

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

January 2012 Preferred Drug List Review and Other Pharmacy Policy Changes

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List and other pharmacy policy changes effective for dates of service on and after January 1, 2012.

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List (PDL) effective for dates of service (DOS) on and after January 1, 2012, unless otherwise noted.

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 ForwardHealth Portal at www.forwardhealth.wi.gov/:

- 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.

This *Update* provides an overview of the major changes to certain PDL drug classes but does not address all of the changes made in PDL drug classes.

Prescriber Responsibilities for Prior Authorization for Drugs

Prescribers should determine the ForwardHealth benefit plan in which a member is enrolled before writing a prescription. If a member is enrolled in the BadgerCare Plus 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 where the prescription will be filled. Prescribers are required to include accurate and complete answers and clinical information about the member's medical history on the PA form. When completing the PA form, prescribers are required to provide a handwritten signature and date on 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. Prescribers should not submit PA forms to ForwardHealth.

Prescribers are required to retain a completed, signed, and dated 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 that 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.

Pharmacy Provider Responsibilities for Prior Authorization for Drugs

Pharmacy providers should review the Preferred Drug List Quick Reference on the Pharmacy page of the Providers area of the Portal for the most current list of preferred and non-preferred drugs.

If a member presents a prescription for a non-preferred drug, the pharmacy provider is encouraged to contact the prescriber to discuss preferred drug options. The prescriber may change the prescription to a preferred drug, if medically appropriate for the member, or the prescriber may complete the appropriate PA form.

Pharmacies are required to submit the PA request using the submission option most appropriate for the drug. Pharmacy providers may submit PA requests using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system, on the Portal, or on paper by fax or mail.

Pharmacy providers are required to retain a completed, signed, and dated copy of the PA form.

For Benchmark Plan, Core Plan, and Basic Plan members, pharmacy providers should be aware of drugs covered by the

benefit 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.

For Benchmark Plan, Core Plan, and Basic Plan members, if a drug is a noncovered drug, claims for the drug may be submitted to BadgerRx Gold.

New Drug Classes

The ophthalmic antibiotic/steroid combinations drug class and the otic anti-infectives and anesthetics drug class will be added to the PDL for Standard Plan, Medicaid, and SeniorCare members on January 1, 2012.

Providers may refer to the Preferred Drug List Quick Reference on the Pharmacy page of the Portal for the preferred and non-preferred drugs in these classes.

Alzheimer's Agents

Exelon

Certain brand name drugs will be preferred over their generic equivalents. Brand name Exelon will be a preferred drug (in addition to other preferred drugs) in the Alzheimer's agents drug class for Standard Plan, Core Plan, Medicaid, and SeniorCare members. Exelon will no longer require brand medically necessary PA.

Generic rivastigmine will change from a preferred drug to a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for rivastigmine. To allow time for pharmacy providers to switch a member's prescription from rivastigmine to Exelon, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed and claims for both Exelon and rivastigmine will be covered without PA.

Members currently taking rivastigmine will not be grandfathered.

Rivastigmine continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Galantamine

Certain generic drugs that were previously preferred will be non-preferred drugs that require PA. Galantamine tablets, galantamine solution, and galantamine ER will be non-preferred drugs for Standard Plan, Medicaid, and SeniorCare members. Pharmacy providers should begin working with prescribers to switch a member's prescription to a preferred drug in the drug class.

Galantamine tablets, galantamine solution, and galantamine ER will be grandfathered for Standard Plan, Medicaid, and SeniorCare members currently taking the drug as long as galantamine tablets, galantamine solution, and galantamine ER are non-preferred. Prior authorization is required for galantamine tablets, galantamine solution, and galantamine ER for members who are not grandfathered on the drug.

Galantamine tablets, galantamine solution, and galantamine ER will be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Brand name Razadyne continues to require brand medically necessary PA.

Analgesics/Anesthetics, Topical

The Lidoderm patch will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Prior authorization will be required for Lidoderm patch for DOS on and after February 1, 2012. Pharmacy providers should begin working with prescribers to switch a member's prescription to a preferred drug in the analgesics/anesthetics, topical drug class.

ForwardHealth will begin accepting PA requests for the Lidoderm patch for Standard Plan, Medicaid, and SeniorCare members on and after February 1, 2012. Prior authorization requests may be submitted if changing the prescription is clinically inappropriate for the member.

The Lidoderm patch continues to be a noncovered drug for Benchmark Plan, Core Plan, and Basic Plan members.

