DECEMBER 2019 | NO. 2019-36

This Update has been revised since its original publication. Revisions appear in red text on pages 15 and 45.

ForwardHealth UPDATE
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JANUARY 2020 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, form changes, and other pharmacy policy changes effective January 1, 2020, unless otherwise noted.

On November 6, 2019, the Pharmacy Prior Authorization (PA) Advisory Committee met to review existing therapeutic drug classes on the PDL.

Drug Status Changes on the Preferred Drug List

Attachment A of this Update lists the drugs that have changed their preferred or non-preferred status as a result of the November 2019 PDL review. The Preferred Drug List Quick Reference data table contains a complete list of preferred and non-preferred drugs.

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

CONTACT INFORMATION
- Provider Services, 800-947-9627
- Drug Authorization and Policy Override Center, 800-947-9627

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

WISCONSIN DEPARTMENT of HEALTH SERVICES

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 have 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 A.

A Brief Overview of the Preferred Drug List

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.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

IMPORTANT REMINDERS OF CURRENT POLICY

For prescribers' responsibilities for PA for PDL drugs, refer to A Prescriber's Responsibilities for Prior Authorization for Preferred Drug List Drugs topic (#1987) of the Online Handbook.

For pharmacy providers' responsibilities for PA for PDL drugs, refer to A Pharmacy Provider's Responsibilities for Prior Authorization for Preferred Drug List Drugs topic (#10937) of the Online Handbook.

Changes to Pharmacy-Related PA Forms and Instructions

Attachment B of this Update lists the PA forms and instructions that are new, have been revised, or have been revised and renamed, as a result of the November 2019 PDL review or as a result of other pharmacy policy changes. The Forms page of the ForwardHealth 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 contains current policy and procedures.

Archive Page for Pharmacy-Related PA Forms and Instructions

The Pharmacy-Related Forms and Instructions link under the Archives Quick links box on the Pharmacy Resources page of the Portal contains previous versions of pharmacy-related forms and instructions for reference purposes.

Change to Anticonvulsants Drug Class

Vigadrone is a non-preferred drug in the anticonvulsants drug class.

New Clinical Criteria for Vigadrone

ForwardHealth has established clinical PA criteria for Vigadrone.

The clinical criteria that must be documented for approval of a PA request for Vigadrone includes **both** of the following:

- The prescriber has submitted detailed clinical justification for prescribing Vigadrone instead of Sabril.

QUICK LINKS

Anticonvulsants topic (#21237)

Note: This topic will be updated on January 2, 2020.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

- The clinical information must document why the member cannot use Sabril, including why it is medically necessary that the member receive Vigadrone instead of Sabril.

Clinical documentation and medical records must be submitted with the PA request to support the need for Vigadrone. Initial PA requests for Vigadrone 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 Vigadrone.

Note: Vigadrone will not be available through expedited emergency supply.

Submitting PA Requests for Vigadrone

PA requests for Vigadrone must be completed, signed, and dated by the prescriber. Effective January 1, 2020, PA requests for Vigadrone 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 (05/2013).

ForwardHealth will honor PA requests that have already been approved before January 1, 2020, until they expire or until the approved days' supply is used up.

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

DOCUMENT CHECKLIST

- ✓ PA/DGA, F-11049 (07/2016)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

When initially accessing Online Handbook topic links available throughout this Update, providers need to click the I accept button at the bottom of the licensure agreement page of the Online Handbook. After 30 minutes of inactivity, providers will need to click the I accept button again before going to their intended topic.

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Changes to Antipsychotics Drug Class

Abilify MyCite will become a non-preferred drug in the antipsychotics drug class.

New Clinical Criteria for Abilify MyCite

ForwardHealth has established clinical PA criteria for Abilify MyCite.

Clinical criteria that must be documented for approval of a PA request for Abilify MyCite are **all** of the following:

- The member has a mobile device with a data plan that is compatible with the MyCite monitoring application.
- The member has attempted standard measures to improve medication adherence. The prescriber must identify what adherence measures the member has previously attempted.
- The member has previously taken oral aripiprazole and had a measurable therapeutic response. The aripiprazole dose and approximate dates taken must be documented.
- The prescriber has agreed to track and document the member's adherence with Abilify MyCite using the MyCite software program.

Clinical documentation and medical records must be submitted with the PA request to support the need for Abilify MyCite. PA requests for Abilify MyCite may be approved for up to 90 days.

Submitting PA Requests for Abilify MyCite

PA requests for Abilify MyCite must be completed, signed, and dated by the prescriber. Effective January 1, 2020, PA requests for Abilify MyCite must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form and the PA/RF.

ForwardHealth will honor PA requests that have already been approved before January 1, 2020, until they expire or until the approved days' supply is used up.

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

QUICK LINKS

- Antipsychotics topic (#18457)
- Prior Authorization/Drug Attachment topic (#15937)

Note: These topics will be updated on January 2, 2020.

DOCUMENT CHECKLIST

- ✓ PA/DGA, F-11049 (07/2016)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

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

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

Changes to Cytokine and Cell Adhesion Molecule Antagonist Drugs Drug Class

Revised Covered Clinical Conditions for Cytokine and Cell Adhesion Molecule Antagonist Drugs

Clinical PA is required for non-preferred cytokine and cell adhesion molecule (CAM) antagonist drugs.

PA requests for non-preferred cytokine and CAM antagonist drugs will only be approved for use to treat the following identified clinical conditions:

- Ankylosing spondylitis
- Crohn's disease
- Giant cell arteritis
- Juvenile idiopathic arthritis (JIA) and systemic JIA
- Neonatal Onset Multisystem Inflammatory Disease
- Non-radiographic axial spondyloarthritis
- Psoriasis
- Psoriatic arthritis
- Rheumatoid arthritis (RA)
- Ulcerative colitis

Initial PA requests for non-preferred cytokine and CAM antagonist drugs may be approved for up to 183 days. Renewal PA requests for non-preferred cytokine and CAM antagonist drugs may be approved for up to 365 days.

Humira is a preferred cytokine and CAM antagonist drug and the only cytokine and CAM antagonist drug that is indicated for the clinical conditions of hidradenitis suppurativa and uveitis. Otezla is a preferred cytokine and CAM antagonist drug and the only cytokine and CAM antagonist drug that is indicated for the clinical condition of oral ulcers associated with Behcet's disease. Preferred cytokine and CAM antagonist drugs do not require PA.

QUICK LINKS

Cytokine and Cell Adhesion Molecule Antagonist Drugs topic (#16217)

Note: This topic will be updated on January 2, 2020.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

PA requests for cytokine and CAM antagonist drugs will only be approved for **one cytokine and CAM antagonist drug per member.** ForwardHealth does not cover treatment with more than one cytokine and CAM antagonist drug.

