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ForwardHealth UPDATE

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JULY 2024 PREFERRED DRUG LIST CHANGES AND OTHER PHARMACY POLICY CHANGES

On May 1, 2024, the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee met to review existing therapeutic drug classes on the Preferred Drug List (PDL).

This ForwardHealth Update announces updates to the PDL and major changes to certain PDL drug classes for BadgerCare Plus, Wisconsin Medicaid, and SeniorCare, form changes, and other pharmacy policy changes. All policy and form changes are effective July 1, 2024, unless otherwise noted.

For information about general ForwardHealth PA policy for drugs that require PA approval, prescribers and pharmacy providers may refer to the Standard Pharmacy Policy for Covered and Noncovered Drugs topic (#22337) of the ForwardHealth Online Handbook. Providers may also refer to this topic for information about what may **not** be considered criteria to support the need for a drug.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid, SeniorCare

TO

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

CONTACT INFORMATION

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WISCONSIN DEPARTMENT of HEALTH SERVICES

Providers are also reminded that they are responsible for being up to date with current ForwardHealth policy and procedures and billing information as indicated in the Online Handbook.

This Update covers the following topics related to the May 2024 PDL review and other pharmacy policy changes:

- Drug Status Changes on the PDL
- Changes to Pharmacy-Related PA Forms and Instructions
- A Brief Overview of the PDL
- Changes to Beta Blockers Drug Class
- Changes to Cytokine and Cell Adhesion Molecule (CAM) Antagonists Drug Class
- Changes to Growth Hormone Drug Class
- Changes to Hypoglycemics, Glucagon-Like Peptide (GLP-1) Drug Class
- Changes to Hypoglycemics, Insulins Long-Acting Drug Class
- Changes to Immunomodulators, Asthma Drug Class
- Changes to Immunomodulators, Atopic Dermatitis Drug Class
- Changes to Lipotropics, Adenosine Triphosphate—Citrate Lyase (ACL) Inhibitors Drug Class
- Changes to Lipotropics, Omega-3 Acids Drug Class
- Changes to Lipotropics, Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors Drug Class
- Changes to Opioid Dependency Agents Drug Class
- Changes to Pulmonary Arterial Hypertension Drug Class
- Changes to Stimulants Drug Class
- Other Pharmacy Policy Changes

Drug Status Changes on the Preferred Drug List

Attachment A to this Update lists the drugs that have changed their preferred or non-preferred status as a result of the May 2024 PDL review. The Preferred Drug List Quick Reference data table contains a complete list of preferred and non-preferred drugs.



Effective March 1, 2024, licensed pharmacists were authorized to begin enrolling as a Medicaid provider under 2021 Wisconsin Act 98. 2021 Wisconsin Act 98 grants the Wisconsin Department of Health Services (DHS) authority to reimburse licensed pharmacists for covered medical services within their scope of practice or delegated to them by a physician through a collaborative practice agreement. Beginning July 1, 2024, Medicaid-enrolled pharmacists may begin to provide and submit claims for covered medical services.

RESOURCES

For more information about Medicaid enrollment and policy for licensed pharmacists, providers may refer to:

- The Provider Enrollment page of the ForwardHealth Portal.
- Act 98 Pharmacist as a Provider Project page. Update 2024-06, "Provider Enrollment Information for Licensed Pharmacists."
- Update 2024-17, "Coverage Policy for Medicaid-Enrolled Pharmacists."
- Pharmacist as a Provider Enrollment Training.
- Pharmacist as a Provider Enrollment Checklist (PDF).

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For drugs that were previously preferred and will become non-preferred, pharmacy providers should work with prescribers to transition members to a preferred drug or 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 Wisconsin Medicaid 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.

Changes to Pharmacy-Related PA Forms and Instructions

Attachment B lists the PA forms and instructions that have been revised as a result of the May 2024 PDL review or as a result of other pharmacy policy changes. The Forms page of the Portal contains current copies of all PA forms and instructions.

More information regarding changes to clinical criteria or PA request submission options is noted in the applicable drug class section of this Update.

Archive Page for Pharmacy-Related 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.

A Brief Overview of the Preferred Drug List

ForwardHealth makes recommendations to the Wisconsin Medicaid 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 Wisconsin Medicaid 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 fee for service by BadgerCare Plus, Wisconsin Medicaid, and SeniorCare, but certain drugs

DID YOU KNOW?

Prescribers and pharmacy providers can find specific pharmacy-related PA forms on the Forms page by entering the form number into the Keyword or Form Number field of the Search Criteria and clicking Search.

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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 data table.

IMPORTANT REMINDERS OF CURRENT PA POLICY FOR PREFERRED DRUG LIST DRUGS

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 Beta Blockers Drug Class

Nebivolol (generic Bystolic) will become a preferred drug in the beta blockers drug class.

In addition, Bystolic will become a brand medically necessary (BMN) drug and will require BMN PA.

Changes to Cytokine and Cell Adhesion Molecule Antagonists Drug Class

Spevigo subQ will be added to the cytokine and CAM antagonists drug class with an interim status of non-preferred. Spevigo subQ will have an interim status of non-preferred until the November 2024 PDL review by the Wisconsin Medicaid Pharmacy PA Advisory Committee.

Clinical PA is required for non-preferred cytokine and CAM antagonist drugs.

New Clinical Condition

ForwardHealth has added a new clinical condition, generalized pustular psoriasis (GPP), to the list of clinical conditions for non-preferred cytokine and CAM antagonist drugs that require PA.

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
- Deficiency of interleukin-1 receptor antagonist
- Enthesitis-related arthritis

QUICK LINKS

- Brand Medically Necessary Drugs: A Pharmacy Provider's Responsibilities topic (#2017)
- Brand Medically Necessary Drugs: A Prescriber's Responsibilities topic (#2016)
- Cytokine and Cell Adhesion Molecule Antagonist Drugs topic (#16217)

Note: The Cytokine and Cell Adhesion Molecule Antagonist Drugs topic will be updated on July 1, 2024.

