June 24, 2019: This *Update* has been revised since its original publication. A reference to the Prior Authorization Drug Attachment (PA/DGA) form was removed; see corrected red text on page 7 of the *Update*.

ForwardHealth
Wisconsin serving you

Update
June 2019

No. 2019-19

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

July 2019 Preferred Drug List Changes and Other Pharmacy Policy Changes

This *ForwardHealth Update* announces updates to the Preferred Drug List (PDL), major changes to certain PDL drug classes for BadgerCare Plus, Medicaid, and SeniorCare programs, impacted forms, and other pharmacy policy changes effective July 1, 2019, unless otherwise noted.

For more information about covered drugs on the PDL for BadgerCare Plus, Medicaid, and SeniorCare, 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/*.

Changes to Preferred or Non-Preferred Status of Drugs on the PDL

On May 8, 2019, the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee met to review existing therapeutic drug classes on the PDL.

Attachment 1 lists all of the drugs that have changed their preferred or non-preferred status as a result of this meeting. The Preferred Drug List Quick Reference data table contains a complete list of preferred and non-preferred drugs.

For drugs that were previously preferred and will become non-preferred, pharmacists should work with prescribers to transition members to a preferred drug or to complete the appropriate PA request forms for non-preferred drugs.

As a reminder, new drugs are usually added to existing drug classes on the PDL as non-preferred drugs until the next scheduled drug class review by the Pharmacy PA Advisory Committee. This means that some drugs listed in the table had not previously been reviewed and were added to the PDL with an interim status of non-preferred. These drugs have now been reviewed, and their PDL status is included in Attachment 1 of this *Update*.

Changes to Pharmacy-Related PA Forms and Instructions

Attachment 2 lists the PA forms and instructions that are new, have been revised or renamed, or will be discontinued as a result of the May 2019 PDL review or other pharmacy policy changes. The Forms page of the Portal contains current copies of all PA forms and instructions.

More information regarding changes to clinical criteria or PA request submission options is noted in the applicable drug class section of this *Update*. The ForwardHealth Online Handbook on the Portal contains current policy and procedures.

Archive Page for Pharmacy-Related PA Forms and Instructions

The Pharmacy-Related Forms and Instructions link under the Archives section on the Pharmacy Resources page of the

Portal contains previous versions of pharmacy-related forms and instructions for reference purposes.

New Androgenic Agents, Injectable Drug Class

The androgenic agents, injectable drug class will be added to the PDL on July 1, 2019.

Depo-testosterone, testosterone cypionate, and testosterone enanthate will become preferred drugs in the androgenic agents, injectable drug class.

Xyosted will become a non-preferred drug in the androgenic agents, injectable drug class.

Pharmacy providers should begin working with prescribers to transition members using non-preferred drugs in the androgenic agents, injectable drug class to preferred drugs or request PA for non-preferred drugs if it is medically appropriate for the member.

Note: The policy for obtaining provider-administered drugs applies to androgenic agents, injectable drugs.

Obtaining Provider-Administered Drugs

As a reminder, to ensure the content and integrity of the drugs administered to members, prescribers are required to obtain all drugs that will be administered in their offices. Prescribers may obtain a provider-administered drug from a pharmacy provider if the drug is delivered directly from the pharmacy to the prescriber's office. Prescribers may also obtain a drug to be administered in the prescriber's office from a drug wholesaler or direct purchase. Pharmacy providers should not dispense a drug to a member if the drug will be administered in the prescriber's office.

For more information about provider-administered drugs, providers may refer to the Provider-Administered Drugs topic (topic #5697) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook.

Anticonvulsants

Diacomit will be added to the anticonvulsants drug class with an interim status of non-preferred on the PDL. Diacomit and Epidiolex will have an interim status of non-preferred until the November 2019 class review by the Pharmacy PA Advisory Committee.

Diacomit

PA requests for Diacomit must be completed, signed, and dated by the prescriber. PA requests for Diacomit must be submitted using 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), and the Prior Authorization Request Form (PA/RF), F-11018 (05/13).

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

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

New Clinical Criteria for Diacomit

ForwardHealth has established clinical criteria for Diacomit.

Clinical criteria that must be documented for approval of a PA request for Diacomit are **both** of the following:

- The member has Dravet syndrome.
- The member must take Diacomit in combination with clobazam.

Clinical documentation and medical records must be submitted with the PA request to support the member's condition of Dravet syndrome and concurrent use of

clobazam. Initial PA requests for Diacomit may be approved for up to 183 days.

Renewal PA requests may be approved for up to 365 days. Medical records must be submitted demonstrating clinical improvement and must reflect member compliance with Diacomit and clobazam.

Note: Diacomit will not be available through expedited emergency supply. Diacomit is available through emergency medication dispensing.

For More Information

For more information about emergency medication dispensing, providers may refer to the Emergency Medication Dispensing topic (topic #1399) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook.

For more information about the anticonvulsants drug class, providers may refer to the Anticonvulsants topic (topic #21237) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Antivirals, Influenza

Generic oseltamivir will become a preferred drug in the antivirals, influenza drug class.

Generic rimantadine and brand name Tamiflu will become non-preferred drugs in the antivirals, influenza drug class.

Changes to Cytokine and Cell Adhesion Molecule Antagonist Drugs Drug Class

Revised and Renamed Cytokine and Cell Adhesion Molecule Antagonist Drugs for Giant Cell Arteritis and NOMID Form

ForwardHealth has revised and renamed the Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Giant Cell Arteritis and Neonatal Onset Multisystem Inflammatory Disease (NOMID) form, F-01952 (01/2019). The form has been renamed the Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Giant Cell Arteritis, Neonatal Onset Multisystem Inflammatory Disease (NOMID), and Non-Radiographic Axial Spondyloarthritis (nr-axSpA) form, F-01952 (07/2019).

Effective July 1, 2019, pharmacy providers are required to submit PA requests for cytokine and CAM antagonist drugs for giant cell arteritis, NOMID, and nr-axSpA using this revised form. ForwardHealth will deny requests that are not submitted with this form.

ForwardHealth will honor PA requests approved before July 1, 2019, until they expire or until the approved days' supply is used up.

nr-axSpA Is a Covered Clinical Condition

nr-axSpA will be included in the list of clinical conditions for which PA requests for non-preferred cytokine and CAM antagonist drugs will be approved.

New Clinical Criteria for Cytokine and CAM Antagonist Drugs for nr-axSpA

ForwardHealth has established clinical criteria for cytokine and CAM antagonist drugs for nr-axSpA.

Cimzia is a non-preferred drug used to treat nr-axSpA.

Clinical criteria for approval of a PA request for Cimzia used to treat nr-axSpA are **both** of the following:

- The member has nr-axSpA.
- The prescription is written by a rheumatologist or through a rheumatology consultation.

Clinical documentation and medical records must be submitted with the PA request to support the member's condition of nr-axSpA and outline the member's current treatment plan for nr-axSpA.

Submitting PA Requests for Cytokine and CAM Antagonist Drugs for nr-axSpA

PA requests for non-preferred cytokine and CAM antagonist drugs must be completed, signed, and dated by the prescriber. PA requests for non-preferred cytokine and CAM antagonist drugs used to treat nr-axSpA must be submitted using the Prior Authorization Drug Attachment for Cytokine and CAM Antagonist Drugs for Giant Cell Arteritis, NOMID, and nr-axSpA form.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

PA requests for Cimzia used to treat nr-axSpA may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Revised List of Non-Preferred Drugs Used to Treat Juvenile Idiopathic Arthritis

ForwardHealth has revised the list of non-preferred drugs used to treat juvenile idiopathic arthritis (JIA) to include Actemra subQ solution.