Quantity limits continue to apply to the Lidoderm patch. Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy page of the Providers area 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.

Anticonvulsants

Clonazepam Orally Disintegrating Tablet

Clonazepam orally disintegrating tablet (ODT) will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Prior authorization will be required for clonazepam ODT for DOS on and after January 1, 2012. Pharmacy providers should begin working with prescribers to switch a member's prescription to a preferred drug in the drug class.

Clonazepam ODT will be a noncovered drug for Benchmark Plan, Core Plan, and Basic Plan members.

Equetro

Equetro will be a non-preferred drug; however, Standard Plan, Core Plan, Medicaid, and SeniorCare members who are currently taking Equetro will be grandfathered until a generic becomes available. Prior authorization is required for Equetro for Standard Plan, Medicaid, and SeniorCare members who are not grandfathered on the drug.

Equetro will be a noncovered drug for Core Plan members who are not grandfathered on the drug.

Equetro continues to be a noncovered drug for Benchmark Plan and Basic Plan members.

Tegretol XR and Depakote Sprinkle

Certain brand name drugs will be preferred over their generic equivalents. Brand name Tegretol XR and Depakote Sprinkle will be preferred drugs (in addition to other preferred drugs)

in the anticonvulsants drug class for Standard Plan, Core Plan, Medicaid, and SeniorCare members. Tegretol XR and Depakote Sprinkle will no longer require brand medically necessary PA.

Generic carbamazepine XR continues to be a non-preferred drug that requires PA and divalproex sprinkle will change from a preferred drug to a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for divalproex sprinkle. To allow time for pharmacy providers to switch a member's prescription from divalproex sprinkle to Depakote Sprinkle, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed and claims for both divalproex sprinkle and Depakote Sprinkle will be covered without PA.

Members currently taking divalproex sprinkle will not be grandfathered.

Divalproex sprinkle continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Antidepressants, Other

Certain brand name drugs will be preferred over their generic equivalents. Brand name Wellbutrin XL and Effexor XR will be preferred drugs (in addition to other preferred drugs) in the antidepressants, other drug class for Standard Plan, Core Plan, Medicaid, and SeniorCare members. Wellbutrin XL and Effexor XR will no longer require brand medically necessary PA.

Generic bupropion XL and venlafaxine ER capsule will change from preferred drugs to non-preferred drugs for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for bupropion XL and venlafaxine ER. To allow time for pharmacy providers to switch a member's prescription from bupropion XL or venlafaxine ER capsule to Wellbutrin XL or Effexor XR, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed and claims

for Wellbutrin XL, Effexor XR, bupropion XL, and venlafaxine ER capsule will be covered without PA.

Members currently taking bupropion XL or venlafaxine ER capsule will not be grandfathered.

Bupropion XL and venlafaxine ER capsule continue to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Antiparkinson's Agents

Pramipexole will no longer be a diagnosis-restricted drug; therefore, a diagnosis code is no longer required on claims for pramipexole. Pramipexole continues to be a preferred drug.

Bronchodilators, Beta Agonists

Proventil HFA will be a preferred drug for Standard Plan, Core Plan, Medicaid, and SeniorCare members.

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

Ventolin HFA

Ventolin HFA will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members in levels 1 and 2a. For SeniorCare members in levels 2b and 3 and Core Plan members, Ventolin HFA will be a noncovered drug.

Ventolin HFA continues to be a noncovered drug for Benchmark Plan and Basic Plan members.

For more information about this change to drug coverage for SeniorCare members in levels 2b and 3, refer to the Manufacturer Ends SeniorCare Rebate Agreement section of this *Update*.

COPD Agents

The bronchodilators, COPD drug class will be renamed COPD agents drug class.

Cytokine and Cell Adhesion Molecule Antagonists

Kineret, Simponi, and Orencia are non-preferred drugs used to treat rheumatoid arthritis (RA). For PA requests for Kineret, Simponi, and Orencia, the member must meet all clinical criteria below and experience a treatment failure on a preferred cytokine and CAM antagonist drug. For PA requests for Simponi, members must continue to take methotrexate in combination with Simponi.

The clinical criteria below are the current criteria for RA that will now apply to Orencia and continue to apply to Kineret and Simponi.

