ForwardHealth
Wisconsin serving you

Update
December 2013

No. 2013-67

Affected Programs: BadgerCare Plus, Medicaid
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 2014 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, 2014, unless otherwise noted.

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List (PDL) and other pharmacy policy changes effective for dates of service (DOS) on and after January 1, 2014, unless otherwise noted.

This *Update* provides an overview of the major changes to certain PDL drug classes for the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare but does not address all of the changes made in PDL drug classes. For additional information about covered drugs for the Standard Plan, Medicaid, and SeniorCare, providers may refer to the Preferred Drug List Quick Reference on the Pharmacy Resources page of the Providers area of the ForwardHealth Portal at *www.forwardhealth.wi.gov/*. For information about covered drugs in the BadgerCare Plus Basic Plan, BadgerCare Plus Benchmark Plan, and BadgerCare Plus Core Plan, providers should refer to the following benefit plan-specific resources on the Pharmacy Resources page of the Portal:

- 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.

Changes to Pharmacy-Related Forms and Completion Instructions

Beginning with this PDL *Update*, ForwardHealth will no longer include copies of revised forms and completion instructions as attachments to pharmacy *Updates*. When applicable, each pharmacy *Update* will include an attachment listing the forms and completion instructions that are changing as a result of that PDL review or as a result of other pharmacy policy changes. The Attachment of this *Update* lists the prior authorization (PA) forms and completion instructions that have been revised, renamed, or discontinued as a result of the January 2014 PDL review or as a result of other pharmacy policy changes. Providers should refer to the Forms page of the Portal for current copies of these PA forms and completion instructions. Unless otherwise noted, all forms listed in the Attachment are effective January 1, 2014. Additional information regarding changes to clinical criteria or submission options is noted under the applicable drug classes in this *Update*.

New Archive Page for Pharmacy-Related Forms and Completion Instructions

Effective January 1, 2014, providers will see a new Pharmacy-Related Forms and Completion Instructions link

under the Archives section on the Pharmacy Resources page of the Portal. This link will take providers to a new page that will be used to archive old versions of pharmacy-related forms and completion instructions that are revised on and after January 1, 2014. These archives are provided for reference purposes only. Providers should refer to the Online Handbook for current policy and procedures and to the Forms page for current forms and completion instructions.

A Brief Overview of the Preferred Drug List

ForwardHealth makes recommendations to the Wisconsin Medicaid Pharmacy PA Advisory Committee on whether certain PDL drugs should be preferred or non-preferred. These recommendations are based primarily on objective evaluations of a drug's relative safety, effectiveness of the drug, clinical outcomes, and the relative cost of the drug (to Wisconsin Medicaid) in comparison with other therapeutically interchangeable alternative agents in the same drug class.

New drugs are usually added to existing drug classes on the PDL as non-preferred drugs until their next scheduled class review by the Medicaid PA Advisory Committee.

The PDL is not a drug formulary and is not a comprehensive list of covered drugs.

Most drugs and drug classes included on the PDL are covered by the Standard Plan, Medicaid, and SeniorCare, but certain drugs may have restrictions (e.g., diagnosis, quantity limits, age limits). Prescribers are encouraged to write prescriptions for preferred drugs if medically appropriate. Non-preferred drugs may be covered with an approved PA request. Most preferred drugs do not require PA except in designated classes identified on the Preferred Drug List Quick Reference. Noncovered drugs (e.g., drugs used for hair loss or cosmetic purposes) are not reimbursed, even with PA.

A Prescriber's Responsibilities for Prior Authorization for Preferred Drug List Drugs

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.

Clinical Criteria for Non-preferred Drugs

Clinical criteria for approval of a PA request for a non-preferred drug are **at least one** of the following, unless drug class-specific clinical criteria have been established and published by ForwardHealth:

- The member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with **at least one** of the preferred drugs from the same PDL drug class as the drug being requested.
- There is a clinically significant drug interaction between another drug the member is taking and **at least one** of the preferred drugs from the same PDL drug class as the drug being requested.
- The member has a medical condition(s) that prevents the use of **at least one** of the preferred drugs from the same PDL drug class as the drug being requested.

Alternate Clinical Criteria for Non-preferred Drugs in Eligible Drug Classes Only

The following drug classes have alternate clinical criteria that may be considered if the member does not meet the clinical criteria for non-preferred drugs listed above:

- Alzheimer's agents drug class.
- Anticonvulsants drug class.
- Antidepressants, other drug class.
- Antidepressants, SSRI drug class.
- Antiparkinson's agents drug class.
- Antipsychotics drug class.
- HIV-AIDS drug class.
- Pulmonary arterial hypertension drug class.