The clinical criteria for which PA requests are considered for cytokine and CAM antagonist drugs used to treat JIA have not changed.

New Non-Preferred Drug Used to Treat Psoriasis

Skyrizi will be added to the cytokine and CAM antagonist drugs drug class as a cytokine and CAM antagonist drug used to treat psoriasis with an interim status of non-preferred on the PDL. Skyrizi will have an interim status of non-preferred until the November 2019 class review by the Pharmacy PA Advisory Committee.

The clinical criteria for cytokine and CAM antagonist drugs for psoriasis have not changed.

For More Information

For more information about the cytokine and CAM antagonist drugs drug class, providers may refer to the Cytokine and Cell Adhesion Molecule Antagonist Drugs topic (topic #16217) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Changes to Hepatitis C Agents Drug Class

Generic ledipasvir/sofosbuvir (Harvoni) and generic sofosbuvir/velpatasvir (Epclusa) will be classified as brand before generic (BBG) drugs requiring PA.

For more information, including the clinical criteria for BBG PA requests, providers may refer to the following topics in the Brand Medically Necessary Drugs and Brand Before Generic Drugs chapter in the Prior Authorization section of the Pharmacy service area of the Online Handbook:

- An Introduction to Brand Medically Necessary Drugs and Brand Before Generic Drugs topic (topic #20078)
- Brand Before Generic Drugs topic (topic #20077)

Revised Hepatitis C Agents Form

ForwardHealth has revised the Prior Authorization Drug Attachment for Hepatitis C Agents form, F-01247 (07/2019). Effective July 1, 2019, pharmacy providers are required to submit PA requests for hepatitis C agents using this revised form. ForwardHealth will deny requests that are not submitted with this form.

ForwardHealth will honor PA requests approved before July 1, 2019, until they expire or until the approved days' supply is used up.

Revised Clinical Information That Must Be Documented on All PA Requests for Hepatitis C Agents

ForwardHealth has revised the clinical information that must be documented on all PA requests for hepatitis C agents.

For PA requests for hepatitis C agents, prescribers are required to complete, sign, and date the Prior Authorization Drug Attachment for Hepatitis C Agents form and submit

the form to the pharmacy where the prescription will be filled. Pharmacy providers are required to submit the completed Prior Authorization Drug Attachment for Hepatitis C Agents form and a completed PA/RF to ForwardHealth.

A copy of the member's medical records that document the following must be submitted with the PA request:

- Hepatitis C virus (HCV) assessment and treatment plan
- Current history and physical, including complete problem and medication list
- Lab tests (performed within the last six months):
  - ✓ Albumin
  - ✓ Complete blood count
  - ✓ International normalized ratio
  - ✓ Liver function panel
  - ✓ Serum creatinine
  - ✓ HCV-ribonucleic acid (HCV-RNA) level
- HCV genotype and subtype
- HCV clinical data and medication treatment history, including the following:
  - ✓ Likely source of the HCV infection and date diagnosed
  - ✓ Liver biopsy, imaging studies, or blood assay tests to determine hepatic fibrosis
  - ✓ History of liver transplant
  - ✓ History of previous hepatitis C drug therapy including medication name(s), dates taken, and treatment results (for example, null response, partial response, or relapse)
- If the member has cirrhosis, documentation of the following clinical assessments:
  - ✓ Child-Turcotte-Pugh (CTP) class and score
  - ✓ Hepatocellular carcinoma (HCC) status based on an imaging study performed within the last six months
  - ✓ Presence or treatment of any of the following:
    - o Ascites
    - o Hepatic encephalopathy
    - o Portal hypertension
    - o HCC

If the required documentation is not submitted with the PA request, the PA request will be considered incomplete and will be returned to the provider, or it may be denied.

Revised Clinical Criteria for Hepatitis C Agents

ForwardHealth has revised the clinical criteria for hepatitis C agents.

PA requests for a preferred drug appropriate for the member's HCV genotype will be considered for review.

The following are preferred drugs for the following HCV genotypes:

- **Genotype 1:** Epclusa, Harvoni, Mavyret, or Zepatier
- **Genotype 2:** Epclusa, Mavyret
- **Genotype 3:** Epclusa, Mavyret
- **Genotype 4:** Epclusa, Harvoni, Mavyret, or Zepatier
- **Genotype 5:** Epclusa, Harvoni, Mavyret
- **Genotype 6:** Epclusa, Harvoni, Mavyret

Daklinza, **Sovaldi**, **Technivie**, and **Vosevi** are non-preferred drugs used to treat HCV infection.

PA requests for a non-preferred drug will not be considered unless the member is clinically ineligible for the preferred hepatitis C agents due to a medical or medication contraindication.

Clinical PA criteria are **all** of the following:

- The member does not have an acute HCV infection.
- The member is 18 years of age or older **or** 12 years of age or older for Harvoni, Mavyret, and Sovaldi requests.
- The member does not have a significant or uncontrolled concurrent disease that would significantly reduce their life expectancy or limit adherence (for example, cardiovascular disease, cancer, pulmonary disease).
- For PA requests for Daklinza, Mavyret, Sovaldi, Vosevi, or Zepatier, the member does not have cirrhosis with moderate liver functional compromise (CTP class B).
- The member does not have cirrhosis with severe liver functional compromise (CTP class C). Currently, there is no evidence to support that HCV treatment of

members with end-stage liver disease impacts morbidity or mortality. The severity of liver damage present in decompensated liver disease makes it unlikely that treating the underlying infection would lead to meaningful liver function improvement. The only definitive treatment for end-stage liver disease is a liver transplant.

In addition to meeting all of the above clinical criteria and HCV treatment program requirements, **Zepatier** requests for members with HCV genotype 1a infection must be tested for the presence of nonstructural protein 5A resistance-associated polymorphisms.

For members who have received a liver transplant, ForwardHealth will consider the requested HCV treatment regimen based on the member's entire medical record. The level of clinical evidence for the requested HCV treatment regimen will be considered. If there is low clinical evidence of the treatment's effectiveness, the PA request will be denied.

For members who have received prior HCV treatment, ForwardHealth will consider the requested HCV treatment regimen based on the member's entire medical record in addition to the HCV treatment history and response (for example, null response, partial response, or relapse). The level of clinical evidence for the requested HCV treatment regimen will be considered. If there is low clinical evidence of the treatment's effectiveness, the PA request will be denied.

PA request approval for a member's HCV treatment regimen will be based on the drug's Food and Drug Administration-recommended dosage and administration information.

Note: Only eight weeks of Harvoni treatment will be approved for treatment-naive members who have HCV genotype 1 infection without cirrhosis, have an HCV-RNA level less than 6 million IU/mL, are non-Black, and are HIV uninfected.

For More Information

For more information about the hepatitis C agents drug class, providers may refer to the Hepatitis C Agents topic (topic #18297) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Change to Hypoglycemics, Insulins Drug Class

Certain brand name drugs will be preferred over their generic equivalents. Effective July 1, 2019, brand name Humalog U-100 KwikPen/vial will remain a preferred drug (in addition to other preferred drugs) in the hypoglycemic, insulins drug class. ForwardHealth will automatically apply a generic copayment to claims submitted for Humalog U-100 KwikPen/vial.

