ForwardHealth
Wisconsin serving you

Update
September 2010

No. 2010-84

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

Fall 2010 Preferred Drug List Changes

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List effective for dates of service on and after October 1, 2010.

BadgerCare Plus, Medicaid, and SeniorCare have added three new drug classes to the Preferred Drug List (PDL) and reviewed 41 existing drug classes. Changes in status may have occurred to preferred and non-preferred drugs. Changes to the PDL will be effective for dates of service (DOS) on and after October 1, 2010, unless otherwise noted.

This *ForwardHealth Update* provides an overview of the major changes to certain drug classes. Providers may refer to the following benefit-plan specific data tables on the Pharmacy page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/*:

- Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug List — Quick Reference.
- BadgerCare Plus Core Plan National Drug Code List.
- BadgerCare Plus Core Plan Brand Name Drugs — Quick Reference.
- BadgerCare Plus Benchmark Plan National Drug Code List.
- BadgerCare Plus Basic Plan National Drug Code List.

The PDL is not a drug formulary and is not a comprehensive list of drugs that are covered by the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare. Most drugs are covered by the Standard Plan, Medicaid, and SeniorCare, but some drugs may have additional restrictions, including diagnosis, quantity limit, and age limit restrictions. Changes in this *Update* do not impact members enrolled in the Benchmark Plan, the Core Plan, or the Basic Plan unless otherwise noted.

Prescriber Responsibilities

Prescribers should determine the ForwardHealth benefit plan in which a member is enrolled before writing a prescription. If a member is enrolled in the Standard Plan, Medicaid, or SeniorCare, prescribers are encouraged to write prescriptions for preferred drugs. Prescribers are encouraged to prescribe more than one preferred drug before a non-preferred drug is prescribed.

If a non-preferred drug or a preferred drug that requires clinical prior authorization (PA) is medically necessary for a member, the prescriber is required to complete a PA request for the drug. Prescribers are required to complete the appropriate PA form and submit it to the pharmacy provider where the prescription will be filled. When completing the PA form, prescribers are reminded to sign and date the form. Prior authorization request forms may be faxed or mailed to the pharmacy provider, or the member may carry the form with the prescription

to the pharmacy provider. The pharmacy provider will use the completed form to submit a PA request to ForwardHealth. The prescriber is required to attest on the form that the member meets the clinical criteria for PA approval. Prescribers should not submit Prior Authorization/Preferred Drug List (PA/PDL) forms to ForwardHealth.

Prescribers and pharmacy providers are required to retain a completed copy of the PA form.

For Benchmark Plan, Core Plan, and Basic Plan members, prescribers should be aware of drugs covered by the benefit plan and write prescriptions for drugs that are covered by the plan. Providers may refer to the previously listed benefit plan-specific resources on the Portal for a list of drugs covered by each benefit plan.

If a noncovered drug is medically necessary for a Benchmark Plan, Core Plan, or Basic Plan member, the prescriber should inform the member the drug is not covered by the benefit plan. The prescriber should instruct the member to work with his or her pharmacy provider to determine whether or not the drug is covered by BadgerRx Gold.

New Classes

The following drug classes will be added to the PDL:

- Antibiotics, inhaled.
- Bile salts.
- Epinephrine, self-injected.

Analgesics/Anesthetics, Topical

Lidoderm patches continue to be a preferred drug for Standard Plan, Medicaid, and SeniorCare members. Lidoderm patches will have quantity limits. Members will be limited to 90 lidoderm patches per month. To exceed the quantity limit, the pharmacy provider should notify the prescriber about the quantity limit. If the prescriber informs the pharmacy provider that it is medically appropriate for a member to exceed the quantity limit, the pharmacy provider may request a quantity limit policy override by calling the Drug Authorization and Policy Override (DAPO) Center at (800) 947-9627, option 7.

Providers may dispense up to the allowed quantity of lidoderm patches without contacting the DAPO Center.

Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy page of the Portal for the most current quantity limits. Providers may refer to the Online Handbook for information about exceptions to the quantity limit policy.

Antibiotics, Inhaled

The antibiotics, inhaled drug class will be added to the PDL. Tobi will be a preferred drug and Cayston will be a non-preferred drug that requires PA. Providers should submit PA requests for Cayston on paper using the Prior Authorization Drug Attachment (PA/DGA), F-11049 (10/08), and the Prior Authorization Request Form (PA/RF), F-11018 (10/08). Prior authorization forms are available on the Forms page of the Portal.

