

Update
June 2016

No. 2016-21

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Well Woman Program

**To:** Family Planning Clinics, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Prenatal Care Coordination Providers, Rural Health Clinics, HMOs and Other Managed Care Programs

# Prior Authorization Will No Longer Be Required for Crinone® 8% When Used for Certain Indications

Effective for dates of service on and after June 1, 2016, prior authorization will no longer be required for coverage of Crinone<sup>®</sup> 8% when used for the prevention of preterm labor in women with a current singleton pregnancy and either short cervical length or a history of preterm labor. Instead, providers will be required to follow the procedures for diagnosis-restricted drugs for coverage of Crinone<sup>®</sup> 8% when used for these indications.

#### **Prior Authorization No Longer Required**

Effective for dates of service on and after June 1, 2016, prior authorization (PA) will no longer be required for Crinone<sup>®</sup> 8% when used for the prevention of preterm labor in women with a current singleton pregnancy and either short cervical length or a history of preterm labor. Instead, providers will be required to follow the procedures for diagnosis-restricted drugs for coverage of Crinone<sup>®</sup> 8% for these indications.

Notes: Although Crinone® is also indicated for use in assisted reproductive technology (ART) treatment, ForwardHealth does not cover infertility treatment, including ART.

Coverage policy and PA requirements for the use of Crinone® for the treatment of secondary amenorrhea are not changing.

### **Coverage Requirements**

ForwardHealth will cover Crinone® 8% for daily dosing through 36 weeks gestation in women with a current singleton pregnancy and either short cervical length or a history of preterm labor. Providers are required to indicate an appropriate diagnosis for coverage of Crinone® 8%. Refer to the Diagnosis-Restricted Drugs data table available on the Pharmacy Provider-specific Resources page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/pharmacy/resources.htm.spage/ for a list of allowable diagnosis codes.

#### **Diagnosis-Restricted Drug Requirements**

Prescribers are required to indicate a diagnosis for Crinone® 8% prescriptions. If a diagnosis is not indicated on a prescription, the pharmacy provider should contact the prescriber to obtain the diagnosis and document the diagnosis on the prescription or pharmacy health care record. It is not acceptable for a pharmacy provider to obtain the diagnosis from the member. The member's medical record must support that the diagnosis is appropriate. For more information regarding requirements for diagnosis-restricted drugs, refer to the Diagnosis-Restricted Drugs chapter of the Prior Authorization section of the Pharmacy service area of

## Information Regarding Managed Care Organizations

This ForwardHealth Update contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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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