Insulin lispro U-100 KwikPen and insulin lispro U-100 vial will remain non-preferred drugs in the hypoglycemic, insulins drug class.

Change to the Immunomodulators, Atopic Dermatitis Drug Class

Revised Age Requirement for Clinical Criteria for Dupixent for Members With Moderate to Severe Atopic Dermatitis

ForwardHealth has revised the member age that must be documented for approval of a PA request for Dupixent for members with moderate to severe atopic dermatitis to include members 12 years of age or older.

The remaining clinical criteria for Dupixent for members with moderate to severe atopic dermatitis have not changed.

The clinical criteria for Eucrisa have not changed.

For More Information

For more information about the immunomodulators, atopic dermatitis drug class, providers may refer to the Immunomodulators, Atopic Dermatitis topic (topic #8857) in the Preferred Drug List chapter of the Prior Authorization

section of the Pharmacy service area of the Online Handbook.

Changes to Lipotropics, PCSK9 Inhibitors Drug Class

New Lipotropics, Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors Form

ForwardHealth has created the Prior Authorization Drug Attachment for Lipotropics, Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors form, F-02505 (07/2019). Effective July 1, 2019, pharmacy providers are required to submit PA requests for lipotropics, PCSK9 inhibitors using this new form. ForwardHealth will deny requests that are not submitted with this form.

PA requests for lipotropics, PCSK9 inhibitors must be completed, signed, and dated by the prescriber. The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

PA requests for lipotropics, PCSK9 inhibitors should be submitted using the Prior Authorization Drug Attachment for Lipotropics, PCSK9 Inhibitors form and the PA/RF. Clinical documentation supporting the use of a lipotropics, PCSK9 inhibitor also must be submitted with the PA request.

PA requests for lipotropics, PCSK9 inhibitors may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

The following must be submitted with initial PA requests for PCSK9 inhibitors:

- Medical records demonstrating that the member has clinical atherosclerotic cardiovascular disease (ASCVD), heterozygous familial hypercholesterolemia (HeFH), or homozygous familial hypercholesterolemia (HoFH)
- Current lipid panel lab report
- Documentation of the member's current and previous ezetimibe, PCSK9 inhibitor, and statin drug therapies, including the following for each trial:
  - ✓ Drug name(s) and dosage
  - ✓ Dates taken
  - ✓ Lipid panel report prior to and during drug therapy (including dates taken)
  - ✓ Reasons for discontinuation if drug therapy was discontinued

Revised Clinical Criteria for Praluent for Members With Clinical ASCVD

ForwardHealth has revised the clinical criteria for Praluent for members with clinical ASCVD.

Clinical criteria for approval of an initial PA request for Praluent for members with clinical ASCVD are **all** of the following:

- The member has clinical ASCVD, as evidenced by **one** of the following:
  - ✓ The member has coronary artery disease (CAD), which is supported by a history of one of the following:
    - Myocardial infarction (heart attack)
    - Coronary revascularization
    - Angina pectoris
  - ✓ The member has a history of non-hemorrhagic stroke.
  - ✓ The member has symptomatic peripheral arterial disease, as evidenced by one of the following:
    - Intermittent claudication with an ankle-brachial index (ABI) of less than 0.85
    - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease
- The member attempted to maximize treatment with statins and ezetimibe prior to requesting Praluent. The member must have taken a maximized statin regimen for **at least three continuous months** with failure to reach a low-density lipoprotein (LDL) less than or equal to 70 mg/dL. If additional lipid lowering is required, ezetimibe 10 mg daily with a maximized statin regimen must be attempted for **at least three continuous**

months with failure to reach an LDL less than or equal to 70 mg/dL.

Note: Members who are not taking a maximized statin regimen, which includes atorvastatin, rosuvastatin, or simvastatin, are required to attempt a second statin in order to establish a maximum treatment regimen.

- The member must continue to take the maximized statin regimen during treatment with Praluent unless one of the following applies:
  - ✓ The member's statin therapy dosing was limited by a rise in transaminases greater than three times the upper limit of normal. Liver function testing (against a timeline of statin dosing) should accompany the PA request.
  - ✓ The member is statin intolerant due to significant skeletal muscle symptoms. Statin intolerance must be established through trials with **at least three** different statins (with one regimen containing pravastatin, fluvastatin, or rosuvastatin) and must include the following documentation:
    - Non-statin causes of significant skeletal muscle-related symptoms (for example, fibromyalgia, hypothyroidism, recent exercise, vitamin D deficiency) were ruled out.
    - Skeletal muscle-related symptoms resolved after discontinuation of the statin.
    - Skeletal muscle-related symptoms recurred after being rechallenged with the original statin at a lower dose.
    - Drug-drug interactions that can increase systemic statin exposure or exacerbate medication-related side effects must have been considered and amended.

Initial and Renewal PA Requests for Praluent for Members With Clinical ASCVD

If clinical criteria for Praluent for members with clinical ASCVD are met, initial PA requests may be approved for up to 120 days.

Initial renewal PA requests may be approved for up to 183 days. Subsequent renewal PA requests may be approved for up to 365 days.

Renewal PA requests for Praluent for members who have clinical ASCVD must meet the clinical criteria for initial PA requests and demonstrate evidence of LDL reduction of at least 30 to 50 percent from pre-treatment baseline or a decrease to 100 mg/dL or less. Members also must continue to take the maximized treatment regimen (statin and/or ezetimibe) during treatment with Praluent.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen. A copy of the current lipid panel report (within the past 30 days) must be included with the PA request.

Revised Clinical Criteria for Praluent for Members With HeFH

ForwardHealth has revised the clinical criteria for Praluent for members with HeFH.

Clinical criteria for approval of an initial PA request for Praluent for members with HeFH are **all** of the following:

- The member is 18 years of age or older.
- The member has been diagnosed by a specialist in cardiology or lipid management.
- The member has HeFH, as evidenced by clinical documentation that supports a **definitive** diagnosis of HeFH using either World Health Organization (WHO) criteria (Dutch Lipid Clinic Network clinical criteria with a score greater than eight) or Simon Broome diagnostic criteria.
- The member attempted to maximize treatment with statins and ezetimibe prior to requesting Praluent. The member must have taken a maximized statin regimen for **at least three continuous months** with failure to reach an LDL less than or equal to 100 mg/dL. If additional lipid lowering is required, ezetimibe 10 mg daily with a maximized statin regimen must be attempted for **at least three continuous months** with failure to reach an LDL less than or equal to 100 mg/dL.

Note: Members who are not taking a maximized statin regimen, which includes atorvastatin, rosuvastatin, or simvastatin, are required to attempt a second statin in order to establish a maximum treatment regimen.

- The member must continue to take the maximized statin regimen during treatment with Praluent unless one of the following applies:
  - ✓ The member's statin therapy dosing was limited by a rise in transaminases greater than three times the upper limit of normal. Liver function testing (against a timeline of statin dosing) should accompany the PA request.
  - ✓ The member is statin intolerant due to significant skeletal muscle symptoms. Statin intolerance must be established through trials with **at least three** different statins (with one regimen containing pravastatin, fluvastatin, or rosuvastatin) and must include the following documentation:
    - Non-statin causes of significant skeletal muscle-related symptoms (for example, fibromyalgia, hypothyroidism, recent exercise, vitamin D deficiency) were ruled out.
    - Skeletal muscle-related symptoms resolved after discontinuation of the statin.
    - Skeletal muscle-related symptoms recurred after being rechallenged with the original statin at a lower dose.
    - Drug-drug interactions that can increase systemic statin exposure or exacerbate medication-related side effects must have been considered and amended.

