

**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare

**To:** Blood Banks, Community Health Centers, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

## Pharmacy Policy Changes for Adderall XR Effective May 1, 2019

### Overview

This *ForwardHealth Update* reminds prescribers and pharmacy providers of upcoming policy changes for brand name Adderall XR and generic amphetamine salt combo ER previously published in the December 2018 *Update* (2018-47), titled “January 2019 Preferred Drug List Review and Other Pharmacy Policy Changes.” In addition, this *Update* provides information regarding grandfathering changes for these drugs. Information in this *Update* is effective for dates of service (DOS) on and after April 1, 2019, or May 1, 2019, as noted.

The following changes were previously published in *Update* 2018-47:

- Effective for DOS on and after **April 1, 2019**, generic amphetamine salt combo ER will remain a non-preferred drug in the stimulants drug class and will no longer be classified as a brand before generic (BBG) drug requiring prior authorization (PA).
- Effective for DOS on and after **May 1, 2019**, Adderall XR will require brand medically necessary (BMN) PA. Adderall XR will remain a non-preferred drug for DOS through April 30, 2019, in order to allow for a one-month transition period.

In addition to the previously published changes above, the following will also apply:

- Effective for DOS on and after **May 1, 2019**, ForwardHealth will no longer apply a generic copayment to claims submitted for brand name Adderall XR.
- Effective for DOS on and after **May 1, 2019**, members with previously approved PA requests that allowed for the dispensing of brand name Adderall XR will have their approved PA requests transitioned to allow generic amphetamine salt combo ER only. Approved PA requests will be honored for generic amphetamine salt combo ER until they expire or until the approved days’ supply is used up.

In anticipation of the May 1, 2019, changes, providers should begin to inform members and prescribers about Adderall XR moving to a BMN status. Members may begin transitioning to generic amphetamine salt combo ER April 1, 2019.

For more information and clinical criteria for BMN and BBG drugs, providers may refer to the Brand Medically Necessary Drugs and Brand Before Generic Drugs chapter of the Prior Authorization section of the Pharmacy service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

## Grandfathering Overview

As a reminder, if a BadgerCare Plus, Medicaid, or SeniorCare 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 BMN list on the Brand Medically Necessary Drugs and Brand Before Generic Drugs data table on the Pharmacy Resources page of the Providers area of the Portal.

If a BadgerCare Plus, Medicaid, or SeniorCare member is grandfathered on a generic drug, PA is not currently required.

*Note:* Grandfathering a member overrides the Preferred Drug List PA policy only. Other policies, such as member enrollment eligibility, diagnosis restriction, quantity limit, and noncovered services policies continue to apply.

### **Grandfathering for Stimulants — Amphetamine Formulations**

In addition to the grandfathering policy changes published in *Update* 2018-47, ForwardHealth has revised the grandfathering policy for stimulants — amphetamine formulations.

Effective for DOS on and after **May 1, 2019**, members who were previously grandfathered to allow brand name Adderall XR or generic immediate release amphetamine salt combo will only be grandfathered to allow generic amphetamine salt combo ER or generic immediate release amphetamine salt combo. Members will not be grandfathered for brand name Adderall XR.

For the revised table of the amphetamine formulations that are eligible for grandfathering and the applicable grandfathering details, providers should refer to the Attachment of this *Update*. The revised table will also be located in the Grandfathering for Stimulants topic (topic #10662) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

When a pharmacy claim is submitted in real-time for a member who is not eligible to be grandfathered on an amphetamine product, the pharmacy will receive an Explanation of Benefits code and a National Council for Prescription Drug Programs reject code indicating a denial in the claim response and informing the pharmacy that the drug requires PA.

For more information about grandfathering in this drug class and information regarding members who are eligible for grandfathering, providers may refer to the Grandfathering for Stimulants topic (topic #10662).

### **Stimulant Diagnosis Restrictions**

As a reminder, drugs in the stimulants drug class are diagnosis restricted, even if the member is grandfathered. A ForwardHealth-allowed diagnosis code must be indicated on claims (and PA requests when applicable) for all stimulant drugs. Providers may refer to the Diagnosis Restricted Drugs data table on the Pharmacy Resources page of the Portal for the most current list of allowable diagnosis codes.

### **Stimulant Quantity Limits**

As a reminder, quantity limits apply to all preferred and non-preferred stimulants, even if the member is grandfathered, with the exception of liquid dosage forms. When a claim is submitted with a quantity that exceeds the limit, the claim will be denied.