Clinical Criteria

As a reminder, clinical criteria for approval of a PA request for Cayston are the following:

- The member has a diagnosis of cystic fibrosis.
- The prescriber has confirmed the member currently has a positive sputum culture for Pseudomonas aeruginosa or the member had a positive sputum culture for Pseudomonas aeruginosa within the past 12 months. Providers should indicate the date of the positive sputum culture.
- The prescriber has confirmed the member currently does not have Burkholderia cepacia colonized in the lungs.
- The member is 7 years of age or older.
- The member has previously used Tobi and experienced a clinically significant adverse drug reaction or an unsatisfactory therapeutic response. Providers should indicate the specific details about the clinically significant adverse drug reaction or the

unsatisfactory therapeutic response and the approximate dates Tobi was taken on the PA request.
- The prescriber has confirmed the member's FEV1 percent predicted is greater than or equal to 25 percent and less than or equal to 75 percent. Providers should indicate the member's current FEV1 percent predicted on the PA request.
- The member is not receiving treatment with other inhaled/nebulized antibiotics or inhaled/nebulized anti-infective agents, including alternating treatment schedules. Providers should provide a history of all inhaled/nebulized antibiotics or inhaled/nebulized anti-infective agents and a history of all systemic antibiotics/anti-infective agents within the most recent 90-day period.

The following indicate how PA requests for Cayston will be approved:
- Prior authorization requests may be approved for a maximum of a 28 days supply per dispensing.
- Prior authorization requests may be approved with an alternating month treatment schedule of one month of Cayston treatment with one month of no inhaled/nebulized antibiotics or inhaled/nebulized anti-infective agents.
- Prior authorization requests may be approved for a maximum approval period of 183 days.

Antidepressants, Other

Effexor XR and Venlafaxine

Effexor XR will no longer be a preferred drug and will instead require brand medically necessary PA. Prior authorization requests for Effexor XR must be submitted on the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), F-11083 (10/08).

Venlafaxine extended release capsules will be preferred drugs for Standard Plan, Medicaid, and SeniorCare members. Venlafaxine extended release capsules will be covered by the Benchmark Plan, the Core Plan, and the Basic Plan.

Venlafaxine extended release tablets continue to be non-preferred drugs.

Cymbalta Prior Authorization Forms

The following PA forms are available for Cymbalta:
- The Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Diabetic Peripheral Neuropathy (DPN), F-00285 (06/10).
- The Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Fibromyalgia, F-00282 (06/10).
- The Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Generalized Anxiety Disorder (GAD), F-00283 (06/10).
- The Prior Authorization/Preferred Drug List (PA/PDL) for Step Therapy for Cymbalta for Major Depressive Disorder (MDD), F-00284 (06/10).

Prescribers are reminded to complete the PA form most appropriate to the diagnosis. Providers are also reminded that only one of the Cymbalta PA forms must be completed for each member each time PA is requested.

Cymbalta continues to have quantity limits. Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy page of the Portal for the most current quantity limits.

Clinical Criteria for Cymbalta for Major Depressive Disorder

Updated clinical criteria for approval of a PA request for Cymbalta for MDD are the following:
- The member has a diagnosis of MDD.
- The member has previously taken a preferred selective serotonin reuptake inhibitor (SSRI) drug for MDD and one of the following:

- ✓ Experienced an unsatisfactory therapeutic response.
- ✓ Experienced a clinically significant adverse drug reaction.

- The member has taken an other preferred antidepressant drug(s) for MDD and one of the following:
  - ✓ Experienced an unsatisfactory therapeutic response.
  - ✓ Experienced a clinically significant adverse drug reaction.

Members must try and fail a preferred SSRI drug and other preferred antidepressant drugs before PA may be requested for Cymbalta; however, if the member is currently taking Cymbalta for MDD for 30 days or more with a measureable therapeutic response and the member has not taken drug-company provided samples of Cymbalta in the past 30 days, PA requests for Cymbalta may be approved.

Antiemetics

Marinol® continues to be a preferred drug. Dronabinol is a non-preferred drug. For PA requests for dronabinol, members must meet the same clinical criteria as Marinol®. Prescribers are required to indicate on the Prior Authorization/Preferred Drug List (PA/PDL) for Antiemetics, Cannabinoids form, F-00194 (11/09), documentation that clinically justifies the need for the generic equivalent drug instead of Marinol®.

Prior authorization requests for dronabinol must be submitted to ForwardHealth on the Portal or on paper by fax or mail. Providers can no longer submit PA requests for dronabinol using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

Prior authorization requests for dronabinol must be submitted on the PA/PDL for Antiemetics, Cannabinoids with a PA/RF.

Clinical Criteria

Members who are prescribed Marinol for the treatment of appetite/weight loss caused by human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) are not required to have previously tried ondansetron or Emend. Members are required to experience a treatment failure, an adverse drug reaction, or a contraindication with ondansetron and Emend and trial *and* failure of Marinol before a PA request may be submitted for Cesamet.