Initial and Renewal PA Requests for Praluent for Members With HeFH

If clinical criteria for Praluent for members with HeFH are met, initial PA requests may be approved for up to 120 days.

Initial renewal PA requests may be approved for up to 183 days. Subsequent renewal PA requests may be approved for up to 365 days.

Renewal PA requests for Praluent for members who have HeFH must meet the clinical criteria for initial PA requests and demonstrate evidence of LDL reduction of at least 30 to 50 percent from pre-treatment baseline or a decrease to 130 mg/dL or less. Members also must continue to take the maximized treatment regimen (statin and/or ezetimibe) during treatment with Praluent.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen. A copy of the current lipid panel report (within the past 30 days) must be included with the PA request.

Revised Clinical Criteria for Repatha for Members With Clinical ASCVD

ForwardHealth has revised the clinical criteria for Repatha for members with clinical ASCVD.

Clinical criteria for approval of an initial PA request for Repatha for members with clinical ASCVD are **all** of the following:

- The member has clinical ASCVD, as evidenced by **one** of the following:
  - ✓ The member has CAD, which is supported by a history of one of the following:
    - Myocardial infarction (heart attack)
    - Coronary revascularization
    - Angina pectoris
  - ✓ The member has a history of non-hemorrhagic stroke.
  - ✓ The member has symptomatic peripheral arterial disease, as evidenced by one of the following:
    - Intermittent claudication with an ABI of less than 0.85
    - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease
- The member attempted to maximize treatment with statins and ezetimibe prior to requesting Repatha. The member must have taken a maximized statin regimen for **at least three continuous months** with failure to reach an LDL less than or equal to 70 mg/dL. If additional lipid lowering is required, ezetimibe 10 mg daily with a maximized statin regimen must be attempted for **at least three continuous months** with failure to reach an LDL less than or equal to 70 mg/dL.

Note: Members who are not taking a maximized statin regimen, which includes atorvastatin, rosuvastatin, or simvastatin, are required to attempt a second statin in order to establish a maximum treatment regimen.

- The member must continue to take the maximized statin regimen during treatment with Repatha unless one of the following applies:
  - ✓ The member's statin therapy dosing was limited by a rise in transaminases greater than three times the upper limit of normal. Liver function testing (against a timeline of statin dosing) should accompany the PA request.
  - ✓ The member is statin intolerant due to significant skeletal muscle symptoms. Statin intolerance must be established through trials with **at least three** different statins (with one regimen containing pravastatin, fluvastatin, or rosuvastatin) and must include the following documentation:
    - Non-statin causes of significant skeletal muscle-related symptoms (for example, fibromyalgia, hypothyroidism, recent exercise, vitamin D deficiency) were ruled out.
    - Skeletal muscle-related symptoms resolved after discontinuation of the statin.
    - Skeletal muscle-related symptoms recurred after being rechallenged with the original statin at a lower dose.
    - Drug-drug interactions that can increase systemic statin exposure or exacerbate medication-related side effects must have been considered and amended.

Initial and Renewal PA Requests for Repatha for Members With Clinical ASCVD

If clinical criteria for Repatha for members with clinical ASCVD are met, initial PA requests may be approved for up to 120 days.

Initial renewal PA requests may be approved for up to 183 days. Subsequent renewal PA requests may be approved for up to 365 days.

Renewal PA requests for Repatha for members who have clinical ASCVD must meet the clinical criteria for initial PA requests and demonstrate evidence of LDL reduction of at least 30 to 50 percent from pre-treatment baseline or a decrease to 100 mg/dL or less. Members also must continue to take the maximized treatment regimen (statin and/or ezetimibe) during treatment with Repatha.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen. A copy of the current lipid panel report (within the past 30 days) must be included with the PA request.

Revised Clinical Criteria for Repatha for Members With HeFH

ForwardHealth has revised the clinical criteria for Repatha for members with HeFH.

Clinical criteria for approval of an initial PA request for Repatha for members with HeFH are **all** of the following:

- The member is 18 years of age or older.
- The member has been diagnosed by a specialist in cardiology or lipid management.
- The member has HeFH, as evidenced by clinical documentation that supports a **definitive** diagnosis of HeFH using either WHO criteria (Dutch Lipid Clinic Network clinical criteria with a score greater than eight) or Simon Broome diagnostic criteria.
- The member attempted to maximize treatment with statins and ezetimibe prior to requesting Repatha. The member must have taken a maximized statin regimen for **at least three continuous months** with failure to reach an LDL less than or equal to 100 mg/dL. If additional lipid lowering is required, ezetimibe 10 mg daily with a maximized statin regimen must be attempted for **at least three continuous months** with failure to reach an LDL less than or equal to 100 mg/dL.

  Note: Members who are not taking a maximized statin regimen, which includes atorvastatin, rosuvastatin, or simvastatin, are required to attempt a second statin in order to establish a maximum treatment regimen.

- The member must continue to take the maximized statin regimen during treatment with Repatha unless one of the following applies:
  - ✓ The member's statin therapy dosing was limited by a rise in transaminases greater than three times the upper limit of normal. Liver function testing (against a timeline of statin dosing) should accompany the PA request.
  - ✓ The member is statin intolerant due to significant skeletal muscle symptoms. Statin intolerance must be established through trials with **at least three** different statins (with one regimen containing pravastatin, fluvastatin, or rosuvastatin) and must include the following documentation:
    - Non-statin causes of significant skeletal muscle-related symptoms (for example, fibromyalgia, hypothyroidism, recent exercise, vitamin D deficiency) were ruled out.
    - Skeletal muscle-related symptoms resolved after discontinuation of the statin.
    - Skeletal muscle-related symptoms recurred after being rechallenged with the original statin at a lower dose.
    - Drug-drug interactions that can increase systemic statin exposure or exacerbate medication-related side effects must have been considered and amended.

Initial and Renewal PA Requests for Repatha for Members With HeFH

If clinical criteria for Repatha for members with HeFH are met, initial PA requests may be approved for up to 120 days.

Initial renewal PA requests may be approved for up to 183 days. Subsequent renewal PA requests may be approved for up to 365 days.

Renewal PA requests for Repatha for members who have HeFH must meet the clinical criteria for initial PA requests and demonstrate evidence of LDL reduction of at least 30 to 50 percent from pre-treatment baseline or a decrease to 130 mg/dL or less. Members also must continue to take the maximized treatment regimen (statin and/or ezetimibe) during treatment with Repatha.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen. A copy of the current lipid panel report (within the past 30 days) must be included with the PA request.

Repatha for Members With HoFH

The clinical criteria for Repatha for members with HoFH have not changed.

Initial and Renewal PA Requests for Repatha for Members With HoFH

If clinical criteria for Repatha for members with HoFH are met, initial PA requests may be approved for up to 120 days.

Initial renewal PA requests may be approved for up to 183 days. Subsequent renewal PA requests may be approved for up to 365 days.

Renewal PA requests for Repatha for members who have HoFH must meet the clinical criteria for initial PA requests and demonstrate evidence of LDL reduction of at least 30 to 50 percent from pre-treatment baseline or a decrease to 160 mg/dL or less. Members also must continue to take the maximized LDL-lowering therapies during treatment with Repatha.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen. A copy of the current lipid panel report (within the past 30 days) must be included with the PA request.