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- GPP
- Giant cell arteritis
- Hidradenitis suppurativa
- Juvenile idiopathic arthritis (JIA) and systemic JIA
- Neuromyelitis optica spectrum disorder
- Neonatal onset multisystem inflammatory disease
- Non-radiographic axial spondyloarthritis
- Polymyalgia rheumatica
- Psoriasis
- Psoriatic arthritis
- Rheumatoid arthritis
- Systemic sclerosis-associated interstitial lung disease
- Ulcerative colitis
- Uveitis

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.

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

Spevigo SubQ Used to Treat Generalized Pustular Psoriasis

Spevigo subQ will be a non-preferred cytokine and CAM antagonist drug used to treat GPP.

New Clinical Criteria for Non-Preferred Cytokine and Cell Adhesion Molecule Antagonist Drugs for Generalized Pustular Psoriasis

ForwardHealth has established the clinical PA criteria for non-preferred cytokine and CAM antagonist drugs used to treat GPP.

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

- The member has GPP.
- The prescription is written by a dermatologist or through a dermatology consultation.

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

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Submitting PA Requests for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Generalized Pustular Psoriasis

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 GPP 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 (01/2024).

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 Prior Authorization Request Form (PA/RF), F-11018 (05/2013), to ForwardHealth.

PA requests for non-preferred cytokine and CAM antagonist drugs used to treat GPP may be submitted on the Portal, by fax, or by mail (but **not** using the Specialized Transmission Approval Technology-Prior Authorization [STAT-PA] system).

Additional Dosage Form for Spevigo

The intravenous dosage form of Spevigo is a physician-administered drug, and it uses Healthcare Common Procedure Coding System (HCPCS) procedure code J1747 (Injection, spesolimab-sbzo, 1 mg). HCPCS code J1747 will also have a diagnosis restriction of L40.1 for GPP.

The Diagnosis Code-Restricted Physician-Administered Drugs data table will be revised effective July 1, 2024.

Cytokine and Cell Adhesion Molecule Antagonist Biosimilar Drugs

All new cytokine and CAM antagonist biosimilar drugs will be added to the cytokine and CAM antagonist drug class as non-preferred drugs (unless specifically identified or noted) until the next scheduled drug class review by the Wisconsin Medicaid Pharmacy PA Committee. The cytokine and CAM antagonists drug class is typically reviewed at the November PDL review each year.

ForwardHealth will use a blanket "xxxx" placeholder after the biosimilar generic name when referring to biosimilar drug products in the clinical PA

QUICK LINKS

Forms page

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criteria for the appropriate clinical condition. The Preferred Drug List Quick Reference data table will list the brand names with the complete generic names of the biosimilar drug products in the cytokine and CAM antagonists drug class.

Entyvio SubQ Used to Treat Crohn's Disease

The Food and Drug Administration (FDA) has approved a new indication for Entyvio subQ, a non-preferred drug in the cytokine and CAM antagonists drug class.

Entyvio subQ will be added to the list of non-preferred cytokine and CAM antagonist drugs used to treat Crohn's disease.

Adalimumab-xxxx, Cimzia, Entyvio subQ, Rinvoq, Skyrizi subQ, and Stelara subQ are non-preferred drugs used to treat Crohn's disease.

Humira is a preferred drug used to treat Crohn's disease. Preferred drugs do not require PA.

The clinical criteria and PA submission options for cytokine and CAM antagonist drugs used to treat Crohn's disease have not changed.

Rinvoq Used to Treat Juvenile Idiopathic Arthritis

The FDA has approved new indications for Rinvoq, a non-preferred drug in the cytokine and CAM antagonists drug class.

Rinvoq will be added to the list of non-preferred cytokine and CAM antagonist drugs used to treat JIA.

Actemra subQ, adalimumab-xxxx, Rinvoq, Rinvoq LQ, and Xeljanz Oral Solution are non-preferred drugs used to treat JIA.

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

The clinical criteria and PA submission options for non-preferred cytokine and CAM antagonist drugs used to treat JIA have not changed.

Changes to Growth Hormone Drug Class

Effective July 1, 2024, the clinical criteria for Zorbtive will be removed, due to the drug being discontinued by the manufacturer.

All growth hormone prescriptions must be written by an endocrinologist or through an endocrinology consultation, except prescriptions written for Serostim.

QUICK LINKS

Growth Hormone Drugs topic (#1988)

Note: This topic will be updated on July 1, 2024.

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Note: ForwardHealth will consider the entire clinical record for the PA request determination decision.

The clinical criteria for Serostim and growth hormone drugs for children, adolescents, and adults have not changed.

Revised Prior Authorization/Preferred Drug List for Growth Hormone Drugs Form

ForwardHealth has revised the Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs form, F-11092 (07/2024). Effective July 1, 2024, pharmacy providers must use the revised PA/PDL for Growth Hormone Drugs form to submit PA requests for growth hormone drugs.

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for growth hormone drugs approved before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Growth Hormone Drugs

The PA submission options for the following growth hormone drugs have not changed:

- Serostim
- Growth hormone drugs for children and adolescents
- Growth hormone drugs for adults

QUICK LINKS

Forms page

Changes to Hypoglycemics, Glucagon-Like Peptide Drug Class

Effective July 1, 2024, non-preferred drugs Soliqua and Xultophy in the hypoglycemics, GLP-1 combinations drug class will move to the hypoglycemics, GLP-1 drug class. The diagnosis restriction for all hypoglycemics, GLP-1 agents and the clinical criteria for non-preferred hypoglycemics, GLP-1 drugs will also apply to Soliqua and Xultophy.

