

**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 Generic Imatinib Tablets

Effective for dates of service on and after February 1, 2016, generic imatinib tablets, an oral oncology drug, will require prior authorization until further notice.

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about prior authorization (PA) requirements for generic imatinib tablets effective for dates of service on and after February 1, 2016.

### Clinical Criterion for Generic Imatinib Tablets

The prescriber is required to submit detailed clinical justification for prescribing generic imatinib tablets instead of brand name Gleevec® tablets. This clinical information must document why the member cannot use brand name Gleevec® tablets, including why it is medically necessary that the member receive generic imatinib tablets instead of brand name Gleevec® tablets.

### Submitting Prior Authorization Requests for Generic Imatinib Tablets

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

Prior authorization requests for generic imatinib tablets must be completed and signed by the prescriber. Prior authorization requests for generic imatinib 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 a completed Prior Authorization Request Form, F-11018 (05/13).

Prior authorization requests for generic imatinib tablets may be submitted on the Portal, by fax, or by mail. Prior authorization requests for generic imatinib 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/](http://www.forwardhealth.wi.gov/).

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