ForwardHealth
Wisconsin serving you

Update
September 2011

No. 2011-56

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare
To: Blood Banks, Dentists, 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

Changes to Pharmacy Policies Effective in October 2011

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to pharmacy policies effective for dates of service on and after October 16, 2011.

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to pharmacy policies, including changes to certain Preferred Drug List (PDL) drug classes, effective for dates of service (DOS) on and after October 16, 2011, unless otherwise noted.

Changes in this *Update* impact BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, BadgerCare Plus Basic Plan, Medicaid, and SeniorCare members.

Bladder Relaxant Preparations

Quantity limits will be added to two bladder relaxant preparations. A quantity limit of eight transdermal patches per month will apply to oxybutynin transdermal and a quantity of 680 mL per month will apply to oxybutynin syrup.

When a claim is submitted with a quantity that exceeds the limit, the claim will be denied. If it is medically appropriate for a member to exceed a quantity limit, pharmacy providers may request a quantity limit policy override from the Drug Authorization and Policy Override (DAPO) Center at (800) 947-9627.

As a result of the new quantity limits, ForwardHealth has revised the Quantity Limit Drugs and Diabetic Supplies pharmacy data table. Providers may refer to the Pharmacy page in the Providers area of the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for the revised data table. Providers may also refer to the Online Handbook for more information about quantity limits and quantity limit policy overrides.

Epinephrine, Self Injected

The generic epinephrine injection is no longer available in the marketplace. Therefore, effective for DOS on and after September 1, 2011, EpiPen will be a covered drug for Core Plan members. EpiPen and EpiPen JR will be noncovered drugs for Benchmark Plan and Basic Plan members.

As a result of the change in marketplace availability of the generic epinephrine injection, ForwardHealth has revised the Preferred Drug List Quick Reference and the BadgerCare Plus Core Plan Brand Name Drugs Quick Reference. Providers may refer to the Pharmacy page in the Providers area of the Portal for the revised quick references.

Hypoglycemics, GLP-1 Agents

In the hypoglycemics, GLP-1 agents drug class, Byetta and Victoza are non-preferred drugs that continue to require clinical PA.

Prior authorization requests for glucagon-like peptide (GLP-1) agents must be submitted on the Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents, F-00238 (09/11). ForwardHealth has revised the Prior Authorization Drug Attachment for GLP-1 Agents form and completion instructions. Providers may refer to Attachments 1 and 2 of this *Update* for the revised completion instructions and form.

Currently, PA requests for Byetta may be submitted online via the Portal or on paper by fax or mail. Beginning October 16, 2011, PA requests for Byetta may also be submitted using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

Prior authorization requests for Victoza must continue to be submitted on the Portal or on paper. Prior authorization requests for Victoza cannot be submitted using the STAT-PA system.

Byetta and Victoza are not covered by the Benchmark Plan, the Core Plan, or the Basic Plan.

Clinical Criteria

Clinical criteria for approval of a PA request for GLP-1 agents are the following:

- The member has Type II diabetes mellitus, and
- The member is 18 years of age or older, and
- The member is not currently receiving basal or meal-time insulin injections, and
- The member does not currently have or have a history of pancreatitis, and
- The member does not currently have or have a history of gastroparesis, and
- The member is participating in lifestyle interventions (e.g., diet, exercise) to improve glucose control, and
- The member's HbA1c was measured within the past six months, and
- If the member is not currently using a GLP-1 agent, his or her most recent hemoglobin (HbA1c) is 6.5 percent or greater, and
- One of the following applies to the member:
  - ✓ The member has been taking the maximum effective dose of metformin for the past three months and will continue to take metformin and the member has been taking the maximum, effective dose of a sulfonylurea for the past three months and will continue to take a sulfonylurea.
  - ✓ The member has been taking the maximum effective dose of metformin for the past three months and will continue to take metformin, and the member is unable to take the maximum effective dose of a sulfonylurea.
  - ✓ The member is unable to take the maximum effective dose of metformin, and the member has been taking the maximum effective dose of a sulfonylurea for the past three months and will continue to take a sulfonylurea.
  - ✓ The member is unable to take the maximum effective dose of metformin, and the member is unable to take the maximum effective dose of a sulfonylurea.

Prior authorization requests for GLP-1 agents may be initially approved for up to six months. Prior authorization requests may be approved for up to one year if the member has been using a GLP-1 agent for at least six months and the member's HbA1c decreases by at least 0.5 percent from the member's initial HbA1c or if the member's HbA1c was above seven percent and the HbA1c drops below seven percent. For ongoing PA renewal requests, the member must continue to maintain the improved HbA1c value.