Clinical criteria for the approval of a PA request for antiemetic, cannabinoid drugs are the following:

- The member is currently receiving chemotherapy treatment for cancer (if requesting PA for Marinol® or Cesamet).
- The member has experienced a treatment failure, an adverse drug reaction, or a contraindication with ondansetron and Emend® for chemotherapy-related nausea and vomiting (if requesting PA for Marinol® or Cesamet).
- The member has experienced a treatment failure with Marinol® for chemotherapy-related nausea and vomiting (if requesting PA for Cesamet).
- The member is diagnosed with appetite/weight loss caused by HIV or AIDS (if requesting PA for Marinol®).

Antifungals, Topical

Effective for DOS on and after December 1, 2010, ketoconazole will be a non-preferred drug. Pharmacy providers should begin working with prescribers to either switch a member's prescription to a preferred drug in the antifungals, topical drug class or request PA for ketoconazole, if medically appropriate.

Effective for DOS on and after December 1, 2010, ketoconazole will be a noncovered drug for members in the Benchmark Plan, the Core Plan, and the Basic Plan.

Effective for DOS on and after December 1, 2010, over-the-counter terbinafine will be a noncovered drug for

Standard Plan, Benchmark Plan, Core Plan, Basic Plan, Medicaid, and SeniorCare members.

Antihyperuricemics, Oral

Colcrys continues to be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Quantity limits will be applied to Colcrys. Members will be limited to 68 tablets per month. To exceed the quantity limit, the pharmacy provider should notify the prescriber about the quantity limit. If the prescriber informs the pharmacy provider that it is medically appropriate for a member to exceed the quantity limit, pharmacy providers may request a quantity limit policy override by calling the DAPO Center.

Providers may dispense up to the allowed quantity of Colcrys without contacting the DAPO Center.

Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy page of the Portal for the most current quantity limits. Providers may refer to the Online Handbook for information about exceptions to the quantity limit policy.

Antiparasitics, Topical

Ovide will no longer be a preferred drug excluded from the brand medically necessary policy. Therefore, PA requests for Ovide must be submitted on the PA/BMNA. The Dispense As Written (DAW) code "6" will no longer be allowed on claims for Ovide.

As a reminder, the PDL policy regarding non-preferred drugs also applies to brand medically necessary PA requests. For example, a prescriber writes a prescription for a brand name drug. The generic drug is currently a non-preferred drug on the PDL. Before a PA request may be approved for the brand name drug, both of the following must occur:

- Trial and failure of multiple PDL preferred drugs.
- Multiple trial and failures of preferred generic equivalent drugs.

Malathion continues to be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Malathion is a noncovered drug for Benchmark Plan, Core Plan, and Basic Plan members.

Antiparkinson's Agents

Requip XL tablets will became a non-preferred drug; however, Standard Plan, Medicaid, SeniorCare, and transitioned Core Plan members who are currently taking Requip XL tablets will be grandfathered until a generic becomes available. After the generic becomes available, grandfathering of Requip XL tablets will end for all members.

Prior authorization is required for Requip XL for Standard Plan, Medicaid, and SeniorCare members who have not previously taken the drug.

Requip XL tablets continues to be a diagnosis-restricted drug. An allowable diagnosis code must be indicated on claims and PA requests for Requip XL tablets. Providers may refer to the Diagnosis Restricted Drugs data table on the Pharmacy page of the Portal for the most current list of allowable diagnoses.

Requip XL tablets continue to be a noncovered drug for Benchmark Plan and Basic Plan members. For all Core Plan members except transitioned Core Plan members, Requip XL tablets will be a noncovered drug.

Antipsychotics

As a result of safety concerns, thioridazine will become a non-preferred drug; however, Standard Plan, Core Plan, Medicaid, and SeniorCare members who are currently taking thioridazine will be grandfathered until a future drug class review.

Since thioridazine will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members, it will become a noncovered drug for Benchmark Plan, Core Plan, and Basic Plan members.

Antivirals, Other

Famvir will no longer be a preferred drug excluded from the brand medically necessary policy. Therefore, PA requests for Famvir must be submitted on the PA/BMNA. The DAW code "6" will no longer be allowed on claims for Famvir.

Famciclovir will become a preferred drug.

Cephalosporin and Related Agents

The name of the cephalosporin and related agents drug class will change to the antibiotics, beta-lactam drug class. Additional oral drugs will be added to the antibiotics, beta-lactam drug class.

Epinephrine, Self-Injected

The epinephrine, self-injected drug class will be added to the PDL. Effective for DOS on and after October 1, 2010, generic epinephrine, auto-injector will be covered for Benchmark Plan, Core Plan, and Basic Plan members. Effective for DOS on and after December 1, 2010, the Epi-pen will not be covered for Core Plan members.