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.

PA requests for cytokine and CAM 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 will not be considered for cytokine and CAM antagonist drugs that will be administered in a medical office or medical facility.

Non-Preferred Oral Agents

The following will **not** be considered as criteria to support the need for a non-preferred oral cytokine and CAM antagonist drug agent:

- Nonadherence to previous cytokine and CAM antagonist drug treatment
- Member fear of needles
- Member or prescriber preference for the use of an oral agent

New Indications for Preferred and Non-Preferred Cytokine and Cell Adhesion Molecule Antagonist Drugs

The Food and Drug Administration (FDA) has approved new indications for certain preferred and non-preferred drugs in the cytokine and CAM antagonist drugs drug class.

Otezla to Treat Behcet's Disease

Otezla is a preferred cytokine and CAM antagonist drug and the only cytokine and CAM antagonist drug that has been indicated by the FDA for the clinical condition of oral ulcers associated with Behcet's disease.

Preferred cytokine and CAM antagonist drugs do not require PA.

Rinvoq to Treat Rheumatoid Arthritis

Rinvoq will become a non-preferred drug in the cytokine and CAM antagonist drugs drug class and will be added to the list of non-preferred drugs used to treat RA.

Enbrel and Humira are preferred drugs used to treat RA. Preferred drugs do not require PA.

Actemra subQ solution, Cimzia, Kevzara, Kineret, Olumiant, Orencia subQ solution, Rinvoq, Simponi, Xeljanz, and Xeljanz XR are non-preferred drugs used to treat RA.

Stelara to Treat Ulcerative Colitis

Stelara is a non-preferred drug in the cytokine and CAM antagonist drugs drug class and will be added to the list of non-preferred drugs used to treat ulcerative colitis.

Humira is a preferred drug used to treat ulcerative colitis. Preferred drugs do not require PA.

Simponi, Stelara, and Xeljanz are non-preferred drugs used to treat ulcerative colitis.

The clinical criteria for non-preferred cytokine and CAM antagonist drugs used to treat ulcerative colitis have not changed.

Taltz to Treat Ankylosing Spondylitis

Taltz is a non-preferred drug in the cytokine and CAM antagonist drugs drug class and will be added to the list of non-preferred drugs used to treat ankylosing spondylitis.

Enbrel and Humira are preferred drugs to treat ankylosing spondylitis. Preferred drugs do not require PA.

Cimzia, Cosentyx, Simponi, and Taltz are non-preferred drugs used to treat ankylosing spondylitis.

The clinical criteria for non-preferred cytokine and CAM antagonist drugs used to treat ankylosing spondylitis have not changed.

DID YOU KNOW?

Providers can find specific forms on the Forms page of the Portal by entering the form number into the Keyword field of the Search Criteria and clicking Search.

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Revised Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Rheumatoid Arthritis and Juvenile Idiopathic Arthritis

ForwardHealth has revised the clinical criteria for RA and added clinical criteria for systemic JIA to existing JIA clinical criteria.

Clinical Criteria for Rheumatoid Arthritis

ForwardHealth has revised the clinical criteria for non-preferred cytokine and CAM antagonist drugs used to treat RA.

Enbrel and Humira are preferred drugs used to treat RA. Preferred drugs do not require PA.

Actemra subQ solution, Cimzia, Kevzara, Kineret, Olumiant, Orencia subQ solution, Rinvoq, Simponi, Xeljanz, and Xeljanz XR are non-preferred drugs used to treat RA.

Clinical criteria for approval of a PA request for non-preferred cytokine and CAM antagonist drugs used to treat RA are **all** of the following:

- The member has RA.
- The prescription is written by a rheumatologist or through a rheumatology consultation.
- The prescriber has indicated if the member has attempted any of the following drugs for RA: azathioprine, hydroxychloroquine, leflunomide, methotrexate, or sulfasalazine.
- The prescriber has indicated what other drug therapies the member has attempted for RA (for example, nonsteroidal anti-inflammatory drugs, glucocorticoids, or IV immunomodulators such as infliximab).
- At least **one** of the following is true:
  - The member has taken **two** preferred cytokine and CAM antagonist drugs for **at least three** consecutive months each and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction. Additionally, for PA requests for Simponi, members must also continue to take methotrexate in combination with Simponi.
  - The member has taken Enbrel or Humira along with one or more disease-modifying antirheumatic drugs for **at least three** consecutive months, and the member continues to have moderate to severe disease activity. Additionally, for PA requests for Simponi,

members must also continue to take methotrexate in combination with Simponi.

- The prescriber has indicated the clinical reason(s) why a non-preferred cytokine and CAM antagonist drug is being requested.

Note: The prescriber is required to submit detailed clinical justification for prescribing Xeljanz XR instead of Xeljanz. The clinical information must document why the member cannot use Xeljanz, including why it is medically necessary that the member receive Xeljanz XR instead of Xeljanz. Members currently taking Xeljanz XR who had previous claims for Xeljanz XR paid by ForwardHealth will be allowed to receive PA request approval as long as the PA request demonstrates that the member is currently stable on Xeljanz XR and has been adherent with treatment.

A copy of the member's medical records must be submitted with all PA requests for non-preferred drugs. Medical records should document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

Clinical Criteria for Juvenile Idiopathic Arthritis

Enbrel and Humira are preferred drugs used to treat JIA. Preferred drugs do not require PA.

Actemra subQ solution and Orencia subQ solution are non-preferred drugs used to treat JIA.

Clinical criteria for approval of a PA request for non-preferred cytokine and CAM antagonist drugs used to treat JIA are **all** of the following:

- The member has JIA.
- The prescription is written by a rheumatologist or through a rheumatology consultation.
- The prescriber has indicated if the member has attempted any of the following drugs for JIA: azathioprine, leflunomide, methotrexate, or sulfasalazine.
- The prescriber has indicated what other drug therapies the member has attempted for JIA (for example, nonsteroidal anti-inflammatory drugs, glucocorticoids, or IV immunomodulators such as infliximab).

- At least **one** of the following is true:
  - The member has taken **two** preferred cytokine and CAM antagonist drugs for **at least three** consecutive months each and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
  - The member has taken Enbrel or Humira along with one or more disease-modifying antirheumatic drugs for **at least three** consecutive months, and the member continues to have moderate to severe disease activity.
- The prescriber has indicated the clinical reason(s) why a non-preferred cytokine and CAM antagonist drug is being requested.

A copy of the member's medical records must be submitted with all PA requests for non-preferred drugs. Medical records should document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

Clinical Criteria for Systemic Juvenile Idiopathic Arthritis

ForwardHealth has established clinical PA criteria for non-preferred cytokine and CAM antagonist drugs for systemic JIA.