Clinical Criteria for Rheumatoid Arthritis

Clinical criteria for approval of a PA request for cytokine and CAM antagonist drugs to treat RA are all of the following:

- The member has a diagnosis of RA.
- The member has moderate to severe symptoms of RA.
- The prescription is written by a rheumatologist or through a rheumatology consultation.
- The member has received two or more of the following drugs and taken each drug for at least three consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction:
 - ✓ Azathioprine.
 - ✓ Corticosteroids.
 - ✓ Cyclosporine.
 - ✓ Hydroxychloroquine.
 - ✓ Leflunomide.
 - ✓ Methotrexate.
 - ✓ A nonsteroidal anti-inflammatory drug (NSAID) or cyclo-oxygenase inhibitor (COX-2) drug.
 - ✓ Penicillamine.
 - ✓ Sulfasalazine.

Epinephrine, Self-Injected

Twinject will be a preferred drug for Standard Plan, Core Plan, Medicaid, and SeniorCare members. Twinject continues to be a noncovered drug for Benchmark Plan and Basic Plan members.

Quantity limits continue to apply to all drugs in the epinephrine, self-injected drug class. Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy page of the Providers area 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.

Glucocorticoids, Inhaled

Asmanex

Asmanex will be a preferred drug for Standard Plan, Core Plan, Medicaid, and SeniorCare members.

Asmanex continues to be a noncovered drug for Benchmark Plan and Basic Plan members.

Pulmicort Flexhaler

Pulmicort Flexhaler will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members.

Pulmicort Flexhaler will be a noncovered drug for Core Plan members.

Pulmicort Flexhaler continues to be a noncovered drug for Benchmark Plan and Basic Plan members.

Hepatitis C Agents

Victrelis and Incivek

Victrelis and Incivek will be preferred drugs that require clinical PA for Standard Plan, Core Plan, Medicaid, and SeniorCare members. Prior authorization requests for Victrelis and Incivek must be submitted on the Prior Authorization/Drug Attachment (PA/DGA), F-11049 (10/08). Providers may refer to the Forms page of the Providers area of the Portal for a copy of the PA/DGA form and instructions.

Victrelis and Incivek continue to be noncovered drugs for Benchmark Plan and Basic Plan members.

Victrelis and Incivek continue to be diagnosis-restricted drugs. Providers may refer to the Diagnosis Restricted Drugs data table on the Pharmacy page of the Providers area of the Portal for the most current list of diagnosis-restricted drugs.

Clinical Criteria

Clinical criteria for approval of a PA request for Victrelis and Incivek are all of the following:

- The member has a diagnosis of hepatitis C.
- The member's treatment must include concurrent use of pegylated interferon and ribavirin.
- The member has not attempted a prior course of therapy with a treatment regimen that includes the requested agent or any other hepatitis C virus (HCV) NS3/4A protease inhibitor.
- The member is not pregnant.
- The member must be 18 years of age or older.

For PA requests for Victrelis, in addition to the previously listed clinical criteria, the member's treatment must include a four-week lead-in period with pegylated interferon and ribavirin before starting Victrelis therapy.

Documentation Requirements

All clinical criteria must be documented on the PA/DGA. In addition, the following must also be documented on PA requests:

- The specific hepatitis C genotype.
- The hepatitis C virus ribonucleic acid (HCV-RNA) levels and the dates obtained. The HCV-RNA levels should be obtained as recommended in the product's package insert.
- The requested treatment start date must be indicated on PA requests for Victrelis and Incivek. For Victrelis PA requests, the start date and the end date of the pegylated interferon and ribavirin lead-in period must also be indicated.

Approval of Prior Authorization Requests

Initial PA requests for Victrelis may be approved for up to a maximum of 24 weeks. Renewal PA requests for Victrelis may be approved for up to a maximum of 24 weeks. Prior

authorization requests for Incivek may be approved for up to a maximum of 12 weeks.

Prior authorization requests for both Victrelis and Incivek may be approved for only one course of treatment for the requested agent or any other HCV NS3/4A protease inhibitor.

Ribapak and Ribasphere

Ribapak and Ribasphere will be non-preferred drugs; however, Standard Plan, Medicaid, and SeniorCare members who are currently taking Ribapak or Ribasphere will be grandfathered until the end of treatment or until December 31, 2012, whichever comes first. Prior authorization is required for Ribapak and Ribasphere for members who have not previously taken the drug.

Ribapak and Ribasphere continue to be noncovered drugs for Benchmark Plan, Core Plan, and Basic Plan members.

Intranasal Rhinitis Agents

Astelin

Certain brand name drugs will be preferred over their generic equivalents. Brand name Astelin will be a preferred drug (in addition to other preferred drugs) in the intranasal rhinitis agents drug class for Standard Plan, Medicaid, and SeniorCare members. Astelin will no longer require brand medically necessary PA.