The hypoglycemics, GLP-1 combinations drug class will be discontinued from the PDL on July 1, 2024.

Drug Status for Ozempic

Due to a shortage, Ozempic temporarily became a preferred drug in the hypoglycemics, GLP-1 agents drug class on March 18, 2024. Ozempic will become a non-preferred drug again in the hypoglycemics, GLP-1 agents

QUICK LINKS

Hypoglycemics, Glucagon-Like Peptide Agents topic (#8858)

Note: This topic will be updated on July 1, 2024.

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drug class at a later date and will require PA regardless of whether or not the member was previously prescribed Ozempic during the shortage.

At the appropriate time, ForwardHealth will communicate to providers about Ozempic's return to non-preferred status via:

- Information posted under Hot Topics on the Portal homepage and What's New on the Provider page of the Portal
- Providers' active email subscription and their secure Provider Portal account
- The Preferred Drug List Quick Reference on the Pharmacy Resources page of the Portal

When the effective date and the transition period for Ozempic is announced, pharmacy providers should begin working with prescribers to transition members using Ozempic in the hypoglycemics, GLP-1 agents drug class to another preferred drug or request PA for a non-preferred drug in the hypoglycemics, GLP-1 agents drug class if it is medically appropriate for the member.

All drugs in the hypoglycemics, GLP-1 drug class are diagnosis restricted. A ForwardHealth-allowed diagnosis code must be indicated on claims (and PA requests when applicable) for all hypoglycemics, GLP-1 agents.

Revised Clinical Criteria for Non-Preferred Hypoglycemics, Glucagon-Like Peptide Agents

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

Clinical criteria for approval of a PA request for a non-preferred hypoglycemics, GLP-1 agent are **all** of the following:

- The non-preferred drug is being prescribed in a manner consistent with the FDA-approved product labeling.
- The member has type 2 diabetes mellitus.
- The member's hemoglobin A1c (HbA1c) was measured within the past six months.
- If the member is not currently using a hypoglycemics, GLP-1 agent, their most recent HbA1c is 6.5 percent or greater.

One of the following must be documented for **at least one** of the preferred hypoglycemics, GLP-1 agents:

- The member has taken the maximum dose of a preferred hypoglycemics, GLP-1 agent for at least three consecutive months and experienced an

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unsatisfactory therapeutic response in glycemic control. (Note: Initial PA requests require an HbA1c measurement after the member has been taking the maximum dose of a preferred agent for at least three consecutive months.)
- The member experienced a clinically significant adverse drug reaction with a preferred hypoglycemics, GLP-1 agent.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for non-preferred hypoglycemics, GLP-1 agents. The supporting clinical information and medical records must document the following:
- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan
- The member's current HbA1c lab report

The following will **not** be considered as criteria to support the need for a non-preferred hypoglycemics, GLP-1 agent:
- Nonadherence to previous hypoglycemics, GLP-1 treatment
- The member's fear of needles
- The member's or prescriber's preference for the use of an oral agent
- The member's or prescriber's preference for the use of a non-preferred hypoglycemics, GLP-1 agent
- The member's or prescriber's preference for a less frequent dosing schedule

PA requests for non-preferred hypoglycemics, GLP-1 agents may be initially approved for up to 183 days.

Renewal PA requests may be approved for up to 365 days if the member has been adherent with the prescribed treatment regimen and had a reduction in their HbA1c compared to their baseline prior to the initiation of the non-preferred hypoglycemics, GLP-1 agent.

Revised PA Form for Non-Preferred Hypoglycemics, Glucagon-Like Peptide Drugs

ForwardHealth has revised the Prior Authorization Drug Attachment for Hypoglycemics, Glucagon-Like Peptide (GLP-1) Agents form. F-00238 (07/2024). Effective July 1, 2024, pharmacy providers must use the revised Prior Authorization Drug Attachment for Hypoglycemics, GLP-1 Agents form to submit PA requests for non-preferred hypoglycemics, GLP-1 drugs.

QUICK LINKS

Forms page

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ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for non-preferred hypoglycemics, GLP-1 agents approved before July 1, 2024, until they expire or until the approved days' supply is used up.

Changes to Hypoglycemics, Insulins Long-Acting Drug Class

Insulin glargine U 100-yfgn temporarily became a preferred drug on April 1, 2024.

Effective July 1, 2024, insulin glargine U 100-yfgn will remain a preferred drug in the hypoglycemics, insulins long acting drug class. Preferred drugs do not require PA.

Revised Clinical Criteria for Hypoglycemics, Insulins Long-Acting Drugs

ForwardHealth has revised the clinical criteria for non-preferred hypoglycemics, insulins long-acting drugs.

Clinical criteria that must be documented for approval of a PA request for a non-preferred hypoglycemics, insulins long-acting drug are **all** of the following:

- The member has diabetes.
- The member is unable to use insulin glargine U-100 due to **one** of the following:
  - The member has used insulin glargine U-100 for at least six consecutive months and was unable to obtain adequate fasting glucose control.
  - The member has used insulin glargine U-100 and experienced continued hypoglycemic episodes.
- The member's insulin treatment regimen was adjusted to optimize glycemic control or reduce hypoglycemia, and the member was compliant with their insulin treatment regimen and blood glucose monitoring schedule. (Insulin regimen adjustment options should include basal dose escalation, splitting the daily basal dose, adjusting the basal dosing time, and the addition or dose escalation of meal-time insulin.)

In addition to meeting the above clinical criteria, the following must be documented:

- The member's current insulin treatment regimen
- The member's previous insulin treatment regimen(s)
- The member's proposed insulin treatment regimen to include the non-preferred hypoglycemics, insulins long-acting drug (initial PA request only)

QUICK LINKS

Hypoglycemics, Insulins Long-Acting topic (#19357)

Note: This topic will be updated on July 1, 2024.