Alternate clinical criteria may be considered if a member does not meet the clinical criteria for non-preferred drugs listed above. Alternate clinical criteria are **one** of the following:

- The member is new to ForwardHealth (i.e., the member has been granted eligibility for ForwardHealth within the past month) and has taken the requested non-preferred drug continuously for the last 30 days or longer and had a measurable therapeutic response.
- The member had an approved PA issued by ForwardHealth that recently expired for the non-preferred drug, and the member has taken the requested non-preferred drug continuously for the last 30 days or longer and had a measurable therapeutic response.
- The member was recently discharged from an inpatient stay in which the member was stabilized on the non-preferred drug being requested.

Note: Starting a member on a medication by using manufacturer-provided samples may not be used to circumvent PA policy. Use of manufacturer-provided samples does not provide claim history documentation regarding the dose of a medication that was taken or compliance with treatment so it will not be considered as previous medication history for PA review.

Completing a Prior Authorization Form

If a non-preferred drug or a preferred drug that requires clinical PA is medically necessary for a member, the prescriber is required to complete the appropriate PA form for the drug. Prescribers are required to send the PA form 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.

The PA form may be faxed or mailed to the pharmacy, or the member may carry the form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Prescribers are required to retain a completed, signed, and dated copy of the PA form and any supporting documentation.

A Pharmacy Provider's Responsibilities for Prior Authorization for Preferred Drug List Drugs

Pharmacy providers should review the Preferred Drug List Quick Reference 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 choose to change the prescription to a preferred drug, if medically appropriate for the member, or the prescriber may complete the appropriate PA form.

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

Pharmacy providers are required to retain a completed, signed, and dated copy of the PA form and any supporting documentation received from the prescriber.

New Drug Classes

The following drug classes will be added to the PDL on January 1, 2014:

- Antihypertensives, miscellaneous drug class.
- Antipsoriatics, oral drug class.
- Anxiolytics drug class.
- Immunomodulators, topical drug class.

Pharmacy providers should begin working with prescribers to transition members using non-preferred drugs in the drug class or request PA for a non-preferred drug if it is medically appropriate for the member. Providers may refer to the Preferred Drug List Quick Reference on the Portal for the preferred and non-preferred drugs in these drug classes.

Antihypertensives, Miscellaneous

The following will be preferred drugs in the antihypertensives, miscellaneous drug class:

- Catapres-TTS® patch.
- Clonidine tablet.
- Guanfacine.
- Methyldopa.

The following will be non-preferred drugs:

- Clonidine patch.
- Clorpres®.
- Methyldopha/hydrochlorothiazide.
- Reserpine.

Certain brand name drugs will be preferred over their generic equivalents. Brand name Catapres-TTS® patch will be a preferred drug (in addition to other preferred drugs) in the antihypertensives, miscellaneous drug class.

Generic clonidine patch will become a non-preferred drug.

Antipsoriatics, Oral

The following will be preferred drugs in the antipsoriatics, oral drug class:

- 8-methoxypsoralen (8-MOP).
- Oxsoralen-Ultra®.
- Soriatane®.

Acitretin will become a non-preferred drug.

Anxiolytics

The following will be preferred drugs in the anxiolytics drug class:

- Alprazolam ER.
- Alprazolam intensol.
- Alprazolam tablet.
- Buspirone.
- Chlordiazepoxide.
- Clorazepate.
- Diazepam solution.
- Diazepam tablet.
- Lorazepam intensol.
- Lorazepam tablet.

The following will be non-preferred drugs:

- Alprazolam ODT.
- Diazepam intensol.
- Meprobamate.
- Niravam™.
- Oxazepam.

Immunomodulators, Topical

Due to the addition of this new immunomodulators, topical drug class, the existing topical immunomodulators drug class containing Elidel® and Protopic® has been renamed the immunomodulators, topical-calcineurin inhibitors drug class. Changes to the immunomodulators, topical-calcineurin inhibitors drug class are addressed later in this *Update*.

Certain brand name drugs will be preferred over their generic equivalents. Brand name Aldara™ will become a preferred drug in the immunomodulators, topical drug class. Aldara™ will no longer require brand medically necessary PA.

Generic imiquimod and brand name Zyclara® will become non-preferred drugs.

Alzheimer's Agents

Namenda XR™ will become a non-preferred drug in the Alzheimer's agents drug class. Prior authorization requests for Namenda XR™ for members 45 years of age or older should be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request, F-11075 (09/13).

Pharmacy providers may submit PA requests for Namenda XR™ for members who are 45 years of age or older using the STAT-PA system, on the Portal, by fax, or by mail.

Clinical PA will be required for Namenda XR™ for members who are 44 years of age or younger. Prior authorization requests for Namenda XR™ for members who are 44 years of age or younger must be submitted using Section VI (Clinical Information for Drugs with Specific Criteria Addressed in the ForwardHealth Online Handbook) of the Prior Authorization Drug Attachment (PA/DGA), F-11049 (10/13), and the Prior Authorization Request Form (PA/RF), F-11018 (05/13). Clinical documentation supporting an Alzheimer's disease or dementia indication for members who are 44 years of age or younger must be submitted with the PA request. Prior authorization forms are available on the Forms page of the Portal.

