

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

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

Prior Authorization Is Required for Avandia, Avandamet, and Avandaryl

Effective for dates of service on and after September 27, 2010, as a result of Food and Drug Administration safety concerns, Avandia, Avandamet, and Avandaryl are now non-preferred drugs that require clinical prior authorization for BadgerCare Plus Standard Plan, Medicaid, and SeniorCare members.

Effective for dates of service on and after September 27, 2010, as a result of Food and Drug Administration (FDA) safety concerns, Avandia, Avandamet, and Avandaryl are now non-preferred drugs that require clinical prior authorization (PA) for BadgerCare Plus Standard Plan, Medicaid, and SeniorCare members. Avandia, Avandamet, and Avandaryl are noncovered drugs for BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, and BadgerCare Plus Basic Plan members.

Standard Plan, Core Plan, Medicaid, and SeniorCare members currently taking Avandia, Avandamet, or Avandaryl will be grandfathered on the drug they are currently taking. For members grandfathered on Avandia, Avandamet, or Avandaryl, prescribers should re-evaluate with the member if it is medically necessary for the member to remain on the drug or be switched to a preferred hypoglycemic, thiazolidinedione drug.

Prior authorization is required for Standard Plan, Medicaid, and SeniorCare members who have not previously taken Avandia, Avandamet, or Avandaryl.

Clinical Criteria for Prior Authorization Approval

- The member has a diagnosis of type II diabetes, and
- The member has experienced a treatment failure with multiple preferred drugs used for the treatment of type II diabetes. A treatment failure includes the following:
 - ✓ The member did not achieve adequate glycemic control.
 - ✓ A medical condition that prevents the use of preferred drugs used for the treatment of type II diabetes.
 - ✓ A clinically significant drug interaction between another medication the member is taking and preferred drugs used for the treatment of type II diabetes.
 - ✓ A clinically significant adverse drug reaction while taking a preferred drug, and
- The member is unable to take Actos or one of its combination products due to one of the following:
 - ✓ A medical condition that prevents the use of Actos or one of its combination products.
 - ✓ A clinically significant drug interaction between another medication the member is

taking and Actos or one of its combination products.

- ✓ A treatment failure with Actos or one or more of its combination products.
- ✓ A clinically significant adverse drug reaction to Actos or one or more of its combination products.

For PA requests for Avandia, Avandamet, and Avandaryl to be approved, the member must have a diagnosis of type II diabetes, a demonstrated treatment failure of multiple preferred diabetic drugs, and a demonstrated treatment failure of Actos.

Allowable Diagnosis Codes

Avandia, Avandamet, and Avandaryl require a diagnosis of type II diabetes. One of the following allowable diagnosis codes must be indicated on PA requests for Avandia, Avandamet, and Avandaryl:

- 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled).
- 250.02 (Diabetes mellitus without mention of complication; type II or unspecified type, uncontrolled).

If an allowable diagnosis code is not indicated or if an inappropriate diagnosis is indicated, the PA request will be denied and the drug will be a noncovered service. Members do not have appeal rights for noncovered services.

Prior authorization requests for use outside the approved diagnoses will be denied.

Submitting Prior Authorization Requests

For PA requests for Avandia, Avandamet, and Avandaryl, the *prescriber* is required to submit the following to the pharmacy where the prescription will be filled:

- A Prior Authorization/Drug Attachment (PA/DGA), F11049 (10/08), completed by the prescriber, *not* the pharmacy provider.
- Additional supporting documentation attached to the PA/DGA attesting how the member meets the previously listed clinical criteria.

Prescribers are required to indicate the following in Element 16 on the PA/DGA:

- That they have reviewed information with members describing the safety concerns associated with Avandia, Avandamet, and Avandaryl.
- That the member acknowledged he or she understands the risks.

Prescribers are required to sign and date the PA/DGA. When a prescriber signs and dates the PA/DGA, he or she is indicating that the member meets all clinical criteria. The signature also provides an attestation that the prescriber and member agree that Avandia, Avandamet, or Avandaryl is the appropriate drug therapy.

Pharmacy providers are required to complete the Prior Authorization Request Form (PA/RF), F-11018 (10/08), and submit the completed PA/DGA, the completed PA/RF, and supporting documentation to ForwardHealth by fax or mail.

For More Information

Providers may refer to the FDA press release, titled “FDA significantly restricts access to the diabetes drug Avandia,” on the FDA Web site at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm226975.htm for more information about Avandia restrictions.

ForwardHealth has revised the Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List — Quick Reference and the BadgerCare Plus Core Plan Brand Name Drugs — Quick Reference to indicate that Avandia, Avandamet, and Avandaryl are non-preferred drugs. Providers may refer to the quick references on the Pharmacy page of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for more information about preferred and non-preferred drugs.

Providers may call the Drug Authorization and Policy Override (DAPO) Center at (800) 947-9627, option 7, with questions about PA requests for Avandia, Avandamet, or Avandaryl.

Information Regarding Managed Care Organizations

This *ForwardHealth 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/.

P-1250