Generic azelastine will change from a preferred drug to a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for azelastine. To allow time for pharmacy providers to switch a member's prescription from azelastine to Astelin, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed, and claims for both Astelin and azelastine will be covered without PA.

Members currently taking azelastine will not be grandfathered.

Azelastine continues to be noncovered for Benchmark Plan, Core Plan, and Basic Plan members.

Flunisolide

Flunisolide will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Flunisolide continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Leukotriene Modifiers

Singulair Granules

Singulair granules will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Singulair granules continue to be a noncovered drug for Benchmark Plan, Core Plan, and Basic Plan members.

Zafirlukast

Zafirlukast will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Zafirlukast continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Nonsteroidal Anti-Inflammatory Drugs

Vimovo will be moved from the proton pump inhibitors (PPI) drug class to the NSAIDs drug class.

Vimovo continues to be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Prior authorization requests for Vimovo for Standard Plan, Medicaid, and SeniorCare members should be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Non-steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-Oxygenase Inhibitors, F-11077 (12/11).

ForwardHealth has revised the PA/PDL for NSAIDs, Including Cyclo-Oxygenase Inhibitors form to update the list of preferred drugs in Element 13. Providers may refer to Attachments 1 and 2 of this *Update* for the revised completion instructions and form.

Ophthalmic Antibiotic/Steroid Combinations

The ophthalmic antibiotic/steroid combinations drug class is a new drug class on the PDL effective January 1, 2012.

Certain brand name drugs will be preferred over their generic equivalents. Brand name Tobradex suspension is a preferred drug (in addition to other preferred drugs) in the ophthalmic antibiotic/steroid combinations drug class for Standard Plan, Medicaid, and SeniorCare members. Tobradex suspension will no longer require brand medically necessary PA.

Generic tobramycin/dexamethasone suspension will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for tobramycin/dexamethasone suspension. To allow time for pharmacy providers to switch a member's prescription to a preferred drug in the drug class, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed.

Members currently taking tobramycin/dexamethasone suspension will not be grandfathered.

Tobramycin/dexamethasone suspension will be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Ophthalmics, Anti-inflammatories

Pred Forte will be a preferred drug that no longer requires brand medically necessary PA for Standard Plan, Medicaid, and SeniorCare members. Generic prednisolone acetate continues to be a preferred drug for Standard Plan, Benchmark Plan, Core Plan, Basic Plan, Medicaid, and SeniorCare members.

Ophthalmics, Glaucoma — Other

Certain brand name drugs will be preferred over their generic equivalents. Brand name Alphagan P 0.15% will be a preferred drug (in addition to other preferred drugs) in the ophthalmics, glaucoma — other drug class for Standard Plan, Medicaid, and SeniorCare members. Alphagan P 0.15% will no longer require brand medically necessary PA.

Generic brimonidine P 0.15% will change from a preferred drug to a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for brimonidine P 0.15%. To allow time for pharmacy providers to switch a member's prescription from brimonidine P 0.15% to Alphagan P 0.15%, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed and claims for both Alphagan P 0.15% and brimonidine P 0.15% will be covered without PA.

Members currently taking brimonidine P 0.15% will not be grandfathered.

Brimonidine P 0.15% continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Ophthalmics, Glaucoma — Prostaglandins

Latanoprost will be a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. Prior authorization will be required for latanoprost for DOS on and after February 1, 2012. Pharmacy providers should begin working with prescribers to switch a member's prescription to a preferred drug in the ophthalmics, glaucoma — prostaglandins drug class.

ForwardHealth will begin accepting PA requests for latanoprost for Standard Plan, Medicaid, and SeniorCare members on and after February 1, 2012. Prior authorization requests may be submitted if changing the prescription is clinically inappropriate for the member.

Latanoprost continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Otic Anti-infectives and Anesthetics

The otic anti-infectives and anesthetics drug class is a new drug class on the PDL effective January 1, 2012.

Providers may refer to the Preferred Drug List Quick Reference for a list of preferred otic anti-infective and anesthetic drugs for Standard Plan, Medicaid, and SeniorCare

members. If a member is currently taking a non-preferred drug in the drug class, pharmacy providers should work with prescribers to switch the member's prescription to a preferred drug or request PA for the non-preferred drug if clinically appropriate for the member.

Providers may refer to the product lists on the Pharmacy page of the Providers area of the Portal for lists of generic drugs covered for Benchmark Plan, Core Plan, and Basic Plan members.