Pharmacy providers may submit PA requests for Namenda XR™ for members who are 44 years of age or younger (using the PA/DGA) on the Portal, by fax, or by mail. Prior authorization requests for Namenda XR™ for members who are 44 years of age or younger may **not** be submitted using the STAT-PA system.

Analgesics/Anesthetics Topical

Lidoderm will become a preferred drug in the analgesics/anesthetics topical drug class.

New drugs are usually added to existing drug classes on the PDL as non-preferred drugs until their next scheduled class review by the Medicaid PA Advisory Committee. Therefore, lidocaine patch will be a non-preferred drug.

Note: Quantity limits continue to apply to this drug class. Refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy Resources page of the Providers area of the Portal for the most current quantity limits.

Anticonvulsants

Lyrica® continues to be a preferred drug in the anticonvulsants, fibromyalgia, and neuropathic pain drug classes. The quantity limit for Lyrica® is being reduced to **four** capsules per day for all strengths. For more information about quantity limit policy overrides, providers may refer to the Quantity Limits topic (topic #3444) in the Submission chapter of the Claims section of the Pharmacy service area of the Online Handbook. Pharmacy providers are encouraged to work with the member and the prescriber to determine whether or not it is clinically appropriate to consolidate the member's daily dosage to use fewer Lyrica® capsules per day for the most cost-effective strength and quantity.

Cytokine and Cell Adhesion Molecule Antagonist Drugs

As a reminder, clinical PA is required for all cytokine and cell adhesion molecule (CAM) antagonist drugs, including preferred cytokine and CAM antagonist drugs.

Pharmacy providers may submit PA requests for non-preferred cytokine and CAM antagonist drugs on the Portal, by fax, or by mail. Prior authorization requests for non-preferred cytokine and CAM antagonist drugs may **not** be submitted using the STAT-PA system.

Initial PA requests for non-preferred cytokine and CAM antagonist drugs may be approved for up to 183 days. Renewal PA requests for non-preferred cytokine and CAM antagonist drugs may be approved for up to **one** year.

Prior authorization requests for cytokine and CAM antagonist drugs will only be approved for use to treat the following identified clinical conditions:

- Ankylosing spondylitis.
- Crohn's disease.
- Plaque psoriasis.
- Psoriatic arthritis.
- Rheumatoid arthritis (RA) and polyarticular juvenile RA.
- Ulcerative colitis.

Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Ankylosing Spondylitis

Cimzia®, Enbrel®, and Humira® are preferred drugs in the cytokine and CAM antagonist drug class used to treat ankylosing spondylitis.

Simponi™ is a non-preferred drug used to treat ankylosing spondylitis. For PA requests for Simponi™, the member must meet all clinical criteria below and have taken **two** preferred cytokine and CAM antagonist drugs for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.

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

- The member has a diagnosis of ankylosing spondylitis.
- The prescription is written by a rheumatologist or through a rheumatology consultation.
- **At least one** of the following is true:
  - ✓ The member has moderate to severe axial symptoms of ankylosing spondylitis.
  - ✓ The member has received **one** 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:
    - Leflunomide.
    - Methotrexate.
    - A non-steroidal anti-inflammatory drug (NSAID) or cyclooxygenase (COX-2) inhibitor drug.
    - Oral corticosteroids.
    - Sulfasalazine.

Prior authorization requests for drugs for ankylosing spondylitis must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Ankylosing Spondylitis, F-11304 (12/12).

Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Crohn's Disease

Cimzia® and Humira® are preferred drugs in the cytokine and CAM antagonist drug class used to treat Crohn's disease.

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

- The member has a diagnosis of Crohn's disease.
- The member has moderate to severe symptoms of Crohn's disease.
- The prescription is written by a gastroenterologist or through a gastroenterology 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:
  - ✓ 5-aminosalicylic (5-ASA).
  - ✓ 6-mercaptopurine (6MP).
  - ✓ Azathioprine.
  - ✓ Methotrexate.
  - ✓ Oral corticosteroids.
  - ✓ Sulfasalazine.

Prior authorization requests for drugs for Crohn's Disease must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Crohn's Disease, F-11305 (12/12).

Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Plaque Psoriasis

Enbrel® and Humira® are preferred drugs in the cytokine and CAM antagonist drug class used to treat plaque psoriasis.

Stelara® is a non-preferred drug used to treat plaque psoriasis. For PA requests for Stelara®, the member must

meet all clinical criteria below and have taken **two** preferred cytokine and CAM antagonist drugs for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.

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

- The member has a diagnosis of plaque psoriasis and **at least one** of the following is true:
  - ✓ The member has moderate to severe symptoms of plaque psoriasis involving greater than or equal to 10 percent or more of his or her body surface area.
  - ✓ The member has a diagnosis of palmoplantar psoriasis.
- The prescription is written by a dermatologist or through a dermatology consultation.
- The member has received **two** or more of the following drugs and received each drug for **at least one** month and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction:
  - ✓ Calcipotriene.
  - ✓ Tazarotene.
  - ✓ Topical corticosteroids.
- The member has received **one** or more of the following treatments and received each treatment for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction:
  - ✓ Cyclosporine.
  - ✓ Methotrexate.
  - ✓ Phototherapy.
  - ✓ Soriatane.