Actemra subQ solution is a non-preferred drug that has been indicated by the FDA for the clinical condition of systemic JIA.

Clinical criteria for approval of a PA request for Actemra subQ solution used to treat systemic JIA are **both** of the following:

- The member has systemic JIA.
- The prescription is written by a rheumatologist or through a rheumatology consultation.

A copy of the member's medical records must be submitted with all PA requests for non-preferred drugs. Medical records should document the following:

- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

Revised Prior Authorization Drug Attachment Form for Cytokine and Cell Adhesion Molecule Antagonist Drugs

ForwardHealth has revised the Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA), and Psoriatic Arthritis form, F-01951 (01/2020). Effective January 1, 2020, pharmacy providers are required to submit PA requests for cytokine and CAM antagonist drugs for RA, JIA, systemic JIA, or psoriatic arthritis using this revised form. ForwardHealth will return PA requests that are not submitted with this form.

ForwardHealth will honor PA requests approved before January 1, 2020, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, and Psoriatic Arthritis

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 RA, JIA, or psoriatic arthritis must be submitted using the Prior Authorization Drug Attachment for Cytokine and CAM Antagonist Drugs for RA, JIA, and Psoriatic Arthritis form and the PA/RF.

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 non-preferred cytokine and CAM antagonist drugs used to treat RA, JIA, or psoriatic arthritis may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Change to Epinephrine, Self-Injected Drug Class

Symjepi will become a non-preferred drug in the epinephrine, self-injected drug class.

QUICK LINKS

Forms Page

DOCUMENT CHECKLIST

- ✓ Prior Authorization Drug Attachment for Cytokine and CAM Antagonist Drugs for RA, JIA, and Psoriatic Arthritis, F-01951 (01/2020)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

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In May 2018, ForwardHealth made EpiPen, EpiPen Jr, epinephrine 0.15 mg (Adrenaclick) and epinephrine 0.3 mg (Adrenaclick) preferred products due to a shortage of preferred products at that time.

Once the shortage is resolved, the status of epinephrine 0.15 mg (Adrenaclick), and epinephrine 0.3 mg (Adrenaclick) will return to non-preferred status. In addition, EpiPen and EpiPen Jr will return to a brand medically necessary (BMN) status once the shortage is resolved.

Change to Glucocorticoids, Oral Drug Class

Revised Age Requirement for Clinical Criteria for Emflaza

ForwardHealth has revised the member age that must be documented for approval of a PA request for Emflaza to include members 2 years of age and older.

The remaining clinical criteria for Emflaza have not changed.

Change to Hepatitis C Agents Drug Class

ForwardHealth has revised the clinical PA criteria for hepatitis C agents to address new FDA indications for hepatitis C agents in this drug class.

Clinical PA is required for all hepatitis C agents, including preferred drugs.

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

PA requests for hepatitis C agents must be completed, signed, and dated by the prescriber. PA requests for hepatitis C must be submitted using the Prior Authorization Drug Attachment for Hepatitis C Agents form, F-01247 (07/2019).

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.

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

QUICK LINKS

- Glucocorticoids, Oral topic (#20617)
- Hepatitis C Agents topic (#18297)

Note: These topics will be updated on January 2, 2020.

DOCUMENT CHECKLIST

- ✓ Prior Authorization Drug Attachment for Hepatitis C Agents, F-01247 (07/2019)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

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 lists
- Lab tests (performed within the last six months) for:
  - Albumin
  - Complete blood count
  - International normalized ratio
  - Liver function panel
  - Serum creatinine
  - HCV-ribonucleic acid 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 class and score
  - Hepatocellular carcinoma status based on an imaging study performed within the last six months
  - Presence or treatment of any of the following:
    - Ascites
    - Hepatic encephalopathy
    - Portal hypertension
    - Hepatocellular carcinoma

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

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, 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 acute HCV infection.
- The member is 18 years of age or older **or** 12 years of age or older for Mavyret **or** 3 years of age or older for Harvoni 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 (that is, Child-Turcotte-Pugh class B).
- The member does not have cirrhosis with severe liver functional compromise (that is, Child-Turcotte-Pugh 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.

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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 FDA-recommended dosage and administration information.

Note: Only eight weeks of Mavyret will be approved for treatment-naive members.

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-ribonucleic acid level less than 6 million IU/mL, are non-Black, and are HIV uninfected.

Changes to Hypoglycemics, Glucagon-Like Peptide Agents Drug Class

Rybelsus will be added to the hypoglycemic, glucagon-like peptide (GLP-1) agents drug class with an interim status of non-preferred on the PDL. Rybelsus will have an interim status of non-preferred until the May 2020 class review by the Pharmacy PA Advisory Committee.

Non-Preferred Glucagon-Like Peptide Agents

ForwardHealth has revised the clinical criteria for non-preferred GLP-1 agents.

QUICK LINKS

Hypoglycemics, GLP-1 Agents topic (#8858)

Note: This topic will be updated on January 2, 2020.

The clinical criteria have been revised that the following will **not** be considered as criteria to support the need for a non-preferred GLP-1 agent:

- Nonadherence to previous GLP-1 treatment
- Member fear of needles
- Member or prescriber preference for the use of an oral agent
- Member or prescriber preference for the use of a non-preferred GLP-1 agent
- Member or prescriber preference for a less frequent dosing schedule

The remaining clinical criteria for non-preferred GLP-1 agents have not changed.

Preferred GLP-1 agents Bydureon Pen, Byetta, Trulicity, and Victoza do not require PA.

Revised and Renamed Glucagon-Like Peptide Agents Form

ForwardHealth has revised and renamed the Prior Authorization/Preferred Drug List (PA/PDL) for Glucagon-Like Peptide (GLP-1) Agents form, F-00238 (07/2018). The form has been renamed the Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents form, F-00238 (01/2020).

Effective January 1, 2020, pharmacy providers are required to submit PA requests for GLP-1 agents using this revised form. ForwardHealth will return PA requests that are not submitted with this form.

ForwardHealth will honor PA requests that have already been approved before January 1, 2020, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Glucagon-Like Peptide Agents

PA requests for non-preferred GLP-1 agents must be completed, signed, and dated by the prescriber. PA requests for non-preferred GLP-1 agents must be submitted using the Prior Authorization Drug Attachment for GLP-1 Agents form and the PA/RF.

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

QUICK LINKS

Forms Page

DOCUMENT CHECKLIST

- ✓ Prior Authorization Drug Attachment for GLP-1 Agents, F-00238 (01/2020)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

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

PA requests for non-preferred GLP-1 agents may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Changes to Immunomodulators, Atopic Dermatitis Drug Class

Non-Preferred Agents

The following will **not** be considered as criteria to support the need for a non-preferred immunomodulators, atopic dermatitis agent:

- Nonadherence to previous topical therapies
- Member or prescriber preference
- The use of samples to start a member on a medication

Revised Clinical Criteria for Eucrisa

ForwardHealth has revised the clinical criteria for Eucrisa, a non-preferred drug in the immunomodulators, atopic dermatitis drug class.

