

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

Pharmacy Policy Changes Effective August 1, 2016

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 August 1, 2016, unless otherwise noted.

In response to the rapid development and approval of new drugs by the Food and Drug Administration, this *ForwardHealth Update* addresses the most current information available for recently approved generic armodafinil tablets. In addition, this *Update* addresses policy changes for drugs in the analgesics/anesthetics, topical and antipsychotics drug classes. Information in this *Update* is effective for dates of service (DOS) on and after August 1, 2016, unless otherwise noted.

This *Update* announces the following:

- Clinical criteria for the use of armodafinil tablets
- Revised policy for generic lidocaine and brand name Lidoderm® patches
- Revised policy for generic aripiprazole and brand name Abilify® formulations

Prior Authorization Required for Armodafinil Tablets

Generic armodafinil tablets, a wakefulness-promoting drug, require prior authorization (PA).

Generic armodafinil 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 stimulants and related agents drug class. Until the winter 2016 PDL review has occurred, all established clinical criteria for Nuvigil® will apply, in addition to a new criterion established specifically for generic armodafinil tablets.

Clinical Criteria for Generic Armodafinil Tablets

In addition to the member meeting established clinical criteria for Nuvigil®, the prescriber must submit detailed clinical justification for prescribing generic armodafinil tablets instead of brand name Nuvigil® tablets. This clinical information must document why the member cannot use brand name Nuvigil® tablets, including why it is medically necessary that the member receive generic armodafinil tablets instead of brand name Nuvigil® tablets.

For more information about the clinical criteria for Nuvigil®, providers may refer to the Clinical Criteria for Nuvigil® topic (topic #16417) under the Stimulants and Related Agents topic (topic #16357) 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 Armodafinil Tablets

Prior authorization requests for generic armodafinil tablets must be completed and signed by the prescriber and must be submitted using **all** of the following forms:

- Section VI (Clinical Information for Drugs with Specific Criteria Addressed in the ForwardHealth Online Handbook) of the Prior Authorization/Drug Attachment (PA/DGA) form, F-11049 (07/2016)
- Prior Authorization Drug Attachment for Modafinil® and Nuvigil® form, F-00079 (01/15)
- Prior Authorization Request Form (PA/RF), F-11018 (05/13)

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

Analgesics/Anesthetics, Topical

Effective for DOS on and after **August 1, 2016**, generic lidocaine patches will be added to the PDL as a preferred drug. Brand name Lidoderm® patches will remain a preferred drug for DOS through August 31, 2016, in order to allow for a one-month transition period.

Effective for DOS on and after **September 1, 2016**, brand name Lidoderm® patches will require brand medically necessary (BMN) PA.

Members should transition to generic lidocaine patches unless it is medically necessary for a member to continue to use brand name Lidoderm® patches. If brand name Lidoderm® patches are medically necessary for a member, the pharmacy provider should work with the prescriber to complete and sign a Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) form, F-11083 (01/15); the pharmacy provider should then submit a request for BMN PA for the member to continue taking brand name Lidoderm® patches.

Antipsychotics

Effective for DOS on and after **August 1, 2016**, generic aripiprazole tablets, aripiprazole orally disintegrating tablets, and aripiprazole solution will be added to the PDL as preferred drugs. Brand name Abilify® tablets, Abilify Discmelt®, and Abilify® oral solution will remain non-preferred drugs for DOS through August 31, 2016, in order to allow for a one-month transition period.

Effective for DOS on and after **September 1, 2016**, brand name Abilify® tablets will require BMN PA, and brand name Abilify Discmelt® and Abilify® oral solution will remain non-preferred drugs.

Members should transition to generic aripiprazole tablets, unless it is medically necessary for a member to continue to use brand name Abilify® tablets. If brand name Abilify® tablets are medically necessary for a member, the pharmacy provider should work with the prescriber to complete and sign a PA/BMNA form; the pharmacy provider should then submit a request for BMN PA for the member to continue taking brand name Abilify® tablets.

Grandfathering for Brand Name Abilify® Tablets Will End

As a reminder, if a member is grandfathered on a brand name drug and a generic equivalent is available, grandfathering of the brand name drug for the member will be discontinued once the brand name drug is added to the State Maximum Allowed Cost List pharmacy data table. Therefore, effective on and after September 1, 2016, grandfathering of members for brand name Abilify® tablets will end. Grandfathered members should transition to generic aripiprazole tablets, unless it is medically necessary for a member to continue to use brand name Abilify® tablets. If brand name Abilify® tablets are medically necessary for a member, the pharmacy provider should work with the prescriber to complete and sign a PA/BMNA form; the pharmacy provider should then submit a request for BMN PA for the member to continue taking brand name Abilify® tablets.

Antipsychotic Drugs for Children 7 Years of Age and Younger

All antipsychotic drugs prescribed for oral use by children 7 years of age and younger continue to require PA.

Prior authorization requests that have already been approved will be honored until they expire or until the approved days' supply is used up.

For more information about the PA policy for antipsychotic drugs for children 7 years of age and younger, providers may refer to the Prior Authorization for Antipsychotic Drugs for Children 7 Years of Age and Younger topic (topic #18877) under the Antipsychotics topic (topic #18457) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

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/.

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