

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

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

Prior Authorization Required for Paliperidone Tablets

Effective for dates of service on and after November 15, 2015, paliperidone tablets, an antipsychotic drug, will require prior authorization until further notice.

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about prior authorization (PA) requirements for paliperidone tablets effective for dates of service on and after November 15, 2015.

Antipsychotics

Generic paliperidone tablets, an antipsychotic drug, require PA. Generic paliperidone tablets are a non-preferred drug that will be reviewed by the Wisconsin Medicaid Pharmacy PA Advisory Committee as part of the winter 2016 Preferred Drug List (PDL) review in the antipsychotics drug class. Until the winter 2016 PDL review has occurred, all established clinical criteria for non-preferred drugs and, if applicable, all PA policy for antipsychotic drugs for children 7 years of age and younger will apply. In addition, further PA criteria have been established for generic paliperidone tablets.

Clinical Criteria for Generic Paliperidone Tablets

In addition to the member meeting established clinical criteria for non-preferred drugs and, if applicable, PA policy for antipsychotic drugs for children 7 years of age and

younger, the prescriber must also submit detailed clinical justification for prescribing generic paliperidone tablets instead of brand name Invega® tablets. This clinical information must document why the member cannot use brand name Invega® tablets, including why it is medically necessary that the member receive generic paliperidone tablets instead of brand name Invega® tablets.

For more information about the clinical criteria for non-preferred drugs, providers should refer to the A Prescriber's Responsibilities for Prior Authorization for Preferred Drug List Drugs topic (topic #1987) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

For more information about PA for antipsychotic drugs for children 7 years of age and younger, providers should refer to the Prior Authorization for Antipsychotic Drugs for Children 7 Years of Age and Younger topic (topic #16537) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Submitting Prior Authorization Requests for Generic Paliperidone Tablets

Prior authorization requests for generic paliperidone tablets must be submitted using the Prior Authorization/Drug Attachment (PA/DGA), F-11049 (10/13), and the Prior

Authorization/Preferred Drug List (PA/PDL) Exemption Request, F-11075 (09/13).

Prior authorization requests for generic paliperidone tablets must be completed and signed by the prescriber. Prior authorization requests for generic paliperidone tablets should be submitted using Section VI (Clinical Information for Drugs with Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA, along with the PA/PDL Exemption Request, and the Prior Authorization Request Form (PA/RF), F-11018 (05/13).

Prior authorization requests for generic paliperidone tablets for children 7 years of age and younger should be submitted using the PA/RF, the PA/DGA, and the Prior Authorization Drug Attachment for Antipsychotic Drugs for Children 7 Years of Age and Younger, F-00556 (03/14), in place of the PA/PDL Exemption Request.

Prior authorization requests for generic paliperidone tablets may be submitted on the Portal, by fax, or by mail. Prior authorization requests for generic paliperidone tablets may **not** be submitted using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

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 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 website at www.forwardhealth.wi.gov/.

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This *Update* was issued on November 2, 2015, and information contained in this *Update* was incorporated into the Online Handbook on November 13, 2015.