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

- The member is 2 years of age or older.
- The member has atopic dermatitis.
- At least **one** of the following is true:
  - The member used a topical steroid for at least two consecutive months and experienced an unsatisfactory therapeutic response.
  - The member used a topical steroid and experienced a clinically significant adverse drug reaction.
- At least **one** of the following is true:
  - The member used Elidel or Protopic for at least two consecutive months and experienced an unsatisfactory therapeutic response.
  - The member used Elidel or Protopic and experienced a clinically significant adverse drug reaction.

If clinical criteria for Eucrisa are met, initial PA requests for Eucrisa may be approved for up to 365 days.

New PA Form for Eucrisa

ForwardHealth has created the Prior Authorization/Preferred Drug List (PA/PDL) for Eucrisa form, F-02572 (01/2020). Effective January 1,

QUICK LINKS

Immunomodulators, Atopic Dermatitis topic (#8857)

Note: This topic will be updated on January 2, 2020.

2020, pharmacy providers are required to submit PA requests for Eucrisa using this new form. ForwardHealth will return PA requests that are not submitted with this form.

ForwardHealth will honor PA requests that have already been approved before January 1, 2020, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Eucrisa

PA requests for Eucrisa must be completed, signed, and dated by the prescriber. PA requests for Eucrisa must be submitted on the PA/PDL for Eucrisa form and the PA/RF.

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 Eucrisa may be submitted using the STAT-PA system, on the Portal, by fax, or by mail.

DOCUMENT CHECKLIST

- ✓ PA/PDL for Eucrisa, F-02572 (01/2020)
- ✓ PA/RF, F-11018 (05/2013)

Changes to Migraine Agents, Calcitonin Gene-Related Peptide Antagonists Drugs Drug Class

Emgality 100 mg 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.

Emgality 120 mg is a preferred drug in the migraine agents, CGRP antagonists drug class.

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

Revised Clinical Criteria for Emgality 120 mg

ForwardHealth has revised the clinical criteria for preferred migraine agents, CGRP antagonists drugs to apply to Emgality 120 mg.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Clinical criteria for approval of an initial PA request for Emgality 120 mg 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 have 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.

QUICK LINKS

Migraine Agents, CGRP Antagonists topic (#21117)

Note: This topic will be updated on January 2, 2020.

A copy of the member's current medical records must be submitted with all PA requests (initial, initial renewal, and subsequent renewal) for Emgality 120 mg. 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 Emgality 120 mg is met, initial PA requests may be approved for up to 183 days.

Revised Clinical Criteria for Non-Preferred Migraine Agents, Calcitonin Gene-Related Peptide Antagonists

ForwardHealth has revised the 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 Emgality 120 mg.
- The member has taken Emgality 120 mg 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.

A copy of the member's current medical records must be submitted with all PA requests (initial, initial renewal, and subsequent renewal) for non-preferred 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 non-preferred migraine agents, CGRP antagonist drugs are met, initial PA requests may be approved for up to 183 days.

Initial Renewal PA Requests for Emgality 120 mg and Non-Preferred Migraine Agents, Calcitonin Gene-Related Peptide Antagonists

Clinical criteria that must be documented for approval of initial renewal PA requests for Emgality 120 mg and non-preferred 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 Emgality 120 mg and non-preferred migraine agents, CGRP antagonist drugs may be approved for up to 365 days.

Subsequent Renewal PA Requests for Emgality 120 mg and Non-Preferred Migraine Agents, Calcitonin Gene-Related Peptide Antagonists

Clinical criteria that must be documented for approval of subsequent renewal PA requests for Emgality 120 mg and non-preferred 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 Emgality 120 mg and non-preferred migraine agents, CGRP antagonist drugs may be approved for up to 365 days.

Submitting PA Requests for Emgality 120 mg and Non-Preferred Migraine Agents, Calcitonin Gene-Related Peptide Antagonists

PA requests for Emgality 120 mg and non-preferred migraine agents, CGRP antagonist drugs must be completed, signed, and dated by the prescriber. PA requests for Emgality 120 mg and non-preferred migraine agents, CGRP antagonist drugs must be submitted using the Prior Authorization Drug Attachment for Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Antagonists form, F-02371 (07/2019), and the PA/RF. Clinical documentation supporting the use of Emgality 120 mg or the non-preferred migraine agents, CGRP antagonist drug must be submitted with the PA request.

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 Emgality 120 mg and non-preferred migraine agents, CGRP antagonist drugs may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

New Clinical Criteria for Emgality 100 mg

ForwardHealth has established clinical PA criteria for Emgality 100 mg.

Clinical criteria that must be documented for approval of an initial PA request for Emgality 100 mg are **all** of the following:

- The member is 18 years of age or older.
- The prescriber has evaluated and diagnosed the member as having episodic cluster headaches, according to the International Classification of Headache Disorders, 3rd edition, diagnostic criteria.
- The member's current frequency of cluster headache attacks during an episode has been documented.

DOCUMENT CHECKLIST

- ✓ Prior Authorization Drug Attachment for Migraine Agents, CGRP Antagonists, F-02371 (07/2019)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

- The prescriber is required to indicate the member's current episodic cluster headache medications (including drug name[s], dose, and dosing frequency).
- The member must be compliant with the prescribed episodic cluster headache treatment regimen.
- The member and prescriber have agreed to follow the established Emgality episodic cluster headache dosing recommendations (300 mg [administered as three consecutive injections of 100 mg each] at the onset of the cluster period, and then monthly until the end of the cluster period) as outlined in the FDA-approved patient labeling.

A copy of the member's current medical records must be submitted with all PA requests (initial, initial renewal, and subsequent renewal) for Emgality 100 mg. Medical records must document the member's medical work-up for episodic cluster headaches, 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 Emgality 100 mg are met, initial PA requests may be approved for up to 183 days.

Initial Renewal PA Requests for Emgality 100 mg

Clinical criteria that must be documented for approval of initial renewal PA requests for Emgality 100 mg are **all** of the following:

- The member's current frequency of cluster headache attacks during an episode has been documented.
- The prescriber is required to indicate the member's current episodic cluster headache medications (including drug name[s], dose, and dosing frequency).
- The member must be compliant with the prescribed episodic cluster headache treatment regimen.
- The member experienced a clinically significant decrease in the frequency of cluster headache attacks during an episode compared to their baseline prior to initiation of treatment with Emgality 100 mg.
- The member and prescriber will continue to follow the established Emgality episodic cluster headache dosing recommendations (300

mg [administered as three consecutive injections of 100 mg each] as the onset of the cluster period, and then monthly until the end of the cluster period) as outlined in the FDA-approved patient labeling.