Quantity limits continue to apply to all drugs in the epinephrine, self-injected drug class. As a reminder, members are limited to two pens per month. To exceed the quantity limit, the pharmacy provider should notify the prescriber about the quantity limit. If the prescriber informs the pharmacy provider that it is medically appropriate for a member to exceed the quantity limit, the pharmacy provider may request a quantity limit policy override by calling the DAPO Center.

Providers may dispense up to the allowed quantity of epinephrine, self-injected drugs without contacting the DAPO Center.

Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy page of the Portal for the most current quantity limits. Providers may refer to the Online Handbook for information about exceptions to the quantity limit policy.

Hypoglycemics, GLP-1 and Hypoglycemics, Symlin

As a reminder, grandfathering for Byetta and Symlin for all Core Plan members will end on September 30, 2010. (This was previously announced in the September 2009 *Update* [2009-63], titled "Fall 2009 Preferred Drug List Review.") Byetta and Symlin will no longer be covered for Core Plan members for DOS on and after October 1, 2010.

Hypoglycemics, Insulins

As a reminder, Lantus continues to be a noncovered drug for SeniorCare members in levels IIB and III because the manufacturer has not signed a rebate agreement with SeniorCare.

Intranasal Rhinitis Agents

Nasonex continues to be a preferred drug for members ages 2 to 4. Nasonex will be a non-preferred drug for members younger than 2 years of age and for members 5 years of age and older; therefore, PA will be required for those members.

Ophthalmics, Glaucoma Agents

Xalatan will become a preferred drug and Lumigan will become a non-preferred drug. Travatan-Z continues to be a preferred drug.

Pharmacy providers should begin working with prescribers to either switch a member's prescription to a preferred drug in the ophthalmics, glaucoma agents drug class or request PA for Lumigan if it is medically appropriate for the member. Prior authorization for Lumigan will be required effective for DOS on and after December 1, 2010.

Xalatan will be covered for Core Plan members. Lumigan will not be covered for Core Plan members.

Pancreatic Enzymes

The following are preferred drugs:

- Pancreaze.
- Pancrelipase 5,000 DR.
- Zenpep.

Creon will be a non-preferred drug; however, Standard Plan, Core Plan, Medicaid, and SeniorCare members who are currently taking Creon will be grandfathered until a generic becomes available. After the generic becomes available, grandfathering of Creon will end for all members.

The Benchmark Plan, the Core Plan, and the Basic Plan continue to cover pancrelipase 5,000 DR.

Stimulants and Related Agents

The DAW code "6" will no longer be allowed on claims for Adderall XR.

Amphetamine salt combination ER will be a preferred drug for Standard Plan, Medicaid, and SeniorCare members. Amphetamine salt combination ER will be covered by the Benchmark Plan, the Core Plan, and the Basic Plan.

Methylin Chewable Tablets and Solution

Methylin chewable tablets and solution will be non-preferred drugs; however, Standard Plan, Medicaid, SeniorCare, and transitioned Core Plan members who are currently taking Methylin chewable tablets or Methylin solution will be grandfathered until a generic becomes available. After the generic becomes available, grandfathering of Methylin chewable tablets and solution will end for all members.

Prior authorization is required for Methylin chewable tablets and for Methylin solution for Standard Plan, Medicaid, and SeniorCare members who have not previously taken the drug.

Methylin chewable tablets and solution continues to be a diagnosis-restricted drug. Members must have one of the allowable diagnoses for PA requests to be approved. Providers may refer to the Diagnosis Restricted Drugs data table on the Pharmacy page of the Portal for the most current list of allowable diagnoses.

Methylin chewable tablets and solution continue to be a noncovered drug for Benchmark Plan and Basic Plan members. For all Core Plan members except transitioned Core Plan members, Methylin chewable tablets and solution will be a noncovered drug.

Submitting Prior Authorization Requests

Prior authorization requests for non-preferred drugs in classes in this *Update* may be submitted via the following:

- The STAT-PA system.
- The ForwardHealth Portal.
- Paper by fax or mail.

Prior authorization requests submitted on paper for non-preferred drugs in classes in this *Update* must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request, F-11075 (10/08), unless otherwise indicated.

For all PA requests, prescribers are required to complete, sign, and date the appropriate PA form. Prescribers are required to submit the appropriate PA form along with any supporting documentation to the pharmacy where the prescription will be filled. Prescribers and pharmacy providers are required to keep a completed copy of the PA form.

For PA requests submitted using the Portal, the pharmacy provider is required to submit the PA request using the Portal and fax or mail the PA form and supporting documentation received from the prescriber to ForwardHealth.

For PA requests submitted on paper, the pharmacy provider is required to complete, sign, date, and submit a PA/RF with the PA form and supporting documentation received from the prescriber to ForwardHealth.

For More Information

Providers may refer to the Pharmacy service area of the Online Handbook on the Portal for more information about PDL policies.

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 (MCO). 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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