For More Information

Providers may also refer to the Lipotropics, PCSK9 Inhibitors topic (topic #18737) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Changes to Migraine Agents, CGRP Antagonists Drug Class

Emgality will become a preferred drug in the migraine agents, calcitonin gene-related peptide (CGRP) antagonists drug class. All drugs in the migraine agents, CGRP antagonists drug class will continue to require clinical PA.

Aimovig and Ajovy will remain non-preferred drugs in the migraine agents, CGRP antagonists drug class.

Note: Members currently taking Aimovig or Ajovy who have had previous PA requests for those drugs approved by ForwardHealth will be allowed to continue to receive PA approval as long as they meet the migraine agents, CGRP antagonists drug PA renewal criteria.

Revised Migraine Agents, CGRP Antagonists Form

ForwardHealth has revised the Prior Authorization Drug Attachment for Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Antagonists form, F-02371 (07/2019). Effective July 1, 2019, pharmacy providers are required to submit PA requests for migraine agents, CGRP antagonists using this revised form. ForwardHealth will deny requests that are not submitted with this form.

ForwardHealth will honor PA requests approved before July 1, 2019, until they expire or until the approved days' supply is used up.

Reminder: 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 PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

PA requests for migraine agents, CGRP antagonist drugs should be submitted using the Prior Authorization Drug Attachment for Migraine Agents, CGRP Antagonists form and the PA/RF. 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 STAT-PA system).

Revised Clinical Criteria for Migraine Agents, CGRP Antagonists

ForwardHealth has revised the clinical criteria for migraine agents, CGRP antagonists.

Clinical Criteria for Preferred Migraine Agents, CGRP Antagonists

Clinical criteria for approval of an initial PA request for preferred migraine agents, CGRP antagonist drugs are **all** of the following:

- The prescriber has indicated if the drug requested is a preferred migraine agent, CGRP antagonist.
- 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 International Classification of Headache Disorders, 3rd edition diagnostic criteria.
- The member is compliant with the prescribed headache medication treatment regimen and continues to experience four or more migraine headache days per month.
- The member's current number of headache days per month, migraine days per month, and average migraine duration (in hours) have been documented.
- The member has tried migraine prophylaxis medications from **at least two** 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). If the member has not attempted migraine prophylaxis medications from at least two of the drug categories listed below, the member must have a medical

condition(s) or clinically significant drug interaction(s) with a medication the member is taking that prevents them from taking a drug in each of the classes that has not been attempted. The prescriber is required to document the drug category and the medical condition(s) or drug interaction(s) that prevents the member from taking a drug in each of the drug categories listed below that they have not attempted:
    - ✓ Angiotensin-converting enzyme inhibitors/angiotensin receptor blockers
    - ✓ Anticonvulsants
    - ✓ Antidepressants
    - ✓ Beta blockers
    - ✓ Calcium channel blockers
- The member's current prescribed headache medication treatment regimen must be documented. The prescriber is required to indicate the member's current headache prophylaxis and rescue medications (including drug name[s], dose, and dosing frequency), as well as confirm the member's headaches are not due to medication overuse.

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 member's medical work-up for migraines, including complete problem and medication lists.

Starting a member on a medication by using manufacturer-provided samples or manufacturer patient assistance programs will not be considered as previous medication history for PA review.

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

Clinical Criteria for Non-Preferred Migraine Agents, CGRP Antagonists

Clinical criteria for approval of an initial PA request for non-preferred migraine agents, CGRP antagonist drugs are **all** of the following:

- The prescriber has indicated the clinical reason(s) why a non-preferred migraine agent, CGRP antagonist is being requested.
- The member meets the clinical criteria for preferred migraine agents, CGRP antagonist drugs.
- The member has taken a preferred migraine agent, CGRP antagonist drug for **at least three** consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.

Note: ForwardHealth will only authorize initial PA requests for Ajovy for a monthly dosing frequency.

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

Reminder: 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 experienced a clinically significant decrease in the number of migraine days per month and/or a decrease in migraine duration compared to their baseline prior to initiation of treatment with a migraine agents, CGRP antagonist drug.
- The current number of headache days per month, the number of migraine days per month, and the average migraine duration (in hours) must be documented.
- The member's current prescribed headache medication treatment regimen has been documented. The prescriber is required to indicate the member's current headache prophylaxis and rescue medications (including drug name[s], dose, and dosing frequency).
- The member has been compliant with their prescribed headache medication treatment regimen.

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

Revised Requirements for 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 has sustained a clinically significant decrease in the number of migraine days per month and/or a decrease in migraine duration compared to their baseline prior to initiation of treatment with a migraine agents, CGRP antagonist drug.
- The current number of headache days per month, the number of migraine days per month, and the average migraine duration (in hours) must be documented.
- The member's current prescribed headache medication treatment regimen has been documented. The prescriber is required to indicate the member's current headache prophylaxis and rescue medications (including drug name[s], dose, and dosing frequency).
- The member has been compliant with their prescribed headache medication treatment regimen.

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

For More Information

For more information about the migraine agents, CGRP antagonists drug class, providers may refer to the Migraine Agents, CGRP Antagonists topic (topic #21117) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

New Drugs in Multiple Sclerosis Agents, Immunomodulators Drug Class

Oral multiple sclerosis (MS) immunomodulators, Mavenclad and Mayzent, will be added to the MS agents, immunomodulators drug class with an interim status of non-preferred on the PDL until the May 2020 class review by the Pharmacy PA Advisory Committee.

As a reminder, new drugs are usually added to existing drug classes on the PDL as non-preferred drugs until the next scheduled drug class review by the Pharmacy PA Advisory Committee.

The clinical criteria for oral MS immunomodulators have not changed.

For More Information

For more information about oral MS immunomodulators, providers may refer to the Multiple Sclerosis Agents, Immunomodulators topic (topic #10997) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Changes to the Opioid Dependency Agents Drug Class

As a reminder, the opioid dependency agents drug class contains the following subclasses:

- Opioid dependency agents — buprenorphine
- Opioid dependency agents — methadone
- Opioid dependency agents — rescue agent
- Opioid dependency and alcohol abuse/dependency agents

Revised Opioid Dependency Agents — Buprenorphine Form

ForwardHealth has revised the Prior Authorization/Preferred Drug List (PA/PDL) for Opioid Dependency Agents — Buprenorphine form, F-00081 (07/2019). Effective July 1, 2019, pharmacy providers are required to submit PA requests for opioid dependency agents — buprenorphine drugs using this revised form. ForwardHealth will deny requests that are not submitted with this form.

ForwardHealth will honor PA requests approved before July 1, 2019, until they expire or until the approved days' supply is used up.

Reminder: Opioid Dependency Agents — Buprenorphine Policy

Drugs in the opioid dependency agents — buprenorphine drug class **are** diagnosis restricted. The Diagnosis Restricted Drugs data table on the Pharmacy Resources page of the Portal contains the most current list of allowable diagnosis codes.

PA requests for non-preferred drugs in the opioid dependency agents — buprenorphine drug class must be submitted on the PA/PDL for Opioid Dependency Agents — Buprenorphine form.

PA is not required for preferred drugs in the opioid dependency agents — buprenorphine drug class.

Note: The policy for obtaining provider-administered drugs applies to Sublocade.

Obtaining Provider-Administered Drugs

As a reminder, to ensure the content and integrity of the drugs administered to members, prescribers are required to obtain all drugs that will be administered in their offices. Prescribers may obtain a provider-administered drug from a pharmacy provider if the drug is delivered directly from the pharmacy to the prescriber's office. Prescribers may also obtain a drug to be administered in the prescriber's office from a drug wholesaler or direct purchase. Pharmacy providers should not dispense a drug to a member if the drug will be administered in the prescriber's office.

