%	NP	**NP**			
IGALMI (SUBLINGUAL)	0.0%	NP	**NP**			

Wisconsin Medicaid SICKLE CELL ANEMIA TREATMENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
DROXIA (ORAL)	24.5%	P	**P**			
SIKLOS (ORAL)	71.6%	P	**P**			
ENDARI (ORAL)	3.9%	P	**P**			
GLUTAMINE POWD PACK (ORAL)	0.0%	NR	**NP**			

Wisconsin Medicaid STEROIDS, TOPICAL HIGH			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
HALOG OINTMENT (TOPICAL)	0.0%	NP	**NP**			
TRIAMCINOLONE ACETONIDE CREAM (TOPICAL)	49.4%	P	**P**			
BETAMET DIPROP / PROP GLY CREAM (TOPICAL)	0.0%	NP	**NP**			
TRIAMCINOLONE ACETONIDE OINTMENT (TOPICAL)	41.2%	P	**P**			
FLUOCINONIDE SOLUTION (TOPICAL)	0.3%	NP	**P**			
FLUOCINONIDE OINTMENT (TOPICAL)	0.2%	NP	**P**			
BETAMETHASONE VALERATE CREAM (TOPICAL)	2.8%	P	**P**			
BETAMETHASONE DIPROPIONATE CREAM (TOPICAL)	0.2%	NP	**NP**			
TRIAMCINOLONE ACETONIDE LOTION (TOPICAL)	1.4%	P	**P**			
FLUOCINONIDE CREAM (TOPICAL)	0.2%	NP	**P**			
BETAMETHASONE VALERATE OINTMENT (TOPICAL)	2.7%	P	**P**			
BETAMETHASONE DIPROPIONATE OINTMENT (TOPICAL)	0.2%	NP	**NP**			
FLUOCINONIDE GEL (TOPICAL)	0.0%	NP	**NP**			
BETAMETHASONE DIPROPIONATE LOTION (TOPICAL)	0.1%	NP	**NP**			
BETAMET DIPROP / PROP GLY LOTION (TOPICAL)	0.0%	NP	**NP**			
BETAMET DIPROP / PROP GLY OINTMENT (TOPICAL)	0.1%	NP	**NP**			
BETAMETHASONE VALERATE LOTION (TOPICAL)	1.1%	P	**P**			
FLUOCINONIDE EMOLLIENT (TOPICAL)	0.0%	NP	**NP**			
DESOXIMETASONE CREAM (TOPICAL)	0.1%	NP	**NP**			
DESOXIMETASONE OINTMENT (TOPICAL)	0.1%	NP	**NP**			
BETAMETHASONE DIPROPIONATE GEL (TOPICAL)	0.0%	NP	**NP**			
DESOXIMETASONE GEL (TOPICAL)	0.0%	NP	**NP**			
DESOXIMETASONE SPRAY (TOPICAL)	0.0%	NP	**NP**			
DIFLORASONE DIACETATE OINTMENT (TOPICAL)	0.0%	NP	**NP**			
TRIAMCINOLONE ACETONIDE AEROSOL (TOPICAL)	0.0%	NP	**NP**			
HALOG SOLUTION (TOPICAL)	0.0%	NP	**NP**			
TOPICORT SPRAY (TOPICAL)	0.0%	NP	**NP**			
DIFLORASONE DIACETATE CREAM (TOPICAL)	0.0%	NP	**NP**			
KENALOG AEROSOL (TOPICAL)	0.0%	NP	**NP**			
HALCINONIDE CREAM (AG) (TOPICAL)	0.0%	NP	**NP**			
HALCINONIDE CREAM (TOPICAL)	0.0%	NP	**NP**			
AMCINONIDE CREAM (TOPICAL)	0.0%	NP	**NP**			