Initial renewal PA requests for Emgality 100 mg may be approved for up to 183 days.

Subsequent Renewal PA Requests for Emgality 100 mg

Clinical criteria that must be documented for approval of subsequent renewal PA requests for Emgality 100 mg are **all** of the following:

- The member's current frequency of cluster headache attacks during an episode has been documented.
- The prescriber is required to indicate the member's current episodic cluster headache medications (including drug name[s], dose, and dosing frequency).
- The member must be compliant with the prescribed episodic cluster headache treatment regimen.
- The member has sustained a clinically significant decrease in the frequency of cluster headache attacks during an episode compared to their baseline prior to initiation of treatment with Emgality 100 mg.
- The member and prescriber will continue to follow the established Emgality episodic cluster headache dosing recommendations (300 mg [administered as three consecutive injections of 100 mg each] at the onset of the cluster period, and then monthly until the end of the cluster period) as outlined in the FDA-approved patient labeling.

Subsequent renewal PA requests for Emgality 100 mg may be approved for up to 183 days.

Submitting PA Requests for Emgality 100 mg

PA requests for Emgality 100 mg must be completed, signed, and dated by the prescriber. PA requests for Emgality 100 mg must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form and the PA/RF. Clinical documentation supporting the use of Emgality 100 mg must be submitted with the PA request.

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.

DOCUMENT CHECKLIST

- ✓ PA/DGA, F-11049 (07/2016)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

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 Emgality 100 mg may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Changes to Neuropathic Pain Drug Class

Lyrica Moving to Brand Medically Necessary

Pregabalin will become a preferred drug in the neuropathic pain, anticonvulsants, and fibromyalgia drug classes. Effective February 1, 2020, Lyrica will be subject to BMN policy but will not require PA. Lyrica will remain a preferred drug in the anticonvulsants, fibromyalgia, and neuropathic pain drug classes for dates of service (DOS) through **January 31, 2020,** to allow for a one-month transition period.

Effective for DOS on and after **February 1, 2020**, if Lyrica is medically necessary for a member, prescribers will be required to handwrite "brand medically necessary" on the prescription for Lyrica or on a separate order attached to the prescription. Pharmacy providers will be required to submit a Dispense as Written/Product Selection Code 1 (Substitution not allowed by prescriber) for Lyrica.

Diagnosis-Restricted Lyrica CR

Lyrica CR is a non-preferred drug in the neuropathic pain drug class.

Non-preferred Lyrica CR will become a diagnosis-restricted drug in the neuropathic pain drug class. A ForwardHealth-allowed diagnosis code must be indicated on claims (and PA requests when applicable) for diagnosis-restricted drugs in this drug class.

Providers are reminded that Gralise and Horizant are also non-preferred, diagnosis-restricted drugs in the neuropathic pain drug class.

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.

QUICK LINKS

- An Introduction to Brand Medically Necessary Drugs and Brand Before Generic Drugs topic (#20078)
- Brand Medically Necessary Drugs: A Prescriber's Responsibilities topic (#2016)
- Brand Medically Necessary Drugs: A Pharmacy Provider's Responsibilities topic (#2017)

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Submitting PA Requests for Lyrica CR

Effective January 1, 2020, PA requests for Lyrica CR must be submitted on the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request form, F-11075 (09/2013). ForwardHealth will return PA requests that are not submitted with this form.

ForwardHealth will honor PA requests approved before January 1, 2020, until they expire or until the approved days' supply is used up.

PA requests for Lyrica CR must be completed, signed, and dated by the prescriber. PA requests for Lyrica CR must be submitted using the PA/PDL Exemption Request form and the PA/RF.

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 Lyrica CR may be submitted using the STAT-PA system, on the Portal, by fax, or by mail.

DOCUMENT CHECKLIST

- ✓ PA/PDL Exemption Request, F-11075 (09/2013)
- ✓ PA/RF, F-11018 (05/2013)

Changes to Stimulants Drug Class

Grandfathering for Stimulants

ForwardHealth has revised the grandfathering policy for stimulants.

BadgerCare Plus, Medicaid, and SeniorCare members who were grandfathered on certain amphetamine formulations for DOS on and after January 1, 2017, and remained eligible for grandfathering throughout 2019, will no longer be grandfathered for DOS on and after January 1, 2020, if **one** of the following is true:

- Members without other primary insurance on file with ForwardHealth have no claim activity for grandfathered amphetamine formulations for DOS in the last six months of 2019.
- Members with other primary insurance on file with ForwardHealth have no claim activity for grandfathered amphetamine formulations for DOS in calendar year 2019.

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, informing the pharmacy that the drug requires PA.

Note: Grandfathering a member overrides the PDL PA policy only. Other policies, such as member enrollment eligibility, diagnosis restriction, quantity limit, and noncovered service policies continue to apply.

Note: Brand name Adderall and brand name Adderall XR require 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.

Drugs in this class are diagnosis restricted. A ForwardHealth-allowed diagnosis code must be indicated on claims (and PA requests when applicable) for all stimulant drugs.

Procentra Ineligible for Grandfathering

Brand name Procentra will no longer be eligible for grandfathering in the stimulants drug class.

For complete grandfathering information for amphetamine formulations, providers should refer to Attachment C of this Update for a table listing of the amphetamine formulations that will be eligible for grandfathering and the applicable grandfathering details.

Vyvanse for the Treatment of Binge Eating Disorder

ForwardHealth is adding a diagnosis restriction for Vyvanse for the treatment of binge eating disorder. Providers should refer to the Diagnosis-Restricted Drugs topic (#15537) of the Online Handbook or the Diagnosis Restricted Drugs data table on the Pharmacy Resources page of the Portal for policy related to diagnosis-restricted drugs.

Also effective January 1, 2020, Vyvanse for the treatment of binge eating disorder will no longer require clinical PA.

QUICK LINKS

Grandfathering for Stimulants topic (#10662)

Note: This topic will be updated on January 2, 2020.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Other Pharmacy Policy Changes

Wakix

ForwardHealth has established PA policy and clinical criteria for approval of PA requests for Wakix.

New Clinical Criteria for Wakix

ForwardHealth has established clinical PA criteria for Wakix.

PA requests for Wakix will only be approved for use to treat excessive daytime sleepiness (EDS) associated with narcolepsy.