Prior authorization requests for cytokine and CAM antagonist drugs to treat plaque psoriasis must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Plaque Psoriasis, F-11306 (12/13). This form has been revised. The previous version will be removed from the Forms page of the Portal and placed on the new Pharmacy-Related Forms and Completion Instructions archive page linked under the Archives section on the Pharmacy Resources page of the Portal. Providers may refer to the Forms page of the Portal for the revised completion instructions and form. Prior authorization requests processed on and after January 1, 2014, must be submitted on the revised form or they will be returned.

Approved PAs on file with ForwardHealth dated prior to January 1, 2014, will be honored until they expire or until the approved days' supply is used up.

Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Psoriatic Arthritis

Cimzia®, Enbrel®, and Humira® are preferred drugs in the cytokine and CAM antagonist drug class used to treat psoriatic arthritis.

Simponi™ and Stelara® are non-preferred drugs used to treat psoriatic arthritis. For PA requests for Simponi™ or Stelara®, the member must meet all clinical criteria below and have taken **two** preferred cytokine and CAM antagonist drugs for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.

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

- The member has a diagnosis of psoriatic arthritis.
- The member has moderate to severe symptoms of psoriatic arthritis.
- The prescription is written by a dermatologist or rheumatologist or through a dermatology or rheumatology consultation.
- **At least one** of the following is true:
  - ✓ The member has moderate to severe axial symptoms of psoriatic arthritis.
  - ✓ 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.
- Cyclosporine.
- Hydroxychloroquine.
- Leflunomide.
- Methotrexate.
- An NSAID or COX-2 inhibitor drug.
- Oral corticosteroids.

Prior authorization requests for drugs for psoriatic arthritis must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Psoriatic Arthritis, F-11307 (12/12).

Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Rheumatoid Arthritis

Cimzia®, Enbrel®, and Humira® are preferred drugs in the cytokine and CAM antagonist drug class used to treat RA. Enbrel® and Humira® are preferred drugs in the cytokine and CAM antagonist drug class used to treat polyarticular juvenile RA.

Actemra® subQ solution, Kineret®, Orencia® subQ solution, Simponi™, and Xeljanz are non-preferred drugs used to treat RA. For PA requests for Actemra® subQ solution, Kineret®, Orencia® subQ solution, Simponi™, and Xeljanz, the member must meet all clinical criteria below and have taken **two** preferred cytokine and CAM antagonist drugs for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction. For PA requests for Simponi™, members must also continue to take methotrexate in combination with Simponi™.

Prior authorization requests for drugs for RA must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Rheumatoid Arthritis (RA) and Polyarticular Juvenile RA, F-11308 (12/12).

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.
  - ✓ Cyclosporine.
  - ✓ Hydroxychloroquine.
  - ✓ Leflunomide.
  - ✓ Methotrexate.
  - ✓ An NSAID or COX-2 inhibitor drug.
  - ✓ Oral corticosteroids.
  - ✓ Penicillamine.
  - ✓ Sulfasalazine.

Note: Quantity limits continue to apply to Xeljanz. Refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy Resources page of the Providers area of the Portal for the most current quantity limits.

Clinical Criteria for Polyarticular Juvenile Rheumatoid Arthritis

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

- The member has a diagnosis of polyarticular juvenile 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.
- ✓ Cyclosporine.
- ✓ Hydroxychloroquine.
- ✓ Leflunomide.
- ✓ Methotrexate.
- ✓ An NSAID or COX-2 inhibitor drug.
- ✓ Oral corticosteroids.
- ✓ Penicillamine.
- ✓ Sulfasalazine.

Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Ulcerative Colitis

Humira® is a preferred drug in the Cytokine and CAM Antagonist drug class used to treat ulcerative colitis.

Simponi™ is a non-preferred drug used to treat ulcerative colitis. For PA requests for Simponi™, the member must meet all clinical criteria below and have taken **one** preferred cytokine and CAM antagonist drug for **at least two** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.

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

- The member has a diagnosis of ulcerative colitis.
- The member has moderate to severe symptoms of ulcerative colitis.
- The prescription is written by a gastroenterologist or through a gastroenterology consultation.
- The member has taken **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:
  - ✓ 6-mercaptopurine (6MP).
  - ✓ Azathioprine.
  - ✓ Oral aminosalicylates (balsalazide, mesalamine, olsalazine, or sulfasalazine).
  - ✓ Oral corticosteroids.

