ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid, SeniorCare
To: Blood Banks, Community Health Centers, Dentists, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

Pharmacy Policy Changes Effective September 21, 2018

This *ForwardHealth Update* announces that effective September 21, 2018, a new migraine agent drug, Aimovig, requires prior authorization (PA). Aimovig is a non-preferred drug that is scheduled to be reviewed by the Wisconsin Pharmacy PA Advisory Committee as part of the Preferred Drug List (PDL) review in May 2019 in the migraine agents drug class. Until the May 2019 PDL review has occurred, PA criteria have been established for migraine agents, calcitonin gene-related peptide (CGRP) antagonists; this includes Aimovig. This *Update* also announces a revision to the Prior Authorization/Preferred Drug List (PA/PDL) Growth Hormone Drugs form, F-11092 (09/2018), as well as a clarification for submitting PA requests for growth hormone drugs for children and adolescents.

For additional information about covered drugs on the PDL for BadgerCare Plus, Medicaid, and SeniorCare, providers may refer to the Preferred Drug List Quick Reference on the Pharmacy Resources page of the Providers area of the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

Migraine Agents

Due to the possible addition of multiple new drugs to the migraine agents PDL drug class, the migraine agents drug class will be split to include a subclass for CGRP antagonists on the Preferred Drug List Quick Reference. ForwardHealth will monitor the subclass separately.

The subclass will be named migraine agents, CGRP antagonists.

Migraine Agents, CGRP Antagonists

Aimovig

Aimovig will become a non-preferred drug in the migraine agents, CGRP antagonists drug class.

New PA Form for Migraine Agents, CGRP Antagonist Drugs

ForwardHealth has created the Prior Authorization/ Preferred Drug List (PA/PDL) for Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Antagonists form, F-02371 (09/2018), and established clinical criteria that must be documented on PA requests for migraine agents, CGRP antagonist drugs. PA requests submitted on and after September 21, 2018, must be submitted on the new form, or they will be returned to the provider. Refer to the Forms page of the Portal for a copy of the form and instructions.

Submitting PA Requests for Migraine Agents, CGRP Antagonists

PA requests for migraine agents, CGRP antagonist drugs must be completed, signed, and dated by the prescriber. The prescriber is required to send the PA form to the pharmacy where the prescription will be filled. The pharmacy provider is required to submit the PA request to ForwardHealth, using

the PA form received from the prescriber and using the PA submission option most appropriate for the drug.

PA requests for migraine agents, CGRP antagonist drugs should be submitted using the PA/PDL for Migraine Agents, CGRP Antagonists form, and the Prior Authorization/Request Form (PA/RF), F-11018 (05/13). Clinical documentation supporting the use of migraine agents, CGRP antagonist drugs must be submitted with the PA request.

PA requests for migraine agents, CGRP antagonist drugs may be submitted on the Portal, by fax, or by mail (but **not** using the Specialized Transmission Approval Technology-Prior Authorization [STAT-PA] system).

Clinical Criteria for Migraine Agents, CGRP Antagonists

ForwardHealth has established clinical criteria for all migraine agents, CGRP antagonists. Clinical criteria for approval of an initial PA request for migraine agents, CGRP antagonist drugs are **all** of the following:

- The member is 18 years of age or older.
- The prescriber has evaluated and diagnosed the member as having a history of migraines, with or without aura, according to the International Classification of Headache Disorders, 3rd edition (ICHD-3) diagnostic criteria.
- **One** of the following is true:
  - ✓ The member has experienced episodic migraines (less than 15 headache days per month with four to 14 migraine days per month) for three or more months. The average number of headache days and migraine days per month must be documented.
  - ✓ The member has experienced chronic migraines (15 or more headache days per month with eight or more migraine days per month) for three or more months. The average number of headache days and migraine days per month must be documented.
- The member's headaches are not due to medication overuse or attributed to another causative disorder.
- The provider has discussed alternative non-pharmacologic treatment options with the member, such as behavioral therapies, physical therapies, and lifestyle modifications.
- The member has tried migraine prophylaxis medications from **at least three** of the drug categories listed for a minimum of one month each and experienced an unsatisfactory therapeutic response(s) or experienced a clinically significant adverse drug reaction(s):
  - ✓ Antidepressants
  - ✓ Anticonvulsants
  - ✓ Beta blockers
  - ✓ Calcium channel blockers

Note: If the member has a medical condition(s) **or** there is a clinically significant drug interaction(s) with a medication the member is currently taking that prevents them from taking **two or more** of the previously listed drug categories, the prescriber needs to document details regarding the medical condition(s) and/or drug interaction(s). Documentation must include the drug name(s), approximate date(s) taken, and the reason for discontinuation or a medical condition(s) and/or drug interaction(s) that prevents the member from taking a drug from **two or more** of the drug categories previously listed.