An allowable diagnosis code must be indicated on claims and PA requests for GLP-1 agents. Providers may refer to the Diagnosis Restricted Drugs pharmacy data table on the Pharmacy page in the Providers area of the Portal for a list of allowable diagnosis codes.

Current, approved PAs will be honored until their expiration date.

Clinical Criteria for Victoza

For PA requests for Victoza, members must meet the above clinical criteria for GLP-1 agents and try and fail on the maximum dose of Byetta.

Active Pharmaceutical Ingredients and Excipients

The Centers for Medicare and Medicaid Services (CMS) notified manufacturers that active pharmaceutical ingredients (APIs) and excipients do not qualify as covered outpatient drugs, as defined by the Social Security Act. Active pharmaceutical ingredients and excipients were not covered by ForwardHealth beginning on April 1, 2011.

The CMS has provided additional guidance that will allow states to continue coverage of APIs and excipients as drug products for pharmacy services. Therefore, National Drug Codes (NDCs) for compound drugs that became noncovered by ForwardHealth on April 1, 2011, will become covered on October 16, 2011, for compound drugs. For a complete list of impacted APIs and excipient NDCs, providers may refer to the CMS Web site at *www.cms.gov/Reimbursement/02_Spotlight.asp*.

To verify API and excipient NDCs reimbursed by ForwardHealth, providers may use the Drug Search Tool on the Pharmacy page in the Providers area of the Portal.

Brand Name Anti-Obesity Drugs

ForwardHealth does not cover brand name innovator anti-obesity drugs if a Food and Drug Administration (FDA)-approved generic equivalent is available. For PA requests received for DOS on and after October 16, 2011, ForwardHealth will not cover any brand name innovator phentermine products. In addition, over-the-counter (OTC) anti-obesity drugs will continue to be noncovered drugs. ForwardHealth will return PA requests for OTC brand name anti-obesity drugs with generic equivalents and brand name phentermine products as noncovered services.

For More Information

For information about covered drugs, providers may refer to the following benefit plan-specific pharmacy data tables on the Pharmacy page of the Providers area of the Portal:

- Preferred Drug List Quick Reference.
- BadgerCare Plus Basic Plan Product List.
- BadgerCare Plus Benchmark Plan Product List.
- BadgerCare Plus Core Plan Brand Name Drugs Quick Reference.
- BadgerCare Plus Core Plan Product List.

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 MCO. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

ATTACHMENT 1
Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents Completion Instructions

(A copy of the "Prior Authorization Drug Attachment for Glucagon-Like Peptide [GLP-1] Agents Completion Instructions" is located on the following pages.)

FORWARDHEALTH

PRIOR AUTHORIZATION DRUG ATTACHMENT FOR GLUCAGON-LIKE PEPTIDE (GLP-1) AGENTS COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

Prior authorization requests for glucagon-like peptide (GLP-1) agents submitted on paper require the use of the Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents form, F-00238. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization Drug Attachment for GLP-1 Agents to request PA for GLP-1 drugs. Pharmacy providers are required to use the Prior Authorization Drug Attachment for GLP-1 Agents form to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a PA request on the ForwardHealth Portal or on paper. Prescribers and pharmacy providers are required to retain a completed copy of the form.

Providers may submit PA requests on a Prior Authorization Drug Attachment form in one of the following ways:

1) For STAT-PA requests, pharmacy providers should call (800) 947-1197.

2) For requests submitted on the ForwardHealth Portal, providers may access *www.forwardhealth.wi.gov/.*

3) For paper PA requests by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate Prior Authorization Drug Attachment form to ForwardHealth at (608) 221-8616.

4) For paper PA requests by mail, pharmacy providers should submit a PA/RF and the appropriate Prior Authorization Drug Attachment form to the following address:

    ForwardHealth
    Prior Authorization
    Ste 88
    6406 Bridge Rd
    Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member
Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or Wisconsin's EVS to obtain the correct member ID.

Element 3 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format.

SECTION II — PRESCRIPTION INFORMATION

Element 4 — Drug Name
Enter the name of the drug.

Element 5 — Drug Strength
Enter the strength of the drug.

Element 6 — Date Prescription Written
Enter the date the prescription was written.

Element 7 — Refills
Enter the number of refills.