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- The glycemic treatment goals the prescriber has established for the member, such as HbA1c and fasting blood glucose (FBG)

The following will not be considered as criteria to support the need for a non-preferred hypoglycemics, insulins long-acting drug:

- Nonadherence to previous insulin treatment regimen
- The member's or prescriber's preference for the use of a non-preferred hypoglycemics, insulins long-acting drug
- The member's or prescriber's preference for a smaller injection volume

If the clinical criteria for a non-preferred hypoglycemics, insulins long-acting drug are met, initial PA requests may be approved for up to 183 days. A copy of the member's current medical records must be submitted to support the need for a non-preferred hypoglycemics, insulins long-acting drug.

Renewal PA requests may be approved for up to 365 days. A copy of the member's current medical records must be submitted demonstrating an improvement in the member's glycemic control. Examples include a decrease in HbA1c, improved FBG, and decreased hypoglycemia.

Revised PA Form for Hypoglycemics, Insulins Long-Acting Drugs

ForwardHealth has revised the Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form, F-01749 (07/2024). Effective July 1, 2024, pharmacy providers must use the revised Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form to submit PA requests for non-preferred hypoglycemics, insulins long-acting drugs.

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for non-preferred hypoglycemics, insulins long-acting drugs approved before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Non-Preferred Hypoglycemics, Insulins Long-Acting Drugs

PA requests for non-preferred hypoglycemics, insulins long-acting drugs must be completed, signed, and dated by the prescriber. PA requests for non-preferred hypoglycemics, insulins long-acting drugs must be submitted using the Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form.

QUICK LINKS

Forms page

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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 Hypoglycemics, Insulins Long-Acting form and a completed PA/RF to ForwardHealth.

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

Changes to Immunomodulators, Asthma Drug Class

Clinical PA is required for non-preferred immunomodulator, asthma drugs.

Revised Clinical Criteria for Nucala for Members With Asthma With an Eosinophilic Phenotype

ForwardHealth has revised the clinical criteria for Nucala for members with asthma with an eosinophilic phenotype.

Clinical criteria that must be documented for approval of a PA request for Nucala for members with asthma with an eosinophilic phenotype are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Nucala.
- The member has asthma with an eosinophilic phenotype. A baseline blood eosinophil count of greater than 150 cells/mcL within the previous three months must be documented.
- The prescription is written by or through consultation with an asthma specialist (for example, an allergist, an immunologist, or a pulmonologist).
- **At least one** of the following is true:
  - The member has a history of two or more asthma exacerbations that required treatment with systemic corticosteroids or an emergency department visit or hospitalization for the treatment of asthma in the past year. Documentation should include the approximate dates and what interventions took place for each exacerbation.
  - The member's baseline forced expiratory volume in one second (FEV1) is less than 80 percent predicted. A baseline FEV1 percent predicted from the previous three months must be documented.

QUICK LINKS

Immunomodulators, Asthma topic (#22357)

Note: This topic will be updated on July 1, 2024.

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- The member has been adherent to and maintained on a maximized asthma treatment regimen, including a high-dose inhaled corticosteroid (ICS) in combination with a long-acting beta agonist (LABA) for at least three months prior to requesting Nucala. Documentation should include the ICS and LABA names, doses, and start dates.
- The member has taken Fasenra for at least three consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- Exacerbating factors that may contribute to the member's asthma, such as member non-compliance with therapy, environmental factors, dietary factors, and other similar respiratory conditions, have been ruled out.
- The member will not use Nucala in combination with any biologic immunomodulator.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Nucala for members with asthma with an eosinophilic phenotype. The supporting clinical information and medical records must document the following:

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

If the clinical criteria for Nucala for members with asthma with an eosinophilic phenotype are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Nucala for members with asthma with an eosinophilic phenotype may be approved for up to 365 days. Renewal PA requests for members who have asthma with an eosinophilic phenotype must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a decrease in the number of asthma exacerbations or an increase in FEV1 percent predicted compared to their baseline prior to the initiation of Nucala. Members must also continue to take their maximized asthma treatment regimen, including an ICS and a LABA, during treatment with Nucala.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

Revised Clinical Criteria for Nucala for Members With Chronic Rhinosinusitis With Nasal Polyposis

ForwardHealth has revised the clinical criteria for Nucala for members with chronic rhinosinusitis with nasal polyposis (CRSwNP).

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Clinical criteria that must be documented for approval of a PA request for Nucala for members with CRSwNP are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Nucala.
- The member has CRSwNP.
- The prescription is written by or through consultation with an allergist or an ear, nose, and throat specialist.
- The member has been adherent to and maintained on a maximized CRSwNP treatment regimen, including an intranasal corticosteroid (INCS) for at least three months prior to requesting Nucala. Documentation should include the CRSwNP drug treatment names, doses, and start dates.
- The member has taken Xolair for at least three consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The member will not use Nucala in combination with any biologic immunomodulator.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Nucala for members with CRSwNP. The supporting clinical information and medical records must document the following:

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

If the clinical criteria for Nucala for members with CRSwNP are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Nucala for members with CRSwNP may be approved for up to 365 days. Renewal PA requests for members who have CRSwNP must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a significant reduction in CRSwNP symptoms compared to the member's baseline prior to the initiation of Nucala. Members must also continue to take their maximized



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CRSwNP treatment regimen, including the INCS, during treatment with Nucala.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

The clinical criteria for Nucala for members with the following clinical conditions have not changed:

- Eosinophilic granulomatosis with polyangiitis
- Hypereosinophilic syndrome

Submitting PA Requests for Nucala

The PA submission options for Nucala have not changed.

Changes to Immunomodulators, Atopic Dermatitis Drug Class

Effective July 1, 2024, the clinical condition moderate to severe asthma with an eosinophilic phenotype will be changed to asthma with an eosinophilic phenotype. This is to stay consistent with other immunomodulator drugs that are indicated to treat asthma with an eosinophilic phenotype.