All stimulants (with the exception of liquid dosage forms) have a cumulative quantity limit of 136 units per month across the stimulants drug class. Members are limited to a combined total of 136 stimulant units (tablets, capsules, or patches) per month.

Providers may refer to the Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy Resources page of the Portal for the most current quantity limits.

Prior to requesting a quantity limit policy override, the pharmacy provider should contact the prescriber to determine whether or not it is medically appropriate for a member to exceed the quantity limit. If it is medically

appropriate for a member to exceed a quantity limit, pharmacy providers may request a quantity limit policy override by calling the Drug Authorization and Policy Override (DAPO) Center at 800-947-9627. Hours of operation are from 8:00 a.m. to 5:30 p.m. CST, Monday through Friday. After business hours and on weekends, providers may leave a voicemail message for DAPO Center staff to return the next business day.

*Note:* Providers are reminded that they may dispense up to the allowed quantity limit without contacting the DAPO Center.

Pharmacy providers may request a quantity limit policy override for members enrolled in BadgerCare Plus, Wisconsin Medicaid, and SeniorCare. A quantity limit override request for a stimulant drug is limited to a one-month override and will only be approved for the following situations:

- Lost or stolen medication
- Medication and/or dosage change by the prescriber
- Vacation supply

If the member does not meet the policy for a stimulant quantity limit override through the DAPO Center, and the claim submitted exceeds the allowed stimulant quantity limit, the claim will be denied and the service will be a noncovered service. Members do not have appeal rights for noncovered services.

For more information about stimulants and quantity limits, providers may refer to the Stimulants topic (topic #16357) in the Preferred Drug List chapter of the Prior Authorization section and the Quantity Limits topic (topic #3444) in the Submission chapter of the Claims section of the Pharmacy service area of the Online Handbook.

## **Information Regarding Managed Care Organizations**

This *Update* contains 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) or the Family Care Partnership program 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 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/](http://www.forwardhealth.wi.gov/).

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This *Update* was issued on 03/13/2019 and information contained in this *Update* was incorporated into the Online Handbook on 05/01/2019.

# ATTACHMENT

## Grandfathering for Stimulants and Related Agents — Amphetamine Formulations

The table below lists all of the amphetamine formulations that are eligible for grandfathering and provides the applicable grandfathering details.

Drugs Eligible for Grandfathering	Details
DEXEDRINE SPANSULE DEXTROAMPHETAMINE TABLET DEXEDRINE TABLET DEXTROAMPHETAMINE CAPSULE ER	Eligible members identified to be taking any one of these four products are grandfathered to allow any one of these formulations.  <i>Note:</i> For Dexedrine tablets and dextroamphetamine tablets, an approved prior authorization (PA) request is not required for any child 6 years of age or younger.
AMPHETAMINE SALT COMBO (IMMEDIATE RELEASE)	Eligible members identified to be taking this product are grandfathered to <b>allow generic immediate release amphetamine salt combo or generic amphetamine salt combo ER only.</b>  <i>Note:</i> An approved PA request is not required for any child 6 years of age or younger.
AMPHETAMINE SALT COMBO ER	Eligible members identified to be taking this product are grandfathered to <b>allow generic amphetamine salt combo ER or generic immediate release amphetamine salt combo only.</b>
ZENZEDI	Eligible members identified to be taking this product are grandfathered to allow this formulation only.  <i>Note:</i> An approved PA request is not required for any child 6 years of age or younger.
PROCENTRA	Eligible members identified to be taking this product are grandfathered to allow this formulation only.  <i>Note:</i> An approved PA request is not required for any child 6 years of age or younger.

<b>Drugs Eligible for Grandfathering</b>	<b>Details</b>
EVEKEO	Eligible members identified to be taking this product are grandfathered to allow this formulation only.  <i>Note:</i> An approved PA request is not required for any child 6 years of age or younger.
DESOXYN	Eligible members identified to be taking this product are grandfathered to allow this formulation only.
DEXTROAMPHETAMINE SOLUTION (ORAL)	Eligible members identified to be taking this product are grandfathered to allow this formulation only.  <i>Note:</i> An approved PA request is not required for any child 6 years of age or younger.
METHAMPHETAMINE	Eligible members identified to be taking this product are grandfathered to allow this formulation only.

*Note:* Brand name Adderall and brand name Adderall XR require brand medically necessary (BMN) PA. Members are not grandfathered for any brand name Adderall or brand name Adderall XR products. In addition to meeting established BMN criteria, PA requests for Adderall or Adderall XR must also meet the clinical criteria for non-preferred stimulants.