A copy of the member's medical records must be submitted with all PA requests for migraine agents, CGRP antagonist drugs. Medical records must document the following:

- The member's medical work-up for migraines, including complete problem and medication list
- Details regarding previous medication use
- The member's current migraine treatment plan
- The average number of headache days and migraine days the member has per month

If clinical criteria for migraine agents, CGRP antagonist drugs are met, initial PA requests may be approved for up to a maximum of 183 days.

Initial Renewal PA Requests for Migraine Agents, CGRP Antagonists

Clinical criteria that must be documented for approval of initial renewal PA requests for migraine agents, CGRP antagonist drugs are **all** of the following:

- The member meets the clinical criteria for an initial migraine agents, CGRP antagonist drug PA approval.
- The member experienced a clinically significant decrease in the number of migraine days per month compared to their baseline prior to initiation of treatment with a migraine agents, CGRP antagonist drug. The number of migraine days per month must be documented.
- The member's migraine treatment plan, including medications and non-pharmacologic treatments (i.e., behavioral therapies, physical therapies, and lifestyle modifications) has been documented.
- The member has been compliant with their migraine treatment plan, including medication adherence and non-pharmacologic treatments (i.e., behavioral therapies, physical therapies, and lifestyle modifications).

Initial renewal PA requests for migraine agents, CGRP antagonist drugs may be approved for up to a maximum of 365 days.

Subsequent Renewal PA Requests for Migraine Agents, CGRP Antagonists

Clinical criteria that must be documented for approval of subsequent renewal PA requests for migraine agents, CGRP antagonist drugs are **all** of the following:

- The member meets the clinical criteria for an initial migraine agents, CGRP antagonist drug PA approval.
- The member has sustained a clinically significant decrease in the number of migraine days per month compared to their baseline prior to initiation of treatment with a migraine agents, CGRP antagonist drug. The number of migraine days per month must be documented.
- The member's migraine treatment plan, including medications and non-pharmacologic treatments (i.e., behavioral therapies, physical therapies, and lifestyle modifications) has been documented.
- The member has been compliant with their migraine treatment plan, including medication adherence and non-pharmacologic treatments (i.e., behavioral therapies, physical therapies, and lifestyle modifications).

Subsequent renewal PA requests for migraine agents, CGRP antagonist drugs may be approved for up to a maximum of 365 days.

Revised PA/PDL for Growth Hormone Drugs Form

ForwardHealth has revised the PA/PDL for Growth Hormone Drugs form. The previous version of the form will be removed from the Forms page of the Portal and placed on the Pharmacy-Related Forms and Instructions archive page linked under the Archives section of the Pharmacy Resources page of the Portal. PA requests submitted on and after September 21, 2018, must be submitted on the revised form, or the PA request will be returned to the provider. Refer to the Forms page of the Portal for a copy of the revised form and instructions.

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

The clinical criteria for which PA requests are considered for growth hormone drugs for children, adolescents, and adults has not changed.

For more information about growth hormone drugs, providers may refer to the Clinical Criteria for Growth Hormone Drug Coverage for Children and Adolescents topic (topic #17337) or the Clinical Criteria for Growth Hormone Drug Coverage for Adults topic (topic #17338) in the Growth Hormone Drugs topic (topic #1988) of the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the ForwardHealth Online Handbook.

Submitting PA Requests for Growth Hormone Drugs

PA requests for growth hormone drugs for children and adolescents may be submitted using the STAT-PA system when the member meets **both** of the following:

- The member has growth failure or short stature associated with one of the following congenital conditions:
  - ✓ Noonan syndrome
  - ✓ Prader-Willi syndrome
  - ✓ SHOX gene deficiency disorder
  - ✓ Turner syndrome
- The member is less than 14 years of age.

All other PA requests for preferred or non-preferred growth hormone drugs may be submitted on the Portal, by fax, or by mail, but **not** using the 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 program are provided by the member's managed care organization (MCO). Members who are enrolled in the Wisconsin Chronic Disease Program only are not enrolled in MCOs.

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 Medicaid Services, the 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, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at *www.forwardhealth.wi.gov/*.

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