Clinical PA is required for non-preferred systemic immunomodulator, atopic dermatitis drugs.

Revised Clinical Criteria for Dupixent for Members With Asthma With an Eosinophilic Phenotype

ForwardHealth has revised the clinical criteria for Dupixent for members with asthma with an eosinophilic phenotype.

Clinical criteria that must be documented for approval of a PA request for Dupixent for members with asthma with an eosinophilic phenotype are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Dupixent.
- The member has asthma with an eosinophilic phenotype. A baseline blood eosinophil count of greater than 150 cells/mcL within the previous three months must be documented.
- The prescription is written by or through consultation with an asthma specialist (for example, an allergist, an immunologist, or a pulmonologist).
- **At least one** of the following is true:
  - The member has a history of two or more asthma exacerbations that required treatment with systemic corticosteroids or an emergency

QUICK LINKS

Immunomodulators, Atopic Dermatitis topic (#8857)

Note: This topic will be updated on July 1, 2024.

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department visit or hospitalization for the treatment of asthma in the past year. Documentation should include the approximate dates and what interventions took place for each exacerbation.
    - The member's baseline FEV1 is less than 80 percent predicted. A baseline FEV1 percent predicted from the previous three months must be documented.
- The member has been adherent to and maintained on a maximized asthma treatment regimen, including a high-dose ICS, in combination with a LABA for at least three months prior to requesting Dupixent. Documentation should include the ICS and LABA names, doses, and start dates.
- The member has taken Fasenra for at least three consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- Exacerbating factors that may contribute to the member's asthma, such as member non-compliance with therapy, environmental factors, dietary factors, and other similar respiratory conditions, have been ruled out.
- The member will not use Dupixent in combination with any biologic immunomodulator.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Dupixent for members with asthma with an eosinophilic phenotype. The supporting clinical information and medical records must document the following:

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

If the clinical criteria for Dupixent for members with asthma with an eosinophilic phenotype are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Dupixent for members with asthma with an eosinophilic phenotype may be approved for up to 365 days. Renewal PA requests for members who have asthma with an eosinophilic phenotype must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a decrease in the number of asthma exacerbations or an increase in FEV1 percent predicted compared to their baseline prior to initiation of Dupixent. Members must also continue to take their maximized asthma treatment regimen, including an ICS and a LABA, during treatment with Dupixent.

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All renewal PA requests require the member to be adherent to the prescribed treatment regimen.

Revised Clinical Criteria for Dupixent for Members With Chronic Rhinosinusitis With Nasal Polyposis

ForwardHealth has revised the clinical criteria for Dupixent for members with CRSwNP.

Clinical criteria that must be documented for approval of a PA request for Dupixent for members with CRSwNP are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Dupixent.
- The member has CRSwNP.
- The prescription is written by or through consultation with an allergist or an ear, nose, and throat specialist.
- The member has been adherent to and maintained on a maximized CRSwNP treatment regimen, including an INCS for at least three months prior to requesting Dupixent. Documentation should include the CRSwNP drug treatment names, doses, and start dates.
- The member has taken Xolair for at least three consecutive months and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The member will not use Dupixent in combination with any biologic immunomodulator.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Dupixent for members with CRSwNP. The supporting clinical information and medical records must document the following:

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

If the clinical criteria for Dupixent for members with CRSwNP are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Dupixent may be approved for up to 365 days. Renewal PA requests for members who have CRSwNP must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a significant reduction in CRSwNP symptoms compared to the member's baseline prior to the initiation

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of Dupixent. Members must also continue to take their maximized CRSwNP treatment regimen, including the INCS, during treatment with Dupixent.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

The clinical criteria for Dupixent for members with the following clinical conditions have not changed:

- Eosinophilic esophagitis
- Oral corticosteroid dependent asthma
- Prurigo nodularis

In addition, the clinical criteria for Cibinqo, Dupixent, and Rinvoq for members with moderate to severe atopic dermatitis have not changed.

Submitting PA Requests for Cibinqo, Rinvoq, and Dupixent

The PA submission options for Cibinqo, Dupixent, and Rinvoq have not changed.

Changes to Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitors Drug Class

All drugs in the lipotropics, ACL inhibitors drug class are non-preferred and require PA.

Conditions for Which PA Requests for Use of Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs Will Be Considered for Review

ForwardHealth will only consider PA requests for lipotropics, ACL inhibitor drugs to treat members with the following identified clinical conditions:

- Clinical atherosclerotic cardiovascular disease (ASCVD)
- High risk for a cardiovascular disease event
- Heterozygous familial hypercholesterolemia (HeFH)

ForwardHealth will approve up to one ACL inhibitor **or** one PCSK9 inhibitor at a time per member. ForwardHealth does not cover treatment with more than one ACL inhibitor and/or PCSK9 inhibitor.

New Clinical Criteria for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs for Members Who Are High Risk for a Cardiovascular Disease Event

ForwardHealth has established the clinical PA criteria for lipotropics, ACL inhibitor drugs for members who are high risk for a cardiovascular disease event.

QUICK LINKS

Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitors topic (#21617)

Note: This topic will be updated on July 1, 2024.