For more information about provider-administered drugs, providers may refer to the Provider-Administered Drugs topic (topic #5697).

Revisions to Submitting PA Requests for Opioid Dependency Agents — Buprenorphine

ForwardHealth has revised information about PA requests for opioid dependency agents — buprenorphine.

PA requests for Sublocade or buprenorphine tablets without naloxone for BadgerCare Plus, Medicaid, and SeniorCare members may be submitted using the STAT-PA system, on the Portal, by fax, or by mail.

PA requests for non-preferred buprenorphine-naloxone drugs may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

PA requests for Sublocade and non-preferred buprenorphine-naloxone drugs may be approved for up to 365 days.

PA requests for buprenorphine tablets without naloxone (for pregnant women only) may be approved for the lesser of one of the following:

- Up to 14 days past the member's expected due date entered on the PA/PDL for Opioid Dependency Agents — Buprenorphine form
- Up to 300 days

Buprenorphine tablets without naloxone (for pregnant women only) are available through an expedited emergency supply request, which may be granted for up to a 14-day supply.

For more information about expedited emergency supply drugs, providers may refer to the Emergency Medication Dispensing topic (topic #1399).

Reminder: Clinical Criteria for Opioid Dependency Agents — Buprenorphine

Clinical criteria for opioid dependency agents — buprenorphine are **all** of the following:

- The member has a diagnosis of opioid type dependence.
- The member is 16 years of age or older.
- The prescriber has a valid Drug Addiction Treatment Act of 2000 waiver allowing them to prescribe buprenorphine-based agents for opioid dependency treatment.
- The member is not taking other opioids, tramadol, or carisoprodol.

Reminder: Clinical Criteria for Buprenorphine Tablets Without Naloxone

Buprenorphine tablets without naloxone are a non-preferred drug in the opioid dependency agents — buprenorphine drug class.

Clinical criteria for approval of a PA request for buprenorphine tablets without naloxone are **both** of the following:

- The member meets the clinical criteria for opioid dependency agents — buprenorphine.
- The member is pregnant and the prescriber has indicated the member's expected delivery date.

Reminder: Clinical Criteria for Sublocade

Sublocade is a non-preferred drug in the opioid dependency agents — buprenorphine drug class.

Clinical criteria for approval of a PA request for Sublocade are **all** of the following:

- The member meets the clinical criteria for opioid dependency agents — buprenorphine.
- The member has a moderate to severe opioid use disorder.
- The member has been initiated on treatment with a transmucosal buprenorphine-containing product delivering the equivalent of 8 to 24 mg of buprenorphine daily and has been treated for a minimum of seven days.
- Sublocade will be used as part of a complete treatment program that includes counseling and psychosocial support.
- The prescriber has evaluated the member and determined that a monthly, provider-administered maintenance injection of Sublocade is a clinically appropriate treatment regimen.

Reminder: Clinical Criteria for Non-Preferred Buprenorphine-Naloxone Drugs

Clinical criteria for approval of a PA request for non-preferred buprenorphine-naloxone drugs are **both** of the following:

- The member meets the clinical criteria for opioid dependency agents — buprenorphine.
- The prescriber has submitted detailed clinical justification for prescribing a non-preferred buprenorphine-naloxone drug instead of both Suboxone film and Zubsolv, including clinical information explaining why the member cannot use both Suboxone film and Zubsolv and why it is medically necessary that the member receive a non-preferred buprenorphine-naloxone drug instead of Suboxone film and Zubsolv.

Reminder: Opioid Dependency Agents — Methadone Policy

Methadone dispersible tablets and methadone oral concentrate are preferred drugs in the opioid dependency agents — methadone drug class; PA is not required.

Drugs in the opioid dependency agents — methadone drug class **are** diagnosis restricted.

Reminder: Opioid Dependency Agents — Rescue Agent Policy

Naloxone syringe, naloxone vial, and Narcan nasal spray are preferred drugs in the opioid dependency agents — rescue agent drug class; PA is not required.

Drugs in the opioid dependency agents — rescue agent drug class **are not** diagnosis restricted.

Reminder: Opioid Dependency and Alcohol Abuse/Dependency Agents Policy

Vivitrol injection and naltrexone tablets are preferred drugs in the opioid dependency and alcohol abuse/dependency agents drug class; PA is not required.

Drugs in the opioid dependency and alcohol abuse/dependency agents drug class **are** diagnosis restricted.

Note: The policy for obtaining provider-administered drugs applies to Vivitrol injection.

Obtaining Provider-Administered Drugs

As a reminder, to ensure the content and integrity of the drugs administered to members, prescribers are required to obtain all drugs that will be administered in their offices. Prescribers may obtain a provider-administered drug from a pharmacy provider if the drug is delivered directly from the pharmacy to the prescriber's office. Prescribers may also obtain a drug to be administered in the prescriber's office from a drug wholesaler or direct purchase. Pharmacy providers should not dispense a drug to a member if the drug will be administered in the prescriber's office.

For more information about provider-administered drugs, providers may refer to the Provider-Administered Drugs topic (topic #5697).

For More Information

For more information about the opioid dependency agents drug class, providers may refer to the Opioid Dependency Agents topic (topic #8917) in the Preferred Drug List chapter of the Prior Authorization section of the Pharmacy service area of the Online Handbook.

Changes to Stimulants — Related Agents Drug Class

Effective July 1, 2019, the stimulants – related agents drug class will be split into two individual drug classes on the Preferred Drug List Quick Reference. ForwardHealth will monitor the individual drug classes separately.

The stimulants – related agents drug class will retain the same name, and the new drug class will be named stimulants – related agents — armodafinil and modafinil. Armodafinil and modafinil will no longer be part of the stimulants – related agents drug class.

Armodafinil and modafinil will become preferred drugs in the stimulants – related agents — armodafinil and modafinil drug class and will no longer require PA. The dose limits of 250 mg per day for armodafinil and 400 mg per day for modafinil will continue to apply.

As a reminder, ForwardHealth will not consider dose limit overrides for armodafinil or modafinil.

Discontinued Armodafinil and Modafinil Form

Effective July 1, 2019, the Prior Authorization/Preferred Drug List (PA/PDL) for Armodafinil and Modafinil form, F-00079 (01/2019), will be discontinued. ForwardHealth will no longer accept this form.

Stimulants Quantity Limits to Include Stimulants – Related Agents — Armodafinil and Modafinil

The stimulants quantity limit policy for drugs in the stimulants drug class will expand to include drugs in the stimulants – related agents — armodafinil and modafinil drug class.

Quantity limits apply to armodafinil, modafinil, and all preferred and non-preferred stimulants, with the exception of stimulants liquids. Quantity limits do not apply to liquid dosage forms of stimulants. When a claim is submitted with a quantity that exceeds the limit, the claim will be denied.

Armodafinil, modafinil, and stimulants (with the exception of liquid dosage forms) have a cumulative quantity limit of 136 units per month for drugs in the stimulants drug class and the stimulants – related agents — armodafinil and modafinil drug class. Members are limited to a combined total of 136 units (tablets, capsules, or patches) per month, an exception being members with narcolepsy. Members with narcolepsy are allowed a quantity limit override to receive up to 136 units of stimulants in addition to 250 mg of armodafinil per day or 400 mg of modafinil per day.