Steroids, Topical (Low, Medium, High, and Very High)

Changes will be made to the preferred and non-preferred status of drugs in the steroids, topical low, medium, high, and very high drug classes, particularly for Benchmark Plan, Core Plan, and Basic Plan members. Providers may refer to the product lists for the most current list of drugs covered by each plan.

Stimulants and Related Agents

Adderall

Brand name Adderall will be a preferred drug for Standard Plan, Core Plan, Medicaid, and SeniorCare members. Adderall will no longer require brand medically necessary PA.

Amphetamine salt combination continues to be a preferred drug in the stimulants and related agents drug class for Standard Plan, Medicaid, and SeniorCare members.

Amphetamine salt combination continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Adderall XR

Certain brand name drugs will be preferred over their generic equivalents. Brand name Adderall XR continues to be a preferred drug (in addition to other preferred drugs) in the stimulants and related agents drug class for Standard Plan, Core Plan, Medicaid, and SeniorCare members.

Generic amphetamine salt combination ER will change from a preferred drug to a non-preferred drug for Standard Plan, Medicaid, and SeniorCare members. For DOS on and after February 1, 2012, PA will be required for amphetamine salt combination ER. To allow time for pharmacy providers to switch a member's prescription from amphetamine salt combination ER to Adderall XR, a transition period for DOS from January 1, 2012, through January 31, 2012, will be allowed and claims for both Adderall XR and amphetamine salt combination ER will be covered without PA.

Members currently taking amphetamine salt combination ER will not be grandfathered.

Amphetamine salt combination ER continues to be covered for Benchmark Plan, Core Plan, and Basic Plan members.

Manufacturer Ends SeniorCare Rebate Agreement

Beginning January 1, 2012, each of the following drug manufacturers will terminate its SeniorCare rebate agreement with the Department of Health Services (DHS):

- Glades Pharmaceuticals (labeler 59366).
- GlaxoSmithKline (labelers 00007, 00029, 00108, 00173).
- Stiefel Laboratories (labelers 00145, 63032).
- Stonebridge Pharmaceuticals (labeler 14168).
- Reliant Pharmaceuticals (labeler 65726).

As a result of the termination of the drug rebate agreement with the DHS, drugs supplied by the above manufacturers will no longer be covered for SeniorCare members with incomes greater than 200 percent of the Federal Poverty Level (FPL) (i.e., SeniorCare members in levels 2b and 3).

Note: Existing federal Medicaid rebate agreements with drug manufacturers do not cover drugs for SeniorCare members with incomes greater than 200 percent of the FPL. For these members, s. 49.688(6), Wis. Stats., requires SeniorCare to cover drugs only from those manufacturers that have a separate, SeniorCare drug agreement with the DHS.

Providers may refer to the Numeric Listing of Manufacturers That Have Signed Rebate Agreements data table on the Pharmacy page of the Providers area of the Portal for the most current list of manufacturers with signed rebate agreements.

If a prescription for a drug manufactured by the above manufacturers for a member in SeniorCare levels 2b and 3 is changed to a therapeutically equivalent covered drug, pharmacy providers may submit a claim for a Pharmaceutical Care (PC) dispensing fee. Providers may refer to the Documentation Requirements topic (topic #2004) and to the A Comprehensive Overview topic (topic #2006) in the Pharmaceutical Care chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook for more information about documentation requirements for therapeutic interchange PC claims and member consent for PC services.

Members who have taken one of the affected drugs within the last six months will be notified of this change with the attached *SeniorCare Member Update*. Providers may refer to Attachment 3 for a copy of the *SeniorCare Member Update*. SeniorCare members in levels 1 or 2a (incomes less than 200 percent of the FPL) are not impacted by this change.

SeniorCare members in levels 1 or 2a (incomes less than 200 percent of the FPL) are not impacted by this change.

Availability of Non-reimbursable Drugs

A member in level 2b or 3 may make the decision to purchase a drug even though the drug is not reimbursable by SeniorCare. If the member chooses to do this, the pharmacy may collect payment from the member for the entire cost of the drug.

Providers and members should understand the following under these circumstances:

- The entire cost of the noncovered drug becomes the member's responsibility.

- If the member is in the spenddown or deductible period, any amount paid for noncovered drugs will not be applied toward the spenddown or deductible.