Element 8 — Directions for Use
Enter the directions for use of the drug.

Element 9 — Name — Prescriber
Enter the name of the prescriber.

Element 10 — National Provider Identifier (NPI) — Prescriber
Enter the 10-digit National Provider Identifier of the prescriber.

Element 11 — Address — Prescriber
Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 12 — Telephone Number — Prescriber
Enter the telephone number, including area code, of the prescriber.

SECTION III — CLINICAL INFORMATION FOR ALL REQUESTS

Element 13 — Diagnosis Code and Description
Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The diagnosis code must correspond with the ICD-9-CM description. The diagnosis code indicated must be an allowable diagnosis code for GLP-1 agents.

Element 14
Indicate whether or not the member is 18 years of age or older.

Element 15
Indicate whether or not the member is currently receiving basal or meal-time insulin injections.

Element 16
Indicate whether or not the member currently has or is there a history of pancreatitis.

Element 17
Indicate whether or not the member currently has or is there a history of gastroparesis.

Element 18
Indicate whether or not the member is participating in lifestyle interventions (e.g., diet, exercise) to improve glucose control.

Element 19
Indicate the member's most current hemoglobin (HbA1c). In the STAT-PA system, indicate the member's most current HbA1c as a three-digit number (e.g., if the member's most current HbA1c is 5.6 percent, enter "056").

Element 20
Indicate the date the member's most current HbA1c was measured in MM/DD/CCYY format. The member's most current HbA1c measurement must be within the past six months.

Element 21
Indicate whether or not the member has been taking the maximum dose of metformin (1,700 mg/day to 2,500 mg/day) for the past three months.

Element 22
Indicate whether or not the member is currently taking and will continue to take the maximum effective dose of metformin.

Element 23
Indicate whether or not the member is unable to take the maximum effective dose of metformin. If yes, indicate the reason(s) why the member is not taking the maximum effective dose of metformin in the space provided.

Element 24
Indicate whether or not the member has been taking the maximum effective dose of a sulfonylurea for the past three months.

Element 25
Indicate whether or not the member is currently taking and will continue to take the maximum effective dose of a sulfonylurea. If yes, indicate the drug name, dose, and directions in the space provided.

Element 26
Indicate whether or not the member is unable to take the maximum effective dose of a sulfonylurea. If yes, indicate the reason(s) why the member is not taking the maximum effective dose of a sulfonylurea in the space provided.

Element 27
Indicate whether or not the member is currently using a GLP-1 agent. If yes, complete Section IIIA — Clinical Information for Members Currently Using at GLP-1 Agent.

SECTION IIIA — CLINICAL INFORMATION FOR MEMBERS CURRENTLY USING A GLP-1 AGENT

Element 28
Indicate whether or not the member has been using a GLP-1 agent for the past six months.

Element 29
Indicate whether or not the member's most current HbA1c has decreased by at least 0.5 percent since starting a GLP-1 agent.

Element 30
Indicate whether or not the member's HbA1c has dropped below seven percent since starting a GLP-1 agent.

SECTION IIIB — CLINICAL INFORMATION FOR VICTOZA REQUESTS ONLY

Element 31
Indicate whether or not the member has tried and failed on the maximum dose of Byetta. If yes, indicate the dose, directions for use, and the approximate dates Byetta was used in the space provided. In addition, describe in detail how the member failed to achieve an adequate therapeutic response or why the member is unable to continue treatment with Byetta.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 32 — National Drug Code
Enter the appropriate 11-digit National Drug Code for each drug.

Element 33 — Days' Supply Requested
Enter the requested days' supply.

Element 34 — NPI
Enter the NPI. Also enter the taxonomy code if the pharmacy provider taxonomy code is not 333600000X.

Element 35 — Date of Service
Enter the requested first date of service (DOS) for the drug in MM/DD/CCYY format. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 36 — Place of Service
Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Code	Description
01	Pharmacy
13	Assisted living facility
14	Group home
32	Nursing facility
34	Hospice
50	Federally qualified health center
65	End-stage renal disease treatment facility
72	Rural health clinic

Element 37 — Assigned PA Number
Enter the PA number assigned by the STAT-PA system.

Element 38 — Grant Date
Enter the date the PA was approved by the STAT-PA system.

Element 39 — Expiration Date
Enter the date the PA expires as assigned by the STAT-PA system.