The Quantity Limit Drugs and Diabetic Supplies data table on the Pharmacy Resources page of the Portal contains the most current quantity limits.

Overriding the Stimulants and Stimulants – Related Agents — Armodafinil and Modafinil Quantity Limit Policy

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 for the DAPO Center are from 8:00 a.m. to 5:30 p.m., Monday through Friday. If calling after business hours or 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, Medicaid, or SeniorCare.

A quantity limit override request for drugs in the stimulants drug class and the stimulants – related agents — armodafinil and modafinil drug class is limited to a one-month override and may be approved for the following situations:

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

In addition, pharmacy providers may request a quantity limit policy override for members with narcolepsy. Members with narcolepsy are allowed a quantity limit override to receive up to 136 units of stimulants in addition to 250 mg of armodafinil per day or 400 mg of modafinil per day.

If the member does not meet the policy for a stimulants quantity limit override through the DAPO Center, and the claim submitted exceeds the allowed stimulants 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

For more information about quantity limits, providers may refer to the Quantity Limits topic (topic #3444) in the Submission chapter of the Claims section of the Pharmacy service area of the Online Handbook.

Important Reminders of Current Policy

A Brief Overview of the PDL

ForwardHealth makes recommendations to the Pharmacy PA Advisory Committee about whether certain PDL drugs should be preferred or non-preferred. These recommendations are based primarily on objective evaluations of a drug's relative safety, effectiveness, clinical outcomes, and relative cost (to Wisconsin Medicaid) in comparison with other therapeutically interchangeable alternative agents in the same drug class.

New drugs are usually added to existing drug classes on the PDL as non-preferred drugs until their next scheduled class review by the Pharmacy PA Advisory Committee.

The PDL is not a drug formulary and is not a comprehensive list of covered drugs.

Most drugs and drug classes included on the PDL are covered by BadgerCare Plus, Medicaid, and SeniorCare, but certain drugs may have restrictions (for example, diagnosis, quantity limits, age limits). Prescribers are encouraged to write prescriptions for preferred drugs if medically appropriate. Non-preferred drugs may be covered with an approved PA request. Most preferred drugs do not require PA, except in designated classes identified on the Preferred Drug List Quick Reference. Noncovered drugs (for example, drugs used for hair loss or cosmetic purposes) are not reimbursed, even with PA.

A Prescriber's Responsibilities for PA for PDL Drugs

Prescribers are encouraged to write prescriptions for preferred drugs.

Prescribers are encouraged to prescribe **more than one** preferred drug before a non-preferred drug is prescribed.

Prescribers are required to provide clinical information so that pharmacy providers can request and obtain PA. Prescribers are required to complete the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request form, F-11075 (09/13), for non-preferred drugs that do not require a drug- or drug class-specific PA form.

Clinical Criteria for Non-Preferred Drugs

Clinical criteria for approval of a PA request for a non-preferred drug are **at least one** of the following, unless drug class-specific clinical criteria have been established and published by ForwardHealth:

- The member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with **at least one** of the preferred drugs from the same PDL drug class as the drug being requested.
- There is a clinically significant drug interaction between another drug the member is taking and **at least one** of the preferred drugs from the same PDL drug class as the drug being requested.
- The member has a medical condition(s) that prevents the use of **at least one** of the preferred drugs from the same PDL drug class as the drug being requested.

Alternate Clinical Criteria for Non-Preferred Drugs in Eligible Drug Classes Only

The following drug classes have alternate clinical criteria that may be considered if the member does not meet the previously listed clinical criteria for non-preferred drugs:

- Alzheimer's agents drug class
- Anticonvulsants drug class
- Antidepressants, other drug class
- Antidepressants, selective serotonin reuptake inhibitor drug class
- Antiparkinson's agents drug class
- Antipsychotics drug class
- Pulmonary arterial hypertension drug class

Alternate clinical criteria may be considered if a member does not meet the previously listed clinical criteria for non-preferred drugs. Alternate clinical criteria are **one** of the following:

- The member is new to ForwardHealth (that is, the member has been granted eligibility for ForwardHealth within the past month) and has taken the requested non-preferred drug continuously for the last 30 days or longer and had a measurable therapeutic response.
- The member had an approved PA request issued by ForwardHealth that recently expired for the non-preferred drug, and the member has taken the requested non-preferred drug continuously for the last 30 days or longer and had a measurable therapeutic response.
- The member was recently discharged from an inpatient stay in which the member was stabilized on the non-preferred drug being requested.

Note: Starting a member on a medication by using manufacturer-provided samples or manufacturer patient assistance programs will not be considered as previous medication history for PA review.

Completing a PA Form

If a non-preferred drug or a preferred drug that requires clinical PA is medically necessary for a member, the prescriber is required to do the following:

- Complete the appropriate PA form for the drug.
- Include accurate and complete answers and clinical information about the member's medical history on the PA form.
- Provide the prescriber's handwritten signature and the date on the PA form.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA

request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Prescribers are required to retain a completed, signed, and dated copy of the PA form and any supporting documentation. Pharmacy providers may not reuse PA forms from previously approved PA requests for subsequent PA request submissions.

Note: If additional information needs to be addressed and can be provided by the pharmacy provider (for example, medication refill history and compliance), the pharmacy provider should add the information to the Prior Authorization Fax Cover Sheet, F-01176 (12/11), which is available on the Forms page of the Portal, or to the Additional Information section available on most PA forms. The representative for the pharmacy provider should sign and date the entry to clearly identify the information source.

A Pharmacy Provider's Responsibilities for PA for PDL Drugs

Pharmacy providers should review the Preferred Drug List Quick Reference for the most current list of preferred and non-preferred drugs.

If a member presents a prescription for a non-preferred drug, the pharmacy provider is encouraged to contact the prescriber to discuss preferred drug options. The prescriber may choose to change the prescription to a preferred drug, if medically appropriate for the member, or the prescriber may complete the appropriate PA form.

Pharmacy providers are required to do the following:

- Submit the PA request using the PA form received from the prescriber and the PA request submission option most appropriate for the drug. Pharmacy providers may submit PA requests using the STAT-PA system (when applicable), on the Portal, by fax, or by mail.
- Retain a completed, signed, and dated copy of the PA form and any supporting documentation received from the prescriber.

Pharmacy providers may **not** reuse PA forms from previously approved PA requests for subsequent PA request submissions.

Note: If additional information needs to be addressed and can be provided by the pharmacy provider (for example, medication refill history and compliance), the pharmacy provider should add the information to the Prior Authorization Fax Cover Sheet, which is available on the Forms page of the Portal, or to the Additional Information section available on most PA forms. The representative for the pharmacy provider should sign and date the entry to clearly identify the information source.

Other Pharmacy Policy Changes

Copayment for Brand Name Drugs Preferred Over Generic Drugs

ForwardHealth generally applies a generic copayment to a brand name drug when a drug that previously required brand medically necessary PA becomes a preferred drug on the PDL and the available generic equivalents are non-preferred drugs.

This does not include brand name drugs that were preferred over generic equivalents because the generic equivalents are new to the marketplace and not yet cost-effective when compared to brand pricing.

For drugs included in this policy, ForwardHealth will automatically apply the generic copayment when a specific brand name drug is preferred over a generic equivalent. Providers do not need to indicate a National Council for Prescription Drug Programs Dispense as Written/Product Selection code on claims to ensure the generic copayment deduction.

The following table includes the most current list of drugs for which this policy applies. Drugs shown in bold have been added to this list. This list is available on the Preferred Drug List Quick Reference data table on the Portal. Review the following list to identify future changes.