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

- The member has narcolepsy.
- The member is 18 years of age or older.
- The prescriber has reviewed the member's current medication list to evaluate for potential drug interactions (for example, cytochrome P450 2D6 [CYP2D6] inhibitors, cytochrome P450 3A4 [CYP3A4] inducers, and drugs that increase the QT interval).
- The member is not currently taking any sedative hypnotics.
- For members currently taking central nervous system depressants (for example, anxiolytics, barbiturates, opioids), the prescriber has evaluated the central nervous system depressants and determined they are not contributing to the member's daytime sleepiness.
- An overnight polysomnogram sleep study and multiple sleep latency test (MSLT) have been performed for the member using standard protocols, and the prescribing provider has submitted medical record documentation supporting a clinical correlation between the test results and a diagnosis of narcolepsy.
- The overnight polysomnogram test results and provider interpretation have been submitted with the PA request and include documentation of the following:
  - Total sleep time documented is at least 360 minutes.
  - The member experienced minimal sleep interruptions (for example, respiratory events, periodic leg movements).
  - Provider interpretation indicates an adequate night's sleep was achieved.

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- The MSLT results and provider interpretation have been submitted with the PA request and include documentation of the following:
  - The MSLT was conducted the morning after the overnight polysomnogram.
  - Average sleep latency for all naps is eight minutes or less.
  - The member achieved at least two sleep-onset rapid eye movement periods. A sleep-onset rapid eye movement period within 15 minutes of sleep onset on the preceding nocturnal polysomnogram may replace one of the sleep-onset rapid eye movement periods on the MSLT.
- The member has EDS that interferes with normal activities on a daily basis.
- An Epworth sleepiness scale questionnaire, maintenance of wakefulness test, or MSLT has been performed for the member, confirming that the member has EDS. (Note: Test results for the Epworth sleepiness scale questionnaire, the maintenance of wakefulness test, and/or the MSLT must be submitted with the PA request.)
- The prescriber ruled out or treated the member for other causes of EDS including the following:
  - Other sleep disorders, including sleep apnea
  - Chronic pain or illness that disrupts normal sleep patterns
  - Mood disorders such as depression
  - Caffeine or nicotine use causing poor quality of nighttime sleep
- **At least one** of the following is true:
  - The member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with a stimulant.
  - The member has a medical condition that prevents treatment with a stimulant.
  - There is a clinically significant drug interaction between another medication the member is taking and stimulants.
- **At least one** of the following is true:
  - The member has experienced an unsatisfactory therapeutic response that occurred after the medication had been titrated to a maximum recommended daily dose or experienced a clinically significant adverse drug reaction with armodafinil or modafinil.

- The member has a medical condition that prevents treatment with armodafinil or modafinil.
- There is a clinically significant drug interaction between another medication the member is taking and armodafinil or modafinil.

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

In addition to documenting the previously listed clinical information on the new Prior Authorization Drug Attachment for Wakix form, F-02573 (01/2020), medical records must be submitted with the PA request to support the member's condition of EDS associated with narcolepsy.

Renewal PA requests may be approved for up to 365 days. Medical records must be submitted demonstrating clinical improvement, including a decrease in the member's EDS. A decrease in a member's EDS must be supported by an Epworth sleepiness scale questionnaire, maintenance of wakefulness test, or MSLT. Medical records must also reflect patient compliance with medication use.

New PA Form for Wakix

ForwardHealth has created the Prior Authorization Drug Attachment for Wakix form. PA requests received on and after January 1, 2020, must be submitted on the new form, or they will be returned to the provider.

Submitting PA Requests for Wakix

PA requests for Wakix must be completed, signed, and dated by the prescriber. PA requests for Wakix must be submitted using the Prior Authorization Drug Attachment for Wakix form and the PA/RF.

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 Wakix may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

QUICK LINKS

Forms Page

DOCUMENT CHECKLIST

- ✓ Prior Authorization Drug Attachment for Wakix, F-02573 (01/2020)
- ✓ PA/RF, F-11018 (05/2013)
- ✓ Medical records

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Copay for Brand Name Drugs Preferred Over Generic Drugs

ForwardHealth generally applies a generic copay to a brand name drug when a drug that previously required BMN 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 copay 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 copay deduction.

The following table includes the most current list of drugs for which this policy applies. This list is available on the last page of 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	01/01/2017
	Retin-A (not micro)	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

Expedited Emergency Supply Request Drugs Data Table

As a result of the changes made during the November 2019 PDL review, the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page will be updated.

Reminder: Emergency Medication Dispensing

BadgerCare Plus, Wisconsin Medicaid, and SeniorCare strongly encourage pharmacy providers to dispense a 14-day emergency supply of a medication when a member receives a prescription for a covered drug with a PA restriction when the prescriber cannot be reached to discuss preferred drug options, therapeutic alternatives, or to complete the necessary PA form and the pharmacist determines that the member should begin taking the medication immediately.

Medications dispensed in emergency situations do not require PA. Coverage of a drug with a PA restriction will continue to require PA. The emergency medication dispensing policy does not guarantee approval of a PA. Members must meet all PA criteria for PA requests to be approved.

This emergency medication dispensing policy applies to members enrolled in BadgerCare Plus, Wisconsin Medicaid, and SeniorCare.

ForwardHealth does not allow emergency medication dispensing to override an overuse precaution ("ER") Drug Utilization Review alert. Emergency medication dispensing is intended to ensure members receive medically necessary medications while a PA request is being adjudicated.

Reminder: Claims Submitted for Emergency Medication Dispensing

Pharmacy providers may submit claims for emergency medication supplies of drugs that are not included in the expedited emergency supply process on the Noncompound Drug Claim form, F-13072 (04/2017), with a Pharmacy Special Handling Request form, F-13074 (04/2014), if the prescriber cannot be reached and the pharmacist determines that the member should begin taking a medication immediately.

When initially accessing Online Handbook topic links available throughout this Update, providers need to click the I accept button at the bottom of the licensure agreement page of the Online Handbook. After 30 minutes of inactivity, providers will need to click the I accept button again before going to their intended topic.

QUICK LINKS

Emergency Medication Dispensing topic (#1399)

Note: This topic will be updated on January 2, 2020.

Providers are required to indicate specific details about why the emergency medication supply is being requested on the Pharmacy Special Handling Request. Providers are encouraged to submit supporting documentation with the request if necessary. Paper claims for emergency medication supplies submitted without detailed information supporting the request will be denied.

Providers should mail completed Noncompound Drug Claim and Pharmacy Special Handling Request forms as indicated on the Pharmacy Special Handling Request. Providers may also submit claims using the Portal.

Claims for an emergency medication supply cannot be submitted for members who have been previously granted two expedited emergency supply requests for the same drug within a six-month time period.

The emergency medication supply policy overrides PA policies, including the PDL and BMN policies. However, other policies, such as the member enrollment, diagnosis restriction, quantity limit, and noncovered service policies continue to apply.

