

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: Blood Banks, Dentists, Dispensing Physicians, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Preferred Drug List Changes

Effective for dates of service (DOS) on and after January 15, 2010, changes will be made to the proton pump inhibitor class on the Preferred Drug List. Lansoprazole and Aciphex® will be added as preferred drugs and Prevacid® capsules will require brand medically necessary prior authorization (PA).

Effective for DOS on and after January 15, 2010, Duragesic® and fentanyl transdermal patches will be preferred products. Effective for DOS on and after March 1, 2010, the brand Duragesic® patch will require brand medically necessary PA.

Proton Pump Inhibitor Preferred Drug List Changes

Effective for date of service (DOS) on and after January 15, 2010, lansoprazole and Aciphex® will be added as preferred drugs for members enrolled in Medicaid, the BadgerCare Plus Standard Plan, and SeniorCare. Lansoprazole will be added as a covered drug for the BadgerCare Plus Benchmark Plan and the BadgerCare Plus Core Plan. Omeprazole will remain a preferred drug in the class. Prevacid® capsules will require brand medically necessary prior authorization (PA) and will be added to the Brand Medically Necessary Drugs That Require Prior Authorization data table, which can be found on the Pharmacy page on the ForwardHealth Portal at www.forwardhealth.wi.gov/. Prevacid® SoluTabs will become a non-preferred agent in this class. Prevacid® 15 mg 24 hr OTC and Prilosec OTC® will not be covered by ForwardHealth programs.

Pharmacy providers should begin working with prescribers to either change Prevacid® prescriptions to the generic product, lansoprazole, or to one of the other preferred products in this class, omeprazole or Aciphex®. The Preferred Drug List Quick Reference will reflect all of the changes outlined in this *ForwardHealth Update*.

As a reminder, all drugs in the Proton Pump Inhibitor (PPI) class are diagnosis restricted.

The Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitors (PPI) Drugs, F-11078 (03/09), will no longer be accepted for providers to use when requesting PA for non-preferred drugs in this class. If a PA is submitted on paper using this form, the PA will be returned to the provider. Providers will be required to use the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request Form (PA/PDL), F-11075 (10/08) for all non-preferred PPIs.

Prevacid® Added to the Brand Medically Necessary List

Effective for DOS on and after January 15, 2010, Prevacid® capsules will be added to the Brand Medically Necessary list. Pharmacy providers should begin working with prescribers to either change the member's Prevacid® capsules prescription to the generic product, lansoprazole, or to one of the other preferred products

in this class, omeprazole or Aciphex®. The clinical criteria to request PA for brand name Prevacid® capsules is that the member has tried and failed **all** of the preferred products in this drug class. Before requesting brand name Prevacid® capsules, the prescriber will need to document that a member had a clinically significant adverse drug reaction or experienced a treatment failure on the maximum dose of Aciphex® 20mg/day, lansoprazole 30mg/day, and omeprazole 40mg/day.

Duragesic® Added to the Brand Medically Necessary List

Effective for DOS on and after January 15, 2010, Duragesic® and fentanyl transdermal patches will be preferred products.

Due to the manufacturer reformulating the Duragesic® transdermal patch, Duragesic® is no longer cost-effective for ForwardHealth. Therefore, effective for DOS on and after March 1, 2010, Duragesic® will require a brand medically necessary PA and will be added to the Brand Medically Necessary Drugs That Require Prior Authorization data table, which can be found on the Pharmacy page of the Portal.

ForwardHealth is allowing a period where both the Duragesic® and the fentanyl transdermal patches will be preferred to allow providers to transition members to the preferred product, fentanyl, and to deplete any inventory of Duragesic® transdermal patches.

Effective for DOS on and after March 1, 2010, Duragesic® will be removed from the brand name drugs with generic copayment list (Dispense As Written [DAW] 6). Members receiving Duragesic® will be required to pay the brand name copayment when receiving the brand name product. Therefore, pharmacy providers should no longer indicate National Council for Prescription Drug Programs DAW code “6” on claims for Duragesic transdermal patches.

Pharmacy providers should switch members from the Duragesic® transdermal patches to the fentanyl transdermal patches.

Fentanyl transdermal patches are covered for members enrolled in the Benchmark Plan and the Core Plan .

Brand Medically Necessary Prior Authorization Submission

If it is medically necessary for the member to remain on a brand name drug, providers should submit a brand medically necessary PA request to ForwardHealth with the appropriate clinical documentation. Prescribers are reminded that they are required to hand write “Brand Medically Necessary” on a prescription when it is medically necessary for a member to take a brand name drug.

When submitting a brand medically necessary PA request, prescribers should complete the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), F-11083 (10/08), and submit it with complete clinical documentation to the pharmacy where the prescription will be filled. Pharmacy providers should submit the PA/BMNA and the clinical documentation along with a completed Prior Authorization Request Form (PA/RF), F-11018 (10/08), to ForwardHealth.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member’s managed care organization. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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