Drug Class	Drug Name	Effective Date
Acne Agents, Topical	Differin 0.1% cream	01/01/2012
	Differin 0.3% gel pump	02/01/2017
	Retin-A	07/01/2016
Anticonvulsants	Tegretol suspension	01/01/2016
	Tegretol tablet	01/01/2016
Antihypertensives, Sympatholytics	Catapres-TTS	01/01/2014
Hypoglycemics, Insulins	**Humalog U-100 KwikPen/Vial**	**07/01/2019**
Ophthalmics, Antibiotic-Steroid Combinations	TobraDex suspension	01/01/2012
Ophthalmics, Glaucoma — Other	Alphagan P 0.15%	01/01/2012
Stimulants	Concerta	01/01/2018

Revised Expedited Emergency Supply Request Drugs Data Table

As a result of changes made during the May 2019 PDL review, the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page of the Portal has been updated. The Emergency Medication Dispensing topic (topic #1399) includes more information about dispensing an emergency supply of medication.

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/*.

P-1250

This *Update* was issued on 06/14/2019 and information contained in this *Update* was incorporated into the Online Handbook on 07/25/2019.

ATTACHMENT 1
Changes to Preferred or Non-Preferred Status of Drugs on the Preferred Drug List

The following table lists the drugs that changed in their preferred or non-preferred status as a result of the May 2019 Preferred Drug List (PDL) review. Unless otherwise noted, the updated statuses are effective July 1, 2019. Drugs that have not been previously reviewed by the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee are marked with an asterisk (*). The complete Preferred Drug List Quick Reference can be referenced on the Pharmacy Resources page of the Providers area of the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

Drug Class	Drug Name	Status Effective July 1, 2019, Unless Otherwise Noted
Acne Agents, Topical	adapalene solution*	Non-Preferred
	Altreno*	Non-Preferred
	clindamycin/benzoyl peroxide w/pump (Acanya)*	Non-Preferred
	clindamycin phosphate gel (Clindagel)*	Non-Preferred
	clindamycin/tretinoin*	Non-Preferred
	erythromycin gel	Preferred
Analgesics, Opioids Long-Acting	buprenorphine (Transderm)*	Non-Preferred
Analgesics, Opioids Short-Acting	Nalocet*	Non-Preferred
	RoxyBond*	Non-Preferred
	tramadol/apap	Preferred
Androgenic Agents	testosterone gel (Fortesta)*	Non-Preferred
	testosterone gel (Vogelxo)	Preferred
	testosterone gel packet (Vogelxo)	Preferred
	testosterone gel pump (Vogelxo)	Preferred
Androgenic Agents, Injectable	depo-testosterone*	Preferred
	testosterone cypionate*	Preferred
	testosterone enanthate*	Preferred
	Xyosted*	Non-Preferred
Angiotensin Modulators, ARBs and DRIs	Entresto	Preferred
Antibiotics, GI	Firvanq	Preferred
Antibiotics, Tetracyclines	doxycycline hyclate capsule	Preferred
	Nuzyra*	Non-Preferred
Antibiotics, Vaginal	Nuvessa	Preferred
Antifungals, Oral	itraconazole solution*	Non-Preferred
	Tolsura*	Non-Preferred

Drug Class	Drug Name	Status Effective July 1, 2019, Unless Otherwise Noted
Antifungals, Topical	ketoconazole foam*	Non-Preferred
	luliconazole cream*	Non-Preferred
	miconazole nitrate/zinc oxide/petrolatum ointment*	Non-Preferred
Antiparasitics, Topical	Crotan lotion*	Non-Preferred
Antivirals, Influenza	oseltamivir	Preferred
	rimantadine	Non-Preferred
	Tamiflu	Non-Preferred
	Xofluza*	Non-Preferred
Antivirals, Topical	acyclovir cream*	Non-Preferred
Beta Blockers	Kapspargo Sprinkle*	Non-Preferred
BPH Agents, Andrenergic	silodosin capsule*	Non-Preferred
GI Motility, Chronic — Constipation	Motegrity*	Non-Preferred
Hepatitis C Agents	ledipasvir/sofosbuvir*	Non-Preferred
	sofosbuvir/velpatasvir*	Non-Preferred
Hypoglycemics, Insulins	insulin lispro U-100 KwikPen*	Non-Preferred
	insulin lispro U-100 vial*	Non-Preferred
Hypoglycemics, Insulins Long-Acting	Tresiba vial*	Non-Preferred
	Toujeo Max SoloStar*	Non-Preferred
Lipotropics, Bile Acid Sequestrants	colesevelam*	Non-Preferred
Lipotropics, Fibric Acids	fenofibrate tablet (Triglide)*	Non-Preferred
Lipotropics, Other	Zypitamag*	Non-Preferred
Migraine Agents, CGRP Antagonists	Aimovig*	Non-Preferred
	Ajovy*	Non-Preferred
	Emgality*	Preferred
Multiple Sclerosis Agents, Other	dalfampridine ER*	Non-Preferred
Opioid Dependency Agents — Buprenorphine	buprenorphine/naloxone film*	Non-Preferred
Platelet Aggregation Inhibitors	prasugrel	Preferred
Pulmonary Arterial Hypertension	Opsumit	Preferred

* Drug was not previously reviewed by the Pharmacy PA Advisory Committee. For more information, refer to the Changes to Preferred or Non-Preferred Status of Drugs in the PDL section of this *ForwardHealth Update*.

ATTACHMENT 2
Changes to Pharmacy Prior Authorization Forms and Instructions

The table below lists the pharmacy-related prior authorization forms and instructions that are new or have been revised, renamed, or discontinued as a result of the May 2019 Preferred Drug List review or as a result of other pharmacy policy changes. Providers should refer to the Forms page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for current copies of these forms and instructions. The discontinued versions of these forms and instructions will be moved to the Pharmacy-Related Forms and Instructions archive page that is linked under the Archives section on the Pharmacy Resources page of the Providers area of the Portal. For more information regarding clinical criteria or submission options, refer to the applicable drug class in this *ForwardHealth Update*.

Form Name	Form Number	New, Revised, Renamed, or Discontinued	Effective Date
Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Giant Cell Arteritis and Neonatal Onset Multisystem Inflammatory Disease (NOMID)	F-01952	Revised and Renamed: Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Giant Cell Arteritis, Neonatal Onset Multisystem Inflammatory Disease (NOMID), and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)	07/01/2019
Instructions	F-01952A	Revised and Renamed	07/01/2019
Prior Authorization Drug Attachment for Lipotropics, Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors	F-02505	New	07/01/2019
Instructions	F-02505A	New	07/01/2019
Prior Authorization Drug Attachment for Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Antagonists	F-02371	Revised	07/01/2019
Instructions	F-02371A	Revised	07/01/2019
Prior Authorization Drug Attachment for Hepatitis C Agents	F-01247	Revised	07/01/2019
Instructions	F-01247A	Revised	07/01/2019
Prior Authorization/Preferred Drug List (PA/PDL) for Armodafinil and Modafinil	F-00079	Discontinued	07/01/2019
Instructions	F-00079A	Discontinued	07/01/2019

Form Name	Form Number	New, Revised, Renamed, or Discontinued	Effective Date
Prior Authorization/Preferred Drug List (PA/PDL) for Opioid Dependency Agents — Buprenorphine	F-00081	Revised	07/01/2019
Instructions	F-00081A	Revised	07/01/2019