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Clinical criteria that must be documented for approval of a PA request for lipotropics, ACL inhibitor drugs for members who are high risk for a cardiovascular disease event are **all** of the following:

- The member is high risk for a cardiovascular disease event, as evidenced by **one** of the following:
  - The member has diabetes mellitus (type I or II) and is a female over 65 years of age or is a male over 60 years of age.
  - The member is high risk for ASCVD as determined by an ASCVD risk calculator. The name of the risk calculator used and the member's score must be documented.
  - The member has a coronary artery calcium score greater than 400 Agatston units.
- One of the following is true:
  - The member is currently taking a statin.
  - The member is unable to take a statin, as evidenced by experiencing an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with at least three statins.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for lipotropics, ACL inhibitor drugs for members who are high risk for a cardiovascular event. The supporting clinical information and medical records must document the following:

- Evidence that the member is high risk for a cardiovascular disease event
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Reasons for discontinuation if drug therapy was discontinued

Initial and Renewal PA Requests for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs for Members Who Are High Risk for a Cardiovascular Disease Event

If the clinical criteria for lipotropics, ACL inhibitor drugs for members who are high risk for a cardiovascular event are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for lipotropics, ACL inhibitor drugs for members who are high risk for a cardiovascular event may be approved for up to 365 days.

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All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

Revised Clinical Criteria for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs for Members With Clinical Atherosclerotic Cardiovascular Disease

ForwardHealth has revised the clinical criteria for ACL inhibitor drugs for members with clinical ASCVD.

Clinical criteria that must be documented for approval of a PA request for lipotropics, ACL inhibitor drugs for members with clinical ASCVD are **all** of the following:

- The member has clinical ASCVD, as evidenced by **one** of the following:
  - The member has coronary artery disease (CAD), which is supported by a history of myocardial infarction (heart attack), coronary revascularization, or angina pectoris.
  - The member has a history of stroke.
  - The member has symptomatic peripheral arterial disease as evidenced by one of the following:
    - Intermittent claudication with an ankle brachial index (ABI) of less than or equal to 0.9
    - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease
- One of the following is true:
  - The member is currently taking a statin.
  - The member is unable to take a statin, as evidenced by experiencing an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with at least three statins.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for lipotropics, ACL inhibitor drugs. The supporting clinical information and medical records must document the following:

- Evidence that the member has clinical ASCVD
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Reasons for discontinuation if drug therapy was discontinued

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Initial and Renewal PA Requests for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs for Members With Clinical Atherosclerotic Cardiovascular Disease

If the clinical criteria for lipotropics, ACL inhibitor drugs for members with clinical ASCVD are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for lipotropics, ACL inhibitor drugs for members with clinical ASCVD may be approved for up to 365 days.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

Revised Clinical Criteria for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs for Members With Heterozygous Familial Hypercholesterolemia

ForwardHealth has revised the clinical criteria for lipotropics, ACL inhibitor drugs for members with HeFH.

Clinical criteria that must be documented for approval of a PA request for lipotropics, ACL inhibitor drugs for members with HeFH are **all** of the following:

- The member has been diagnosed by a specialist in cardiology or lipid management.
- The member has HeFH, as evidenced by clinical documentation that supports a definitive diagnosis of HeFH using either World Health Organization (WHO) criteria (Dutch Lipid Clinic Network clinical criteria with a score greater than eight) or Simon Broome diagnostic criteria.
- The member attempted to maximize treatment with statins prior to requesting a lipotropics, ACL inhibitor drug. The member must have taken a maximized statin regimen for **at least three continuous months** with failure to reach a low-density lipoprotein (LDL) less than or equal to 100 mg/dL. (Note: Members who are not taking a maximized statin regimen, which includes atorvastatin, rosuvastatin, or simvastatin, are required to attempt a second statin in order to establish a maximum treatment regimen.)
- The member must continue to take the maximized statin regimen during treatment with the lipotropics, ACL inhibitor drug unless the member is statin intolerant. Statin intolerance must be established through trials with **at least three** different statins (with one regimen containing pravastatin, fluvastatin, or rosuvastatin).

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Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for lipotropics, ACL inhibitor drugs for members with HeFH. The supporting clinical information and medical records must document the following:

- Evidence that the member has HeFH
- A current lipid panel lab report
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Lipid panel report prior to and during drug therapy (including dates taken)
  - Reasons for discontinuation if drug therapy was discontinued

Initial and Renewal PA Requests for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs for Members With Heterozygous Familial Hypercholesterolemia

If the clinical criteria for lipotropics, ACL inhibitor drugs for members with HeFH are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for lipotropics, ACL inhibitor drugs for members with HeFH may be approved for up to 365 days. Renewal PA requests for members who have HeFH must include supporting clinical information and copies of the member's current medical records demonstrating evidence of LDL reduction of at least 30 percent from the pre-treatment baseline or a decrease to 130 mg/dL or less. Members also must continue to take a statin (if tolerant) during treatment with a lipotropics, ACL inhibitor drug.

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

Submitting PA Requests for Lipotropics, Adenosine Triphosphate—Citrate Lyase Inhibitor Drugs

PA requests for lipotropics, ACL inhibitor drugs must be completed and signed by the prescriber. PA requests for lipotropics, ACL inhibitor drugs should be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA

QUICK LINKS

Forms page

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form. Clinical documentation supporting the use of a lipotropics, ACL inhibitor drug also 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. The prescriber 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 lipotropics, ACL inhibitor drugs may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Changes to Lipotropics, Omega-3 Acids Drug Class

Revised Clinical Criteria for Non-Preferred Lipotropics, Omega-3 Acids for Atherosclerotic Cardiovascular Disease Risk Reduction

ForwardHealth has revised the clinical criteria for non-preferred lipotropics, omega-3 acids for ASCVD risk reduction.

Clinical criteria for approval of a PA request for non-preferred lipotropics, omega-3 acids for ASCVD risk reduction are **all** of the following:

- The member must have taken a maximized statin regimen **for at least three consecutive months** with failure to reach a triglyceride level of less than 150 mg/dL. The member must continue to take the maximized statin regimen along with the non-preferred lipotropic, omega-3 acid.
- **One** of the following is true:
  - The member has clinical ASCVD, as evidenced by **one** of the following:
    - The member has CAD, which is supported by a history of myocardial infarction (heart attack), coronary revascularization, or angina pectoris.
    - The member has a history of stroke.
    - The member has symptomatic peripheral arterial disease as evidenced by **one** of the following:
      - Intermittent claudication with an ABI of less than or equal to 0.9
      - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease

QUICK LINKS

Lipotropics, Omega-3 Acids topic (#7817)

Note: This topic will be updated on July 1, 2024.