Copayment and Dispensing Fees for Brand Name Drugs Preferred Over Generic Drugs

For claims submitted on and after January 1, 2012, ForwardHealth will automatically apply the generic copayment when a specific brand name drug is preferred over a generic equivalent. Providers will no longer need to indicate a National Council for Prescription Drug Programs Dispense As Written (DAW) value on claims to ensure generic copayment deduction. In addition, ForwardHealth will automatically apply a generic dispensing fee to claims for which a specific brand name drug is preferred over the generic equivalent.

Several PDL drug classes where the brand name drug is preferred over the generic equivalent that were not reviewed by the Wisconsin Medicaid Pharmacy PA Advisory Committee in November 2011 will have generic copayment and dispensing fee automatically applied. The following table includes the most current list of drugs for which this policy applies. This list will be added to the Preferred Drug List Quick Reference, and the Dispense As Written section on the Preferred Drug List Quick Reference will be renamed the Preferred Brand Name Drugs with Generic Copayment/Dispensing Fees. Providers are encouraged to review the list closely to identify future changes.

Drug Class	Drug Name	Effective Date
Acne Agents	Differin cream	January 1, 2012
	Differin 0.1% gel	January 1, 2012
Alzheimer's Agents	Exelon capsules	January 1, 2012
Anticonvulsants	Depakote Sprinkle	January 1, 2012
	Tegretol XR 200 mg	January 1, 2012
	Tegretol XR 400 mg	January 1, 2012
Antidepressants, Other	Effexor XR	January 1, 2012
	Wellbutrin XL	January 1, 2012
Antiemetics, Cannabinoids	Marinol	January 1, 2012
Antithrombotic Agents, LMWHs and Xa Inhibitors	Lovenox	January 1, 2012
Beta Blockers	Toprol XL	July 1, 2011
Bone Resorption Suppression	Miacalcin nasal spray	October 1, 2009
Intranasal Rhinitis Agents	Astelin	January 1, 2012
Ophthalmics Antibiotic/Steroid Combinations	Tobradex suspension	January 1, 2012
Ophthalmics, Glaucoma —Other	Alphagan P 0.15%	January 1, 2012
Stimulants and Related Agents	Adderall XR	January 1, 2012

Days' Supply Indicated on Claims

As a reminder, according to DHS 107.10(3)(e), Wis. Admin. Code, providers are required to dispense all legend drugs in the full quantity prescribed, not to exceed a 34-day supply, except for drugs that may be dispensed in a three-month

supply or those required to be dispensed in a three-month supply. Pharmacy providers are required to indicate the actual quantity dispensed and the correct days' supply on claims for legend drugs. Claims submitted with an incorrect days' supply are subject to audit and recoupment.

If a claim is submitted for an unbreakable prepackaged item with directions for use that is greater than the allowable maximum of a 34-day supply and the drug is not listed on the Three Month Supply of Drugs data table, use the smallest available package size and indicate a 34-day supply. For drugs on the Three Month Supply of Drugs data table, pharmacy providers are required to indicate the appropriate days' supply on claims.

For members with other insurance, pharmacy providers are required to follow ForwardHealth's policies even if a member's other insurance has a different policy.

Providers may refer to the Three Month Supply Drugs data table on the Pharmacy page of the Providers area of the Portal for the most current list of drugs that may be dispensed in a three-month supply and drugs that are required to be dispensed in a three-month supply.

Submitting Prior Authorization Requests

Pharmacy providers may submit PA requests for non-preferred drugs in classes in this *Update* via the following:

- The STAT-PA system.
- The Portal.
- Fax or mail.

Prior authorization requests 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 (10/11), unless otherwise indicated.

For PA requests submitted using the STAT-PA system, pharmacy providers are required to enter information into STAT-PA exactly as it is written on the form.

For all PA requests, prescribers are required to complete the appropriate PA form. Prescribers are required to send 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 and any supporting documentation.

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 by fax or mail, the pharmacy provider is required to complete and submit to ForwardHealth a Prior Authorization Request Form (PA/RF), F-11018 (10/08), with the PA form and supporting documentation received from the prescriber.

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. 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

ATTACHMENT 1
Prior Authorization/Preferred Drug List (PA/PDL)
for Non-Steroidal Anti-Inflammatory Drugs
(NSAIDs), Including Cyclo-Oxygenase Inhibitors
Completion Instructions

(A copy of the “Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs [NSAIDs], Including Cyclo-Oxygenase Inhibitors, Completion Instructions” is located on the following pages.)

**FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), INCLUDING CYCLO-
OXYGENASE INHIBITORS, COMPLETION INSTRUCTIONS**

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible members. Although these instructions refer to BadgerCare Plus, all information applies to Medicaid and SeniorCare.