Wisconsin Medicaid STIMULANTS AND RELATED AGENTS			Recommendations			
Brand Name	Curr. MS	Curr. PDL Status	PDL Rec	COMMITTEE RECOMMENDATIONS	STATE MODIFICATIONS	SECRETARY MODIFICATIONS
RITALIN LA (ORAL)	0.0%	P	**P**			
DEXEDRINE SPANSULE (ORAL)	0.0%	NP	**NP**			
FOCALIN XR (ORAL)	2.7%	P	**P**			
AMPHETAMINE SALT COMBO ER (ORAL)	0.0%	NP	**NP**			
GUANFACINE ER (ORAL)	11.1%	P	**P**			
METHYLPHENIDATE (ORAL)	5.7%	P	**P**			
DEXMETHYLPHENIDATE (ORAL)	1.4%	P	**P**			
MODAFINIL (ORAL)	0.7%	P	**P**			
ATOMOXETINE (ORAL)	5.1%	P	**P**			
METHYLPHENIDATE ER (METADATE ER) (ORAL)	0.7%	P	**P**			
AMPHETAMINE SALT COMBO ER (AG) (ORAL)	0.0%	NP	**NP**			
CLONIDINE ER (ORAL)	1.9%	P	**P**			
ARMODAFINIL (AG) (ORAL)	0.1%	P	**P**			
CONCERTA (ORAL)	8.8%	P	**P**			
METHYLPHENIDATE ER (CONCERTA) (ORAL)	0.8%	P	**P**			
METHYLPHENIDATE SOLUTION (ORAL)	0.2%	P	**P**			
ARMODAFINIL (ORAL)	0.1%	P	**P**			
AMPHETAMINE SULFATE (ORAL)	0.0%	NP	**NP**			
METHYLIN SOLUTION (ORAL)	0.0%	P	**P**			
METHYLPHENIDATE CD (AG) (ORAL)	0.9%	P	**P**			
METHYLPHENIDATE CD (ORAL)	1.2%	P	**P**			
FOCALIN (ORAL)	0.3%	P	**P**			
DEXMETHYLPHENIDATE ER (ORAL)	2.2%	P	**P**			
METHYLPHENIDATE ER (RITALIN LA) (ORAL)	0.8%	P	**P**			
DEXTROAMPHETAMINE TABLET (ORAL)	0.2%	NP	**NP**			
DEXTROAMPHETAMINE CAPSULE ER (ORAL)	0.2%	NP	**NP**			
METHYLPHENIDATE CHEWABLE TABLETS (ORAL)	0.4%	P	**P**			
APTENSIO XR (ORAL)	0.1%	P	**P**			
AMPHETAMINE SALT COMBO (ORAL)	8.4%	NP	**NP**			
ADDERALL XR (ORAL)	7.8%	NP	**NP**			
VYVANSE CAPSULE (ORAL)	33.0%	P	**P**			
METHYLPHENIDATE ER (APTENSIO XR) (AG) (ORAL)	0.0%	NP	**NP**			
DAYTRANA (TRANSDERMAL)	0.2%	P	**P**			
DYANAVEL XR TABLET (ORAL)	0.0%	NP	**NP**			
LISDEXAMFETAMINE CAPSULE (ORAL)	0.0%	NP	**NP**			
METHYLPHENIDATE ER (APTENSIO XR) (ORAL)	0.0%	NP	**NP**			
QUILLIVANT XR (ORAL)	0.5%	P	**P**			
QELBREE (ORAL)	0.7%	NP	**NP**			
DYANAVEL XR (ORAL)	0.0%	NP	**NP**			
ONYDA XR SUSPENSION (ORAL)	0.0%	NR	**NP**			
METHYLPHENIDATE PATCH TD24 (AG) (TRANSDERMAL)	0.0%	NP	**NP**			
EVEKEO ODT (ORAL)	0.0%	NP	**NP**			
AZSTARYS (ORAL)	0.1%	NP	**NP**			
QUILLICHEW ER (ORAL)	0.7%	P	**P**			
EVEKEO (ORAL)	0.0%	NP	**NP**			
AMPHETAMINE SALT COMBO ER (MYDAYIS) (ORAL)	0.0%	NR	**NP**			
LISDEXAMFETAMINE CHEWABLE TABLET (ORAL)	0.0%	NP	**NP**			
MYDAYIS ER (ORAL)	0.2%	NP	**NP**			
RELEXXII (ORAL)	0.0%	NP	**NP**			
VYVANSE CHEWABLE TABLET (ORAL)	2.0%	P	**P**			
METHYLPHENIDATE PATCH TD24 (TRANSDERMAL)	0.0%	NP	**NP**			
JORNAY PM (ORAL)	0.6%	NP	**NP**			
COTEMPLA XR ODT (ORAL)	0.0%	NP	**NP**			
ADZENYS XR ODT (ORAL)	0.0%	NP	**NP**			
DEXTROAMPHETAMINE SOLUTION (ORAL)	0.0%	NP	**NP**			
ZENZEDI (ORAL)	0.0%	NP	**NP**			
XELSTRYM (TRANSDERMAL)	0.0%	NP	**NP**			
METHYLPHENIDATE ER (RELEXXII) (ORAL)	0.0%	NP	**NP**			
METHYLPHENIDATE ER (RELEXXII) (AG) (ORAL)	0.0%	NP	**NP**			
SUNOSI (ORAL)	0.0%	NP	**NP**			
METHAMPHETAMINE (ORAL)	0.0%	NP	**NP**			