A paid emergency medication supply claim does not guarantee that a PA request will be approved for the drug. Members must meet all criteria for a PA request to be approved.

Reminder: Completing Claim Forms Correctly

Providers are required to correctly complete the Pharmacy Special Handling Request form and the Noncompound Drug Claim form to receive the appropriate reimbursement for an emergency medication dispensing. Completed and detailed information must be indicated on the forms. ForwardHealth is committed to reimbursing providers for emergency medications as long as claims are properly completed and submitted with a Pharmacy Special Handling Request form.

Revised Policy for Expedited Emergency Supply of Drugs

ForwardHealth has revised the expedited emergency supply policy, an emergency dispensing option available for certain drugs on the PDL. A list of the drugs available by expedited supply may be found on the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page of the Portal.

DOCUMENT CHECKLIST

- ✓ Noncompound Drug Claim, F-13072 (04/2017)
- ✓ Pharmacy Special Handling Request, F-13074 (04/2014)

ForwardHealth allows pharmacy providers to submit PA requests for an expedited emergency supply for certain drugs using the STAT-PA system and then submit a claim for the expedited emergency supply electronically. This eliminates the need to submit claims for expedited emergency supply drugs on paper.

Members will be limited to receiving two 14-day expedited emergency supply PA approvals of the same drug from one pharmacy provider within a six-month time period. A maximum of six expedited emergency supply PAs per member regardless of drug or pharmacy provider may be approved in a six-month time period.

Expedited emergency supply PA requests will generally be approved for up to a 14-day supply; however, for certain drugs, expedited emergency supply PA requests may be approved for up to a 34-day supply or up to a 100-day supply.

For diagnosis-restricted drugs, an appropriate diagnosis code must be indicated on expedited emergency supply PA requests and claims. Expedited emergency supply PA requests and claims submitted without a ForwardHealth-approved diagnosis code will be considered noncovered services.

An approved expedited emergency supply PA request does not guarantee that a subsequent PA request will be approved. Members must meet all the criteria for a PA request to be approved.

An approved expedited emergency supply PA request overrides PDL PA policies for certain drugs available through STAT-PA. Providers should refer to the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page of the Portal for a list of the drug names or drug names allowed.

An approved expedited emergency supply PA request does **not** override PA polices, such as BMN, brand before generic, or PDL drugs not available through STAT-PA. The expedited emergency supply PA request does **not** override other policies, such as the member enrollment, diagnosis restriction, quantity limit, early refill, and noncovered service policies.

Drugs That Can Be Dispensed in up to a 14-Day Supply

For drugs that require PA that can be dispensed in up to a 14-day expedited emergency supply, a PA is not required to be in process when the first expedited emergency supply PA request is submitted.

If a second expedited emergency supply is necessary for a member, there must be a non-expedited emergency supply PA request submitted to ForwardHealth, and it must be in the process of being adjudicated. The second expedited emergency supply PA request may be approved if a non-expedited emergency supply PA request is in process for the same drug and strength and the PA is submitted by the pharmacy that submitted the first expedited emergency supply PA request.

Once a non-expedited emergency supply PA request has been approved, the second expedited emergency supply PA request will not be approved.

Requests for a second expedited emergency supply PA request may be submitted seven to 21 days after the initial request was submitted. Second expedited emergency supply PA requests will not be approved if they are submitted before day seven or after day 21.

For example, if an initial expedited emergency supply PA request was submitted on March 4 and a non-expedited emergency supply PA request was submitted on March 7 and a second expedited emergency supply is necessary for the member because the non-expedited emergency supply PA request had not yet been adjudicated, the second expedited emergency request may be submitted on March 10, or as late as March 24.

Drugs That Can Be Dispensed in up to a 34-Day Supply

For drugs that can be dispensed in up to a 34-day expedited emergency supply, pharmacy providers may dispense the quantity indicated on the prescription, up to a 34-day supply, after an expedited emergency supply PA request has been approved; however, only one expedited emergency supply every six months will be allowed for those drugs.

Drugs That Can Be Dispensed in up to a 100-Day Supply

For drugs that can be dispensed in up to a 100-day expedited emergency supply, pharmacy providers may dispense the quantity indicated on the prescription, up to a 100-day supply, after an expedited emergency supply

PA request has been approved; however, only one expedited emergency supply every six months will be allowed for those drugs.

Revised and Renamed Expedited Emergency Supply Request Form

ForwardHealth has revised and renamed the Expedited Emergency Supply Request form, F-00401 (10/2011). The form has been renamed the Prior Authorization/Preferred Drug List (PA/PDL) for Expedited Emergency Supply Request form, F-00401 (01/2020).

Effective January 1, 2020, pharmacy providers are required to submit expedited emergency supply PA requests using this revised form. ForwardHealth will return expedited emergency supply PA requests that are not submitted with this form.

ForwardHealth will honor expedited emergency supply PA requests approved before January 1, 2020, until they expire or until the approved days' supply is used up.

Submitting PA Requests for an Expedited Emergency Supply

Pharmacy providers are required to complete, date, and sign the PA/PDL for Expedited Emergency Supply Request form before a PA request for an expedited emergency supply is submitted.

Expedited emergency supply PA requests may only be submitted using the STAT-PA system. Expedited emergency supply PA requests cannot be submitted for future or past DOS.

The STAT-PA system will notify pharmacy providers if an expedited emergency supply PA request has been approved. After an expedited emergency supply PA request has been approved, the pharmacy provider may submit a claim for the drug.

Expedited emergency supply PA requests cannot be amended.

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.

QUICK LINKS

Forms Page

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

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This Update was issued on 12/13/2019 and information contained in this Update was incorporated into the Online Handbook on 01/02/2020.

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 within 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 within DHS.

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

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

The following table lists the drugs that changed their preferred or non-preferred status as a result of the November 2019 Preferred Drug List Review. Unless otherwise noted, the updated statuses are effective January 1, 2020. Drugs that have not been previously reviewed by the Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee are marked with a footnote number 1. The complete Preferred Drug List Quick Reference can be referenced on the Pharmacy Resources page of the ForwardHealth Portal.

DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JANUARY 1, 2020, UNLESS OTHERWISE NOTED
Analgesics/Anesthetics, Topical	diclofenac patch (Flector)[1]	Non-Preferred
	Ztlido[1]	Non-Preferred
Anticonvulsants	pregabalin (Lyrica)[1]	Preferred
	vigabatrin tablet[1]	Non-Preferred
	Diacomit[1]	Non-Preferred
	Epidiolex[1]	Non-Preferred
	Nayzilam nasal spray[1]	Non-Preferred
	Sympazan[1]	Non-Preferred
Antidepressants, Other	bupropion XL (Forfivo XL)[1]	Non-Preferred
Antiparkinson's Agents	Inbrija[1]	Non-Preferred
Antipsoriatics, Topical	Duobrii lotion[1]	Non-Preferred
Antipsychotics	Abilify MyCite[1]	Non-Preferred
Bronchodilators, Beta Agonists	albuterol HFA (ProAir)[1]	Non-Preferred
	albuterol HFA (Proventil)[1]	Non-Preferred
	albuterol HFA (Ventolin)[1]	Non-Preferred
COPD Agents	Yupelri[1]	Non-Preferred
Cytokine and CAM Antagonists	Actemra Pen[1]	Non-Preferred
	Rinvoq ER[1]	Non-Preferred
	Skyrizi[1]	Non-Preferred
	Tremfya Autoinjector[1]	Non-Preferred

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DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JANUARY 1, 2020, UNLESS OTHERWISE NOTED
Epinephrine, Self-Injected	epinephrine 0.15 MG (AG) (Adrenaclick)[2]	Non-Preferred
	epinephrine 0.3 MG (AG) (Adrenaclick)[2]	Non-Preferred
	Symjepi[1]	Non-Preferred
Erythropoiesis Stimulating Proteins	Epogen	Preferred
	Procrit	Non-Preferred
	Retacrit	Non-Preferred
Fibromyalgia	pregabalin (Lyrica)[1]	Preferred
Glucocorticoids, Inhaled	fluticasone/salmeterol (Advair Diskus)[1]	Non-Preferred
	fluticasone/salmeterol (AirDuo)[1]	Non-Preferred
	Wixela Inhalation[1]	Non-Preferred
Glucocorticoids, Oral	Dxevo tablet[1]	Non-Preferred
Gout Agents	febuxostat (Uloric)[1]	Non-Preferred
Immunomodulators, Atopic Dermatitis	pimecrolimus cream[1]	Non-Preferred
Intranasal Rhinitis Agents	olopatadine	Non-Preferred
Neuropathic Pain	pregabalin (Lyrica)[1]	Preferred
NSAIDs	naproxen EC[1]	Non-Preferred
	Qmiiz[1]	Non-Preferred
Ophthalmics, Anti-Inflammatories	loteprednol drop (Lotemax)[1]	Non-Preferred
	FML S.O.P.	Non-Preferred
	Inveltys[1]	Non-Preferred
Ophthalmics, Anti-Inflammatory/ Immunomodulator	Cequa solution[1]	Non-Preferred
Ophthalmics, Glaucoma-Other	Rocklatan[1]	Non-Preferred
Ophthalmics, Glaucoma-Prostaglandins	Xelpros[1]	Non-Preferred
Sedative Hypnotics	ramelteon tab (Rozerem)[1]	Non-Preferred
Steroids, Topical High	halcinonide cream (Halog)[1]	Non-Preferred
Steroids, Topical Very High	Bryhali lotion[1]	Non-Preferred
	Lexette foam[1]	Non-Preferred

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DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JANUARY 1, 2020, UNLESS OTHERWISE NOTED
Stimulants	amphetamine sulfate (Evekeo)[1]	Non-Preferred
	Adhansia XR[1]	Non-Preferred
	Evekeo ODT[1]	Non-Preferred
	Jornay PM[1]	Non-Preferred
Stimulants, Related Agents – Wake Promoting	Sunosi[1]	Non-Preferred

[1] Drug was not previously reviewed by the Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee. For more information, providers should refer to the Drug Status Changes on the Preferred Drug List section of this ForwardHealth Update.

[2] The statuses that are represented in this table for this drug class will go into effect once the shortage for these products has been resolved. Until then, these products will remain in a preferred status.

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ATTACHMENT B
Changes to Pharmacy-Related Prior Authorization Forms and Instructions

The table below lists the pharmacy-related prior authorization forms and instructions that are new, revised, or have been revised and renamed as a result of the November 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 for current copies of these forms and instructions. The previous versions of these forms and instructions will be moved to the Pharmacy-Related Forms and Instructions archive page. 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, OR REVISED AND RENAMED	EFFECTIVE DATE
Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA), and Psoriatic Arthritis	F-01951	Revised	01/01/2020
Instructions	F-01951A	Revised	01/01/2020
Prior Authorization Drug Attachment for Wakix	F-02573	New	01/01/2020
Instructions	F-02573A	New	01/01/2020
Prior Authorization/Preferred Drug List (PA/PDL) for Eucrisa	F-02572	New	01/01/2020
Instructions	F-02572A	New	01/01/2020
Prior Authorization/Preferred Drug List (PA/PDL) for Glucagon-Like Peptide (GLP-1) Agents	F-00238	**Revised and Renamed:** Prior Authorization Drug Attachment for Glucagon-Like Peptide (GLP-1) Agents	01/01/2020
Instructions	F-00238A	Revised and Renamed	01/01/2020

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.

FORM NAME	FORM NUMBER	NEW, REVISED, OR REVISED AND RENAMED	EFFECTIVE DATE
Expedited Emergency Supply Request	F-00401	**Revised and Renamed:** Prior Authorization/Preferred Drug List (PA/PDL) for Expedited Emergency Supply Request	01/01/2020
Instructions	F-00401A	Revised and Renamed	01/01/2020

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ATTACHMENT C
Grandfathering for Stimulants—Amphetamine Formulations

The following table lists all of the amphetamine formulations that are eligible for grandfathering in the stimulants drug class and provides the applicable grandfathering details. Effective January 1, 2020, brand name Procentra will no longer be eligible for grandfathering in the stimulants drug class.

STIMULANT DRUGS ELIGIBLE FOR GRANDFATHERING	DETAILS
Dexedrine Spansule	Eligible members identified to be taking any one of these four products are grandfathered to allow any one of these formulations. Note: For Dexedrine tablets and dextroamphetamine tablets, an approved prior authorization (PA) request is not required for any child 6 years of age or younger.
Dextroamphetamine tablet	
Dexedrine tablet	
Dextroamphetamine capsule ER	
Amphetamine salt combo (immediate release)	Eligible members identified to be taking this product are grandfathered to **allow generic immediate release amphetamine salt combo or generic amphetamine salt combo ER only.** Note: 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 **allow generic amphetamine salt combo ER or generic immediate release amphetamine salt combo only.**

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STIMULANT DRUGS ELIGIBLE FOR GRANDFATHERING	DETAILS
Zenzedi	Eligible members identified to be taking this product are grandfathered to allow this formulation only. Note: An approved PA request is not required for any child 6 years of age or younger.
Evekeo	Eligible members identified to be taking this product are grandfathered to allow this formulation only. Note: 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.~~ ~~Note: 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.

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