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 services.

The use of this form is mandatory when requesting PA for certain drugs. 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/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, F-11077. Pharmacy providers are required to use the PA/PDL for NSAIDs, Including Cyclo-oxygenase Inhibitors 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 PA/PDL 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, prescribers can 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 PA/PDL form to ForwardHealth at (608) 221-8616.
- 4) For paper PA requests by mail, pharmacy providers should submit a PA/RF and the appropriate PA/PDL 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 the 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

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

Element 4 — Drug Name

Enter the drug name.

Element 5 — Drug Strength

Enter the strength of the drug listed in Element 4.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

Element 8 — Name — Prescriber

Enter the name of the prescriber.

Element 9 — National Provider Identifier (NPI) — Prescriber

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

Element 10 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 11 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION III — CLINICAL INFORMATION

Providers are required to complete the appropriate sections before signing and dating the PA/PDL for NSAIDs, Including Cyclo-oxygenase Inhibitors, form. Complete Section III A for PA requests for NSAIDs including cyclo-oxygenase inhibitors or Section III B for PA requests for cyclo-oxygenase inhibitors only.

Element 12 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis code and the description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description.

SECTION IIIA — CLINICAL INFORMATION FOR NONSTEROIDAL ANTI-INFLAMMATORY DRUGS, INCLUDING CYCLO-OXYGENASE INHIBITORS

Element 13

Check the appropriate box to indicate whether or not the member has tried and failed two preferred, generic NSAIDs or experienced an adverse drug reaction. (The two preferred, generic NSAIDs taken cannot include ibuprofen or naproxen.) If yes, check the boxes to indicate the two NSAIDs that were taken, and list the specific details about the treatment failures or adverse drug reactions and the approximate dates the two preferred, generic NSAIDs were taken in the space provided.

SECTION IIIB — CLINICAL INFORMATION FOR CYCLO-OXYGENASE INHIBITORS ONLY

Element 14

Check the appropriate box to indicate if the member has a history of familial adenomatous polyposis (FAP).

Element 15

Check the appropriate box to indicate if the member has medical record documentation of thrombocytopenia or platelet dysfunction.

Element 16

Check the appropriate box to indicate if the member has medical record documentation of peptic ulcer disease, a history of gastrointestinal (GI) bleeding, or a history of NSAID-induced GI bleeding.

Element 17

Check the appropriate box to indicate if the member is currently taking oral anticoagulation therapy.

Element 18

Check the appropriate box to indicate if the member has been prescribed daily low-dose aspirin for cardioprotection and requires NSAID therapy.

Element 19

Check the appropriate box to indicate if the member is 65 years of age or older.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 20 — National Drug Code

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

Element 21 — Days' Supply Requested

Enter the requested days' supply.

Element 22 — NPI

Enter the NPI. Also enter the taxonomy code if the pharmacy provider's taxonomy code is not 333600000X.

Element 23 — 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 24 — 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 25 — Assigned PA Number

Enter the PA number assigned by the STAT-PA system.

Element 26 — Grant Date

Enter the date the PA was approved by the STAT-PA system.

Element 27 — Expiration Date

Enter the date the PA expires as assigned by the STAT-PA system.

Element 28 — 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 29 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 30 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION VI — ADDITIONAL INFORMATION

Element 31

Include 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/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-Oxygenase Inhibitors

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs [NSAIDs], Including Cyclo-Oxygenase Inhibitors" is located on the following pages.)

**FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), INCLUDING CYCLO-
OXYGENASE INHIBITORS**

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, Completion Instructions, F-11077A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors 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. Directions for Use

8. Name — Prescriber

9. National Provider Identifier (NPI) — Prescriber

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

11. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION (Complete Section III A or Section III B.)

12. Diagnosis Code and Description

Continued



SECTION IIIA — CLINICAL INFORMATION FOR NONSTEROIDAL ANTI-INFLAMMATORY DRUGS, INCLUDING CYCLO-OXYGENASE INHIBITORS

13. Has the member tried and failed two preferred, generic NSAIDs or experienced an adverse drug reaction? (The two preferred, generic NSAIDs taken cannot include ibuprofen or naproxen.) Yes No

If yes, check the two preferred, generic NSAIDs that were taken.

1. diclofenac
2. etodolac
3. flurbiprofen
4. indomethacin
5. ketoprofen
6. ketorolac
7. meloxicam
8. oxaprozin
9. piroxicam
10. sulindac

List the specific details about the treatment failures or adverse drug reactions and the approximate dates the two preferred, generic NSAIDs were taken in the space provided.