Prior authorization requests for cytokine and CAM antagonist drugs to treat ulcerative colitis must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Ulcerative Colitis, F-00694 (12/13). This form has been revised. The previous version will be removed from the Forms page of the Portal and placed on the new Pharmacy-Related Forms and Completion Instructions archive page linked under the Archives section on the Pharmacy Resources page of the Portal. Providers may refer to the Forms page of the Portal for the revised completion instructions and form. Prior authorization requests processed on and after January 1, 2014, must be submitted on the revised form or they will be returned.

Approved PAs on file with ForwardHealth dated prior to January 1, 2014, will be honored until they expire or until the approved days' supply is used up.

Prior authorization requests for Humira® to treat ulcerative colitis may be initially approved for up to **three** months. Prior authorization requests for Humira® may be approved for up to **one** year if the member has been using Humira® for ulcerative colitis for **at least two** consecutive months and the member has shown evidence of clinical remission. Prior authorization requests for Simponi to treat ulcerative colitis may be initially approved for up to **six** months. Prior authorization requests for Simponi may be approved for up to **one** year if the member has been using Simponi for ulcerative colitis and the member has shown evidence of clinical remission.

Glucocorticoids, Inhaled

Certain brand name drugs will be preferred over their generic equivalents. Brand name Pulmicort Respules® will be a preferred drug (in addition to other preferred drugs) for members of all ages in the glucocorticoids, inhaled drug class.

Generic budesonide respules will become a non-preferred drug for members of all ages.

Immunomodulators, Topical-Calcineurin Inhibitors

The immunomodulators, topical-calcineurin inhibitors drug class was previously named the topical immunomodulators drug class but was renamed due to the addition of a new immunomodulators, topical drug class.

Elidel® will become a preferred drug in the immunomodulators, topical-calcineurin inhibitors drug class.

Diagnosis restrictions will no longer apply to Elidel® or Protopic®.

Prior Authorization/Preferred Drug List for Elidel® and Protopic® Drugs Form Being Discontinued

Effective for DOS on and after January 1, 2014, the Prior Authorization/Preferred Drug List (PA/PDL) for Elidel® and Protopic® Drugs, F-11303 (10/11), will no longer be accepted. The form is being discontinued. It will be removed from the Forms page of the Portal and placed on the new Pharmacy-Related Forms and Completion Instructions archive page linked under the Archives section on the Pharmacy Resources page of the Portal.

Providers will be required to use the PA/PDL Exemption Request form for all non-preferred immunomodulator topical-calcineurin inhibitors. Prior authorization requests with DOS on and after January 1, 2014, that are *not* submitted on the PA/PDL Exemption Request form will be returned.

Prior authorization requests previously submitted on the PA/PDL for Elidel® and Protopic® Drugs form that have already been approved will be honored until they expire or until the approved days' supply is used up.

Pharmacy providers may submit PA requests for non-preferred drugs in this class using the STAT-PA system, on the Portal, by fax, or by mail.

Prior authorization requests for Protopic® 0.1 percent for members younger than 16 years of age must be submitted using Section VII (Clinical Information for Other Drug Requests) of the PA/DGA form and the PA/RF.

Pharmacy providers may submit PA requests for Protopic® 0.1 percent for members younger than 16 years of age (using the PA/DGA) on the Portal, by fax, or by mail. Prior authorization requests for Protopic® 0.1 percent for members younger than 16 years of age may **not** be submitted using the STAT-PA system.

Ophthalmic Antibiotics

Certain brand name drugs will be preferred over their generic equivalents. Brand name Bleph-10® continues to be a preferred drug (in addition to other preferred drugs) in the ophthalmic antibiotics drug class.

Generic sulfacetamide sodium solution will become a non-preferred drug.

Stimulants and Related Agents

Concerta® will no longer be a preferred drug for Standard Plan, Medicaid, and SeniorCare members. Concerta® will require brand medically necessary PA for Standard Plan, Medicaid, and SeniorCare members. Methylphenidate ER, the generic equivalent of Concerta®, will continue to be a preferred drug.

Providers are required to submit brand medically necessary PA requests for Concerta® on the Prior Authorization/ Brand Medically Necessary Attachment (PA/BMNA), F-11083 (07/12). Providers may refer to the Forms page of the Portal for a copy of the PA/BMNA completion instructions and form.

Certain brand name drugs will be preferred over their generic equivalents. Brand name Dexedrine Spansule and

Adderall continue to be preferred drugs (in addition to other preferred drugs) in the stimulants and related agents drug class.

Generic dextroamphetamine ER capsule and immediate release amphetamine salt combo will become non-preferred drugs.

Members currently using Concerta®, dextroamphetamine ER capsule, or immediate release amphetamine salt combo will not be grandfathered.

Brand name Adderall XR® continues to be a preferred drug and amphetamine salt combo ER continues to be a non-preferred drug.

Diagnosis restrictions will no longer apply to Intuniv® or Kapvay®.