Element 40 — Number of Days Approved
Enter the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — AUTHORIZED SIGNATURE

Element 41 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 42 — Date Signed
Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION VI — ADDITIONAL INFORMATION

Element 43
Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

ATTACHMENT 2
Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents

(A copy of the "Prior Authorization Drug Attachment for Glucagon-Like Peptide [GLP-1] Agents" form is located on the following pages.)

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-00238 (09/11)

STATE OF WISCONSIN
DHS 107.10(2), Wis. Admin. Code

FORWARDHEALTH

PRIOR AUTHORIZATION DRUG ATTACHMENT FOR GLUCAGON-LIKE PEPTIDE (GLP-1) AGENTS

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents Completion Instructions, F-00238A. Providers may refer to the Forms page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage* for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal or on paper. Providers may call Provider Services at (800) 947-9627 with questions.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number	3. Date of Birth — Member

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name	5. Drug Strength
6. Date Prescription Written	7. Refills

8. Directions for Use

9. Name — Prescriber	10. National Provider Identifier (NPI) — Prescriber

11. Address — Prescriber (Street, City, State, ZIP+4 Code)

12. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION FOR ALL REQUESTS

13. Diagnosis Code and Description

14. Is the member 18 years of age or older?	❑ Yes	❑ No
15. Is the member currently receiving basal or meal-time insulin injections?	❑ Yes	❑ No
16. Does the member currently have or is there a history of pancreatitis?	❑ Yes	❑ No
17. Does the member currently have or is there a history of gastroparesis?	❑ Yes	❑ No
18. Is the member participating in lifestyle interventions (e.g., diet, exercise) to improve glucose control?	❑ Yes	❑ No

Continued

SECTION III — CLINICAL INFORMATION FOR ALL REQUESTS (Continued)

19. Indicate the member's most current hemoglobin (HbA1c).	20. Date Member's HbA1c Measured (Within the Past Six Months)
_____ _____. _____ %	_____ _____ /_____ _____ / _____ _____ _____ _____ Month Date Year

21. Has the member been taking the maximum effective dose of metformin (1,700 mg/day to 2,500 mg/day) for the past three months?	❑ Yes	❑ No
22. Is the member currently taking and will continue to take the maximum effective dose of metformin?	❑ Yes	❑ No
23. Is the member unable to take the maximum effective dose of metformin?	❑ Yes	❑ No

If yes, indicate the reason(s) why the member is not taking the maximum effective dose of metformin in the space provided.

24. Has the member been taking the maximum effective dose of a sulfonylurea for the past three months?	❑ Yes	❑ No
25. Is the member currently taking and will continue to take the maximum effective dose of a sulfonylurea?	❑ Yes	❑ No

If yes, indicate the drug name, dose, and directions for use in the space provided.

26. Is the member unable to take the maximum effective dose of a sulfonylurea?	❑ Yes	❑ No

If yes, indicate the reason(s) why the member is not taking the maximum effective dose of a sulfonylurea in the space provided.

27. Is the member currently using a GLP-1 agent?	❑ Yes	❑ No

If yes, complete Section IIIA — Clinical Information for Members Currently Using a GLP-1 Agent.

SECTION IIIA — CLINICAL INFORMATION FOR MEMBERS CURRENTLY USING A GLP-1 AGENT

28. Has the member been using a GLP-1 agent for the past six months?	❑ Yes	❑ No
29. Since starting a GLP-1 agent, has the member's most current HbA1c decreased by at least 0.5 percent?	❑ Yes	❑ No
30. Since starting a GLP-1 agent, has the member's HbA1c dropped below seven percent?	❑ Yes	❑ No

SECTION IIIB — CLINICAL INFORMATION FOR VICTOZA REQUESTS ONLY (Complete this section only for PA requests for Victoza. Prior authorization requests for Victoza must be submitted on paper.)

31. Has the member tried and failed on the maximum dose of Byetta?	❑ Yes	❑ No

If yes, indicate the dose, directions for use, and the approximate dates Byetta was used in the space provided. In addition, describe in detail how the member failed to achieve an adequate therapeutic response or why the member is unable to continue treatment with Byetta.

Continued

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

32. National Drug Code (11 Digits)	33. Days' Supply Requested (Up to 365 Days)

34. NPI

35. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

36. Place of Service

37. Assigned PA Number

38. Grant Date	39. Expiration Date	40. Number of Days Approved

SECTION V — AUTHORIZED SIGNATURE

41. **SIGNATURE** — Prescriber	42. Date Signed

SECTION VI — ADDITIONAL INFORMATION

43. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.