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- The member has diabetes mellitus and two or more of the following ASCVD risk factors:
  - Congestive heart failure
  - Current smoker
  - Estimated glomerular filtration rate less than 60 mL/min/1.73 m^2
  - Hypertension
  - Obesity

Clinical Criteria for Non-Preferred Lipotropics, Omega-3 Acids for Severe Hypertriglyceridemia

The clinical criteria for non-preferred lipotropics, omega-3 acids for severe hypertriglyceridemia have not changed.

Revised PA Form for Non-Preferred Omega-3 Acids

ForwardHealth has revised the Prior Authorization Drug Attachment for Lipotropics, Omega-3 Acids form, F-00162 (07/2024). Effective July 1, 2024, pharmacy providers must use the revised Prior Authorization Drug Attachment for Lipotropics, Omega-3 Acids form to submit PA requests for non-preferred lipotropics, omega-3 acids.

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for non-preferred lipotropics, omega-3 acids approved before July 1, 2024, until they expire or until the approved days' supply is used up.

QUICK LINKS

Forms page

Submitting PA Requests for Non-Preferred Omega-3 Acids

PA requests for non-preferred lipotropics, omega-3 acids must be completed, signed, and dated by the prescriber. PA requests for non-preferred lipotropics, omega-3 acids must be submitted using the Prior Authorization Drug Attachment for Lipotropics, Omega-3 Acids 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. The prescriber should **not** submit the PA form to ForwardHealth.

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Pharmacy providers are required to submit the completed Prior Authorization Drug Attachment for Lipotropics, Omega-3 Acids form and a completed PA/RF to ForwardHealth.

PA requests for non-preferred lipotropics, omega-3 acids may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Changes to Lipotropics, PCSK9 Inhibitors Drug Class

PA is required for all lipotropics, PCSK9 inhibitors, including preferred lipotropics, PCSK9 inhibitors.

Conditions for Which PA Requests for Use of Lipotropics, PCSK9 Inhibitor Drugs Will Be Considered for Review

ForwardHealth will only consider PA requests for PCSK9 inhibitor drugs to treat the following identified clinical conditions:

- Clinical ASCVD
- HeFH
- Homozygous familial hypercholesterolemia (HoFH)

ForwardHealth will approve up to one ACL inhibitor **or** one PCSK9 inhibitor at a time per member. ForwardHealth does not cover treatment with more than one ACL inhibitor and/or PCSK9 inhibitor.

Revised Clinical Criteria for Lipotropics, PCSK9 Inhibitor Drugs for Members With Clinical Atherosclerotic Cardiovascular Disease

ForwardHealth has revised the clinical criteria for lipotropics, PCSK9 inhibitor drugs for members with clinical ASCVD.

Clinical criteria that must be documented for approval of a PA request for lipotropics, PCSK9 inhibitor drugs for members with clinical ASCVD are **all** of the following:

- The member has clinical ASCVD, as evidenced by **one** of the following:
  - The member has CAD, which is supported by a history of myocardial infarction (heart attack), coronary revascularization, or angina pectoris.
  - The member has a history of stroke.
  - The member has symptomatic peripheral arterial disease as evidenced by **one** of the following:
    - Intermittent claudication with an ABI of less than or equal to 0.9
    - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease

QUICK LINKS

Lipotropics, PCSK9 Inhibitors topic (#18737)

Note: This topic will be updated on July 1, 2024.

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- **One** of the following is true:
  - The member is currently taking a statin.
  - The member is unable to take a statin, as evidenced by experiencing an unsatisfactory therapeutic response or a clinically significant adverse drug reaction with at least three statins.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for lipotropics, PCSK9 inhibitor drugs. The supporting clinical information and medical records must document the following:

- Evidence that the member has clinical ASCVD
- Documentation of the member's current and previous drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Reasons for discontinuation if drug therapy was discontinued

Note: For PA requests for non-preferred lipotropics, PCSK9 inhibitor drugs, the member must have taken a preferred lipotropics, PCSK9 inhibitor drug and experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction.

Initial and Renewal PA Requests for Lipotropics, PCSK9 Inhibitor Drugs for Members With Clinical Atherosclerotic Cardiovascular Disease

If the clinical criteria for lipotropics, PCSK9 inhibitor drugs are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for lipotropics, PCSK9 inhibitor drugs may be approved for up to 365 days.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

Revised Clinical Criteria for Lipotropics, PCSK9 Inhibitor Drugs for Members With Heterozygous Familial Hypercholesterolemia

ForwardHealth has revised the clinical criteria for lipotropics, PCSK9 inhibitor drugs for members with HeFH.

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Clinical criteria that must be documented for approval of a PA request for lipotropics, PCSK9 inhibitor drugs for members with HeFH are **all** of the following:

- The member has been diagnosed by a specialist in cardiology or lipid management.
- The member has HeFH, as evidenced by clinical documentation that supports a **definitive** diagnosis of HeFH using either WHO criteria (Dutch Lipid Clinic Network clinical criteria with a score greater than eight) or Simon Broome diagnostic criteria.
- The member attempted to maximize treatment with statins prior to requesting a lipotropics, PCSK9 inhibitor drug. The member must have taken a maximized statin regimen for **at least three continuous months** with failure to reach an LDL less than or equal to 100 mg/dL. (Note: Members who are not taking a maximized statin regimen, which includes atorvastatin, rosuvastatin, or simvastatin, are required to attempt a second statin in order to establish a maximum treatment regimen.)
- The member must continue to take the maximized statin regimen during treatment with the lipotropics, PCSK9 inhibitor drug unless the member is statin intolerant. Statin intolerance must be established through trials with at least three different statins (with one regimen containing pravastatin, fluvastatin, or rosuvastatin).