Revised Prior Authorization Drug Attachment for Modafinil and Nuvigil® Form

Prior authorization requests for modafinil and Nuvigil® should be submitted using the Prior Authorization Drug Attachment for Modafinil and Nuvigil®, F-00079 (12/13). This form has been revised. The previous version will be removed from the Forms page of the Portal and placed on the new Pharmacy-Related Forms and Completion Instructions archive page linked under the Archives section on the Pharmacy Resources page of the Portal. Providers may refer to the Forms page of the Portal for the revised completion instructions and form. Prior authorization requests processed on and after January 1, 2014, must be submitted on the revised form or they will be returned.

Approved PAs on file with ForwardHealth dated prior to January 1, 2014, will be honored until they expire or until the approved days' supply is used up.

Pharmacy providers may submit PA requests for modafinil and Nuvigil® on the Portal, by fax, or by mail. Prior authorization requests for modafinil and Nuvigil® may **not** be submitted using the STAT-PA system.

ForwardHealth has revised the clinical criteria for modafinil and Nuvigil®. One of the changes to the clinical criteria is that members are no longer required to have taken modafinil before PA may be requested for Nuvigil®.

Clinical Criteria for Modafinil

Clinical criteria for approval of a PA request for modafinil are the following:

- The member is 16 years of age or older.
- The member is not currently taking any other stimulants or related agents.
- For members with a diagnosis of narcolepsy:
  - ✓ A polysomnogram (PSG) has been performed for the member. (*Note:* Test results for the PSG must be submitted with the PA request.)
  - ✓ A multiple sleep latency test (MSLT) has been performed for the member. (*Note:* Test results for the MSLT must be submitted with the PA request.)
- For members with a diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS):
  - ✓ The member has tried a continuous positive airway pressure (CPAP) machine.
  - ✓ A PSG has been performed for the member. (*Note:* Test results for the PSG must be submitted with the PA request.)
  - ✓ The member's apnea-hypopnea index (AHI) measures more than **five** events per hour.
- For members with a diagnosis of shift work sleep disorder:
  - ✓ The member is a night shift worker. (*Note:* The member's employer information and weekly work schedule need to be documented to support the diagnosis of shift work sleep disorder.)
  - ✓ The member is not taking hypnotics, sleep aids, or other medications that cause sleepiness.

Clinical criteria for approval of a PA request for modafinil for members with a diagnosis of attention deficit disorder

(ADD) or attention deficit hyperactivity disorder (ADHD) are the following:

- The member is 16 years of age or older.
- The member is not currently taking any other stimulants or related agents
- **At least one** of the following is true:
  - ✓ The member has experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction with **at least two** preferred stimulants.
  - ✓ The member has a medical history of substance abuse or misuse.
  - ✓ The member has a serious risk of drug diversion.
- The member has experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction with Strattera®.

A dose limit applies to modafinil. The dose limit for modafinil is 200 mg per day.

Initial PA requests for modafinil may be approved for up to 183 days. Renewal PA requests for modafinil may be approved for up to **one** year.

Clinical Criteria for Nuvigil®

Clinical criteria for approval of a PA request for Nuvigil® are the following:

- The member is 16 years of age or older.
- The member is not currently taking any other stimulants or related agents.
- For members with a diagnosis of narcolepsy:
  - ✓ A PSG has been performed for the member. (*Note:* Test results for the PSG must be submitted with the PA request.)
  - ✓ An MSLT has been performed for the member. (*Note:* Test results for the MSLT must be submitted with the PA request.)
- For members with a diagnosis of OSAHS:
  - ✓ The member has tried a CPAP machine.
  - ✓ A PSG has been performed for the member. (*Note:* Test results for the PSG must be submitted with the PA request.)
  - ✓ The member's AHI measures more than **five** events per hour.
- For members with a diagnosis of shift work sleep disorder:
  - ✓ The member is a night shift worker. (*Note:* The member's employer information and weekly work schedule need to be documented to support the diagnosis of shift work sleep disorder.)
  - ✓ The member is not currently taking hypnotics, sleep aids, or other medications that cause sleepiness.

A dose limit applies to Nuvigil®. The dose limit for Nuvigil® is 250 mg per day.

Initial PA requests for Nuvigil® may be approved for up to 183 days. Renewal PA requests for Nuvigil® may be approved for up to **one** year.

Pharmacy Policy Changes

Alpha-1 Proteinase Inhibitor Drugs

Alpha-1 proteinase inhibitor drugs will no longer require PA and will no longer be diagnosis restricted.

Prior Authorization Drug Attachment for Alpha-1 Proteinase Inhibitor Form Being Discontinued

The Prior Authorization Drug Attachment for Alpha-1 Proteinase Inhibitor form, F-11056 (10/11), will no longer be accepted. The form will be discontinued. It will be removed from the Forms page of the Portal and placed on the new Pharmacy-Related Forms and Completion Instructions archive page linked under the Archives section on the Pharmacy Resources page of the Portal.

Diabetic Supplies

The following will be preferred diabetic supply manufacturers:

- Abbott.
- Bayer.
- Lifescan.

Pharmacy providers should begin working with prescribers to transition members using non-preferred blood glucose meters or test strips to the preferred products from a preferred manufacturer.

