

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

Prior Authorization Required for Rosuvastatin Tablets

Effective for dates of service on and after June 1, 2016, rosuvastatin tablets, a lipid-lowering drug, will require prior authorization until further notice.

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

Lipotropics, Other

Generic rosuvastatin tablets, a lipid-lowering drug, require PA. Generic rosuvastatin tablets are a non-preferred drug that will be reviewed by the Wisconsin Medicaid Pharmacy PA Advisory Committee as part of the summer 2017 Preferred Drug List (PDL) review in the lipotropics, other drug class. Until the summer 2017 PDL review has occurred, all established clinical criteria for non-preferred drugs will apply. In addition, further PA criteria have been established for generic rosuvastatin tablets.

Clinical Criteria for Generic Rosuvastatin Tablets

In addition to the member being required to meet established clinical criteria for non-preferred drugs, the prescriber must also submit detailed clinical justification for prescribing generic rosuvastatin tablets instead of brand name Crestor® tablets. This clinical information must document why the member cannot use brand name Crestor®

tablets, including why it is medically necessary that the member receive generic rosuvastatin tablets instead of brand name Crestor® 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 on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Submitting Prior Authorization Requests for Generic Rosuvastatin Tablets

Prior authorization requests for generic rosuvastatin 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 rosuvastatin tablets must be completed and signed by the prescriber. Prior authorization requests for generic rosuvastatin 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 rosuvastatin tablets may be submitted on the Portal, by fax, or by mail. Prior authorization requests for generic rosuvastatin may not be submitted using the Specialized Transmission Approval Technology-Prior Authorization 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.

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/.

P-1250