

ForwardHealth **UPDATE**

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PHARMACY POLICY CHANGES EFFECTIVE SEPTEMBER 1, 2020

This ForwardHealth Update announces the following pharmacy policy changes, effective September 1, 2020:

- Two non-preferred drugs in the cytokine and cell adhesion molecule antagonists drug class, Cosentyx and Taltz, will be added to the list of non-preferred drugs used to treat non-radiographic axial spondyloarthritis.
- Dayvigo will be added to the sedative hypnotics drug class and will have an interim status of non-preferred on the Preferred Drug List.
- The clinical criteria for Belsomra will also apply to Dayvigo; the prior authorization (PA) form for Belsomra will be renamed and revised to include both Belsomra and Dayvigo.
- The clinical criteria for Dupixent for members with moderate to severe atopic dermatitis in the immunomodulators, atopic dermatitis drug class will be revised.

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

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.10.

Cytokine and Cell Adhesion Molecule Antagonists Drug Class

The Food and Drug Administration has approved new indications for two non-preferred drugs in the cytokine and cell adhesion molecule antagonists drug class.

Effective September 1, 2020, Cosentyx and Taltz will be added to the list of non-preferred drugs used to treat non-radiographic axial spondyloarthritis in the cytokine and cell adhesion molecule antagonists drug class.

Sedative Hypnotics Drug Class

Effective September 1, 2020, Dayvigo will be added to the sedative hypnotics drug class. Dayvigo will have an interim status of non-preferred on the Preferred Drug List until the November 2020 drug class review by the Wisconsin Medicaid Pharmacy PA Advisory Committee.

Clinical Criteria for Belsomra and Dayvigo

Effective September 1, 2020, the clinical criteria for Belsomra will also apply to Dayvigo. The clinical criteria for Belsomra have not changed.

The clinical criteria for approval of a PA request for Belsomra **or** Dayvigo are **all** of the following:

- The member is 18 years of age or older.
- The member does not have narcolepsy.
- **At least one** of the following is true:
 - The member has experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction with **at least two** preferred drugs from the sedative hypnotics drug class.
 - The member has a medical history of substance abuse or misuse.

If the clinical criteria for Belsomra **or** Dayvigo are met, PA requests may be approved for up to 365 days.

Revised and Renamed PA Form for Belsomra and Dayvigo

ForwardHealth has revised and renamed the Prior Authorization/Preferred Drug List (PA/PDL) for Belsomra form, F-01673 (01/2016). The form has been renamed the Prior Authorization/Preferred Drug List (PA/PDL) for Belsomra and Dayvigo form, F-01673 (09/2020).

QUICK LINKS

- [Cytokine and Cell Adhesion Molecule Antagonist Drugs](#) topic (#16217)
- [Sedative Hypnotics, Belsomra](#) topic (#18817)

Note: These topics will be updated on September 1, 2020, and the topic title for topic #18817 will be renamed Sedative Hypnotics.

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Effective September 1, 2020, pharmacy providers are required to submit PA requests for Belsomra or Dayvigo using this form. ForwardHealth will return PA requests that are not submitted with this form.

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

Submitting PA Requests for Belsomra or Dayvigo

PA requests for Belsomra or Dayvigo must be completed, signed, and dated by the prescriber. PA requests for Belsomra or Dayvigo must be submitted using the PA/PDL for Belsomra and Dayvigo 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. Pharmacy providers are required to submit the completed PA/PDL for Belsomra and Dayvigo form and a completed Prior Authorization Request Form (PA/RF), F-11018 (05/2013), to ForwardHealth.

PA requests for Belsomra or Dayvigo may be submitted using the Specialized Transmission Approval Technology-Prior Authorization system, on the Portal, by fax, or by mail.

Immunomodulators, Atopic Dermatitis Drug Class

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

Effective September 1, 2020, 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 6 years of age or older.

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

Submitting PA Requests for Dupixent

PA requests for Dupixent must be completed, signed, and dated by the prescriber. PA requests for Dupixent must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the

QUICK LINKS

[Forms page](#)

QUICK LINKS

[Immunomodulators, Atopic Dermatitis](#) topic (#8857)

Note: This topic will be updated on September 1, 2020.

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ForwardHealth Online Handbook) of the Prior Authorization/Drug Attachment (PA/DGA) form, F-11049 (07/2016). Clinical documentation supporting the use of Dupixent 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.

Pharmacy providers are required to submit the completed PA/DGA form and a completed PA/RF to ForwardHealth.

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

PA requests will not be considered for Dupixent that will be administered in a medical office or medical facility.

Retention of Documentation Reminder

Providers are reminded that they must follow the documentation retention requirements, per Wis. Admin. Code § [DHS 106.02\(9\)](#). Information about those requirements are explained in the following Online Handbook topics:

- [Financial Records](#) (#201)
- [Medical Records](#) (#202)
- [Preparation and Maintenance of Records](#) (#203)
- [Record Retention](#) (#204)
- [Availability of Records to Authorized Personnel](#) (#1640)

Providers are required to produce and/or submit the documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet this requirement. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis



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only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are provided by the member's managed care organization.

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This Update was issued on 08/11/2020 and information contained in this Update was incorporated into the Online Handbook on 09/01/2020.

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/.