Providers may refer to the Diabetic Supply List Quick Reference on the Pharmacy Resources page of the Providers area of the Portal for the most current list of covered diabetic supplies.

Prior Authorization Drug Attachment for Diabetic Supplies Has Been Revised and Renamed

Prior authorization requests for non-preferred blood glucose meters and test strips should be submitted using the revised and renamed form Prior Authorization Drug Attachment for Blood Glucose Meters and Test Strips, F-00239 (12/13). This form was previously named the Prior Authorization Drug Attachment for Diabetic Supplies. The previous version of the form will be removed from the Forms page of the Portal and placed on the new Pharmacy-Related Forms and Completion Instructions archive page linked under the Archives section on the Pharmacy Resources page of the Portal. Providers may refer to the Forms page of the Portal for the revised completion instructions and form. Prior authorization requests processed on and after January 1, 2014, must be submitted on the revised form or they will be returned.

Approved PAs on file with ForwardHealth dated prior to January 1, 2014, will be honored until they expire or until the approved days' supply is used up.

Pharmacy providers may submit PA requests for non-preferred blood glucose meters and test strips on the Portal, by fax, or by mail. Prior authorization requests for non-preferred blood glucose meters and test strips may **not** be submitted using the STAT-PA system.

ForwardHealth has revised the clinical criteria for non-preferred blood glucose meters and test strips.

Clinical Criteria for Non-preferred Blood Glucose Meters and Test Strips

To receive PA for non-preferred blood glucose meters and test strips, members are required to meet **one** of the following clinical criteria:

- The member uses an insulin pump that requires the use of a non-preferred meter.
- The member has a medical condition, such as visual impairment, that requires the use of a specialized (talking) non-preferred meter.
- The member is unable to use a product from each of the preferred manufacturers, and there is clinical rationale to support the use of a non-preferred product.

If clinical criteria for non-preferred blood glucose meters and/or test strips are met, initial PA requests may be approved for up to a maximum of **one** year.

Diabetic supplies will no longer be diagnosis-restricted.

Quantity limits continue to apply for diabetic supplies. Refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy Resources page of the Providers area of the Portal for the most current quantity limits.

As a reminder, diabetic supplies are not covered for SeniorCare members.

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

ForwardHealth generally applies a generic copayment and dispensing fee to a brand name drug when a drug that previously required brand medically necessary PA moves to a preferred drug on the PDL and the available generic equivalents are non-preferred drugs.
This does not include brand name drugs that were preferred over generic equivalents because the generic equivalents are new to the marketplace and net yet cost-effective when compared with brand pricing (i.e., a Maximum Allowed Cost rate has not been established).

For drugs determined to be included in this policy, ForwardHealth will automatically apply the generic copayment when a specific brand name drug is preferred over a generic equivalent. Providers do not need to indicate a National Council for Prescription Drug Programs Dispense as Written code on claims to ensure the 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.

The following table includes the most current list of drugs for which this policy applies. Drugs shown in bold letters are drugs that have been added to the list. This list is available on the Preferred Drug List Quick Reference on the Portal. 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 capsule	January 1, 2012
Anticonvulsants	Depakote Sprinkle	January 1, 2012
	Tegretol XR 200 mg	January 1, 2012
	Tegretol XR 400 mg	January 1, 2012
Antiemetics, Cannabinoids	Marinol	January 1, 2012
Angiotensin Modulators, Combination	Lotrel	July 1, 2012
Anticoagulants, Injectable	Lovenox	January 1, 2012
Antihypertensive, Miscellaneous	**Catapres-TTS Patch**	**January 1, 2014**
Beta Blockers	Toprol XL	July 1, 2011
Immunomodulators, Topical	**Aldara™**	**January 1, 2014**
Intranasal Rhinitis Agents	Astelin	January 1, 2012
Migraine Agents, Injectable	Imitrex injection	July 1, 2012
Migraine Agents, Other	Imitrex nasal spray	July 1, 2012
Ophthalmics Antibiotic/Steroid Combinations	Tobradex suspension	January 1, 2012
Opthalmic Antibiotics	**Bleph-10**	**January 1, 2014**
Ophthalmics, Glaucoma — Other	Alphagan P 0.15%	January 1, 2012
Stimulants and Related Agents	**Adderall**	**January 1, 2014**
	Adderall XR®	January 1, 2012
	Dexedrine Spansule	**January 1, 2014**

Expedited Emergency Supply

As a result of changes made during the January 2014 PDL review, the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page of the Providers area of the Portal has been updated. The Emergency Medication Dispensing topic (topic #1399) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook includes more information about dispensing an emergency supply of medication.

Submitting Prior Authorization Requests

Providers should refer to the Online Handbook on the Portal for more information about submitting PA requests.

Medicare Part D Coverage of Barbiturates

Effective for DOS on and after January 1, 2014, barbiturates will become Medicare Part D-covered drugs.