SECTION IIIB — CLINICAL INFORMATION FOR CYCLO-OXYGENASE INHIBITORS ONLY

14. Does the member have a history of familial adenomatous polyposis (FAP)? Yes No

15. Does the member have medical record documentation of thrombocytopenia or platelet dysfunction? Yes No

16. Does the member have medical record documentation of peptic ulcer disease, a history of gastrointestinal (GI) bleeding, or a history of NSAID-induced GI bleeding? Yes No

17. Is the member currently taking oral anticoagulation therapy? Yes No

18. Has the member been prescribed daily low-dose aspirin for cardioprotection and requires NSAID therapy? Yes No

19. Is the member 65 years of age or older? Yes No

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

20. National Drug Code (11 Digits)	21. Days' Supply Requested (Up to 365 Days)
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22. NPI

23. 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.)

24. Place of Service

25. Assigned PA Number

26. Grant Date	27. Expiration Date	28. Number of Days Approved
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SECTION V — AUTHORIZED SIGNATURE

29. SIGNATURE — Prescriber	30. Date Signed
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SECTION VI — ADDITIONAL INFORMATION

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

ATTACHMENT 3

SeniorCare Member Update

(A copy of the *SeniorCare Member Update* is located on the following pages.)

Spanish — Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-657-2038 (V/TTY).

Russian — Если вам не всё понятно в этом документе, позвоните по телефону 1-800- 657-2038 (V/TTY).

Hmong — Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800- 657-2038 (V/TTY).

Laotian — ຜູ້ອຸຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທຮະສັບຫາ 1-800- 657-2038 (V/TTY).

Affected Programs: SeniorCare

To: Members

Changes to Drug Coverage for SeniorCare Members

Beginning January 1, 2012, drugs from certain drug manufacturers will no longer be covered for SeniorCare members in levels 2b and 3 because the manufacturers have ended their rebate agreements with the Department of Health Services. Coverage of drugs for SeniorCare members in levels 2b and 3 is limited to drugs from manufacturers that enter into a SeniorCare rebate agreement with the Department of Health Services. By signing a SeniorCare rebate agreement, manufacturers agree to make rebate payments to the Department of Health Services for those prescription drugs that were paid for by SeniorCare. The rebates help fund the SeniorCare program. Drugs from the following manufacturers will no longer be covered on and after January 1, 2012:

- Glades Pharmaceuticals.
- GlaxoSmithKline.
- Reliant Pharmaceuticals.
- Stiefel Laboratories.
- Stonebridge Pharmaceuticals.

The manufacturers noted above are being added to a list of other manufacturers that do not have a signed rebate agree with the Department of Health Services.

Some products made by the manufacturers that have not signed a rebate agreement include:

- Advair.
- Altabax.
- Arixtra.
- Avodart.
- Bactroban.
- Beconase AQ.
- Cefitin.
- Coreg.
- Dynacirc.
- Epivir HBV.
- Flovent.
- Innopran.
- Jalyn.
- Lamictal.
- Lovaza.
- Relenza.

- Requip.
- Serevent.
- Treximet.
- Ventolin.
- Veramyst.

If the manufacturer of a prescription drug that you take has not signed a SeniorCare rebate agreement, SeniorCare will not cover that drug. Members do not have appeal rights for noncovered drugs. You should contact your doctor and pharmacy to switch to another drug that is covered by SeniorCare.

Coverage Limitations for SeniorCare Levels 2b and 3

Participating pharmacies know what limits are placed on prescription drugs by the SeniorCare program. The pharmacist must tell you if SeniorCare does not cover a prescription drug before the drug is dispensed. If SeniorCare does not cover a prescription drug, you may still choose to purchase that drug. A pharmacist may charge you for those drug costs if the pharmacist has informed you that it is not covered and has received your consent prior to the purchase. If you decide you still want your prescription filled anyway, you will be responsible for the cost and it will not count toward your spenddown or deductible.

Questions to Ask

If your pharmacy tells you that a drug is not covered, you should ask:

- Is it not covered because this is not a drug covered by SeniorCare?
- Is it not covered because the manufacturer did not sign a SeniorCare rebate agreement?
- Is it not covered because the pharmacy does not have it available?

Asking these questions will help you decide whether or not you want to request an alternative drug or if SeniorCare will not be able to cover the drug at all.

Calling SeniorCare

Please call the SeniorCare Customer Service Hotline at 1-800-657-2038 if you have questions about this change.