Claims for barbiturates for dual eligibles should be submitted to Medicare Part D.

Medicare Part D Claim Submission

BadgerCare Plus and Wisconsin Medicaid deny claims for Medicare Part D-covered drugs for dual eligibles. Claims and PA requests for Medicare Part D-covered drugs for dual eligibles must be submitted to the appropriate Medicare Part D Prescription Drug Plan (PDP). For dual eligibles enrolled in a PDP, providers may only submit claims to ForwardHealth for Medicare Part D-**excluded** drugs. All other claims will be denied, and the pharmacy provider will be instructed to submit the claim to the Medicare Part D PDP. Providers will receive an EOB code for this denial.

Medicare Part D-excluded drugs include over-the-counter (OTC) drugs; agents that are used for the symptomatic relief of cough and cold; prescription vitamins and mineral products (except prenatal vitamins and fluoride); and weight loss agents.

Prior authorization requests for drugs covered by Medicare Part D will be denied because these drugs will be covered by a Medicare Part D PDP.

Note: Because SeniorCare coordinates benefits with Medicare Part D, SeniorCare covers Medicare Part D-excluded drugs and accepts PA requests for drugs for SeniorCare members in all levels of participation who are enrolled in a Medicare Part D PDP.

State-Contracted Managed Care Organizations or HMOs

Drug claims for dual eligibles enrolled in state-contracted managed care organizations (MCOs) or HMOs should be handled in the same way as claims for dual eligibles who receive drug coverage from fee-for-service.

Claims for OTC drugs; agents that are used for the symptomatic relief of cough and cold; prescription vitamins and mineral products (except prenatal vitamins and fluoride); and weight loss agents may be submitted to fee-for-service for dual eligible MCO or HMO enrollees.

SeniorCare

Pharmacy providers are required to submit claims for SeniorCare members who are enrolled in a Medicare Part D PDP to the member's PDP and other health insurance sources before submitting claims to SeniorCare. SeniorCare is a payer of last resort.

Providers are required to submit claims to the appropriate PDP for members in all levels of participation. Providers are also required to indicate the outcome of the claim response from the PDP to SeniorCare.

Pharmacy providers are required to report to SeniorCare any out-of-pocket expenses (i.e., coinsurance, deductible, copayment) determined by the primary insurance. SeniorCare calculates and issues reimbursement, if applicable, for the claim submitted by the pharmacy.

Pharmacy Resources

As a reminder, ForwardHealth continues to monitor such policies as opioid drug prescription fill limits, quantity limits, and early refill limits. For more information about covered drugs and pharmacy policy, providers may refer to the resources available on the Pharmacy Resources page of the Providers area of the Portal. Providers may also refer to the Pharmacy service area of the Online Handbook on the Portal for more information about pharmacy 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.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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

This *Update* was issued on 12/16/2013 and information contained in this *Update* was incorporated into the Online Handbook on 1/3/2014.

ATTACHMENT
Changes to Pharmacy Prior Authorization Forms and Completion Instructions

The table below lists the pharmacy prior authorization (PA) forms and completion instructions that have been revised, renamed, or discontinued as a result of the January 2014 PDL review or as a result of other pharmacy policy changes. Providers should refer to the Forms page of the Portal for current copies of these forms and completion instructions. Unless otherwise noted, all form changes listed are effective January 1, 2014. The old versions of these forms and completion instructions will be moved to the Pharmacy-Related Forms and Completion Instructions archive page that is linked under the Archives section on the Pharmacy Resources page of the Portal. Additional information regarding changes to clinical criteria or submission options is noted under the applicable drug classes in this *Update*.

Form Name	Form Number	Revised, Renamed, or Discontinued	Effective Date
Prior Authorization Drug Attachment for Alpha-1 Proteinase Inhibitor	F-11056 (10/11)	Discontinued	01/14
Completion Instructions	F-11056A (10/11)	Discontinued	01/14
Prior Authorization Drug Attachment for Diabetic Supplies	F-00239 (04/10)	Revised and Renamed: Prior Authorization Drug Attachment for Blood Glucose Meters and Test Strips	01/14
Completion Instructions	F-00239A (04/10)	Revised and Renamed: Prior Authorization Drug Attachment for Blood Glucose Meters and Test Strips Completion Instructions	01/14
Prior Authorization Drug Attachment for Modafinil and Nuvigil®	F-00079 (12/12)	Revised	01/14
Completion Instructions	F-00079A (12/12)	Revised	01/14
Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Plaque Psoriasis	F-11306 (12/12)	Revised	01/14
Completion Instructions	F-11306A (12/12)	Revised	01/14
Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Ulcerative Colitis	F-00694 (12/12)	Revised	01/14
Completion Instructions	F-00694A (12/12)	Revised	01/14
Prior Authorization/Preferred Drug List (PA/PDL) for Elidel and Protopic Drugs	F-11303 (10/11)	Discontinued	01/14
Completion Instructions	F-11303A (10/11)	Discontinued	01/14