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for lipotropics, PCSK9 inhibitor drugs. The supporting clinical information and medical records must document the following:

- Evidence that the member has HeFH
- A current lipid panel lab report
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Lipid panel report prior to and during drug therapy (including dates taken)
  - Reasons for discontinuation if drug therapy was discontinued

Note: For PA requests for non-preferred lipotropics, PCSK9 inhibitor drugs, the member must have taken a preferred lipotropics, PCSK9 inhibitor drug concurrently with a maximized statin regimen (if tolerant) for **at least three**

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continuous months with failure to reach an LDL less than or equal to 100 mg/dL.

Initial and Renewal PA Requests for Lipotropics, PCSK9 Inhibitor Drugs for Members With Heterozygous Familial Hypercholesterolemia

If the clinical criteria for lipotropics, PCSK9 inhibitor drugs are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for lipotropics, PCSK9 inhibitor drugs may be approved for up to 365 days. Renewal PA requests for members who have HeFH must include supporting clinical information and copies of the member's current medical records demonstrating evidence of LDL reduction of at least 30 percent from pre-treatment baseline or a decrease to 130 mg/dL or less. Members also must continue to take the maximized statin treatment regimen (if tolerant) during treatment with the lipotropics, PCSK9 inhibitor drug.

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

Revised Clinical Criteria for Lipotropics, PCSK9 Inhibitor Drugs for Members With Homozygous Familial Hypercholesterolemia

ForwardHealth has revised the clinical criteria for lipotropics, PCSK9 inhibitor drugs for members with HoFH.

Clinical criteria that must be documented for approval of a PA request for lipotropics, PCSK9 inhibitor drugs for members with HoFH are **all** of the following:

- **One** of the following is true:
  - The member has genetic confirmation of **two** of the following mutant alleles at the LDL receptor:
    - Apolipoprotein B
    - PCSK9
    - Autosomal recessive hypercholesterolemia adaptor protein gene locus
  - The member has an untreated LDL-C greater than 500 mg/dL or a total treated LDL-C greater than or equal to 300 mg/dL and **one** of the following:
    - Cutaneous tendinous xanthoma(s) before 10 years of age
    - Untreated LDL-C levels of greater than or equal to 190 mg/dL in both parents

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- The member must have attempted to maximize treatment with LDL-lowering therapies prior to requesting a lipotropics, PCSK9 inhibitor drug. The member must have received maximized LDL-lowering therapies for **at least three continuous months** with failure to reach an LDL level of 130 mg/dL or less.
- The member must continue to take the maximized LDL-lowering therapies during treatment with the lipotropics, PCSK9 inhibitor drug.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for lipotropics, PCSK9 inhibitor drugs. The supporting clinical information and medical records must document the following:

- Evidence that the member has HoFH
- A current lipid panel lab report
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Lipid panel report prior to and during drug therapy (including dates taken)
  - Reasons for discontinuation if drug therapy was discontinued

Note: For PA requests for non-preferred lipotropics, PCSK9 inhibitor drugs, the member must have taken a preferred lipotropics, PCSK9 inhibitor drug concurrently with maximized LDL-lowering therapies **for at least three continuous months** with failure to reach an LDL less than or equal to 130 mg/dL.

Initial and Renewal PA Requests for Lipotropics, PCSK9 Inhibitor Drugs for Members With Homozygous Familial Hypercholesterolemia

If the clinical criteria for lipotropics, PCSK9 inhibitor drugs are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for lipotropics, PCSK9 inhibitor drugs may be approved for up to 365 days. Renewal PA requests for members who have HoFH must include supporting clinical information and copies of the member's current medical records demonstrating evidence of LDL reduction of at least 30 percent from pre-treatment baseline or a decrease to 160 mg/dL or less. Members also must continue to take the maximized LDL-lowering therapies during treatment with the lipotropics, PCSK9 inhibitor drug.

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

Revised PA Form for Lipotropics, PCSK9 Inhibitor Drugs

ForwardHealth has revised the Prior Authorization Drug Attachment for Lipotropics, Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors form, F-02505 (07/2024). Effective July 1, 2024, pharmacy providers must use the revised Prior Authorization Drug Attachment for Lipotropics, PCSK9 Inhibitors form to submit PA requests for lipotropics, PCSK9 inhibitor drugs.

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for lipotropics, PCSK9 inhibitor drugs approved before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for PCSK9 Inhibitor Drugs

PA requests for lipotropics, PCSK9 inhibitor drugs must be completed, signed, and dated by the prescriber. PA requests for lipotropics, PCSK9 inhibitor drugs must be submitted using the Prior Authorization Drug Attachment for Lipotropics, PCSK9 Inhibitors form. Clinical documentation supporting the use of a lipotropics, PCSK9 inhibitor 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.

Pharmacy providers are required to submit the completed Prior Authorization Drug Attachment for Lipotropics, PCSK9 Inhibitors form and a completed PA/RF to ForwardHealth.

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

Changes to Opioid Dependency Agents Drug Class

The opioid dependency agents drug class contains the following subclasses:

- Opioid dependency agents—buprenorphine
- Opioid dependency agents—methadone

QUICK LINKS

Forms page

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

Brixadi will become a preferred drug in the opioid dependency agents—buprenorphine drug class. Preferred drugs do not require PA, but Brixadi will still have a diagnosis restriction.

Note: The policy for obtaining physician-administered drugs applies to Sublocade and Brixadi.

The clinical criteria for the following non-preferred opioid dependency agents have not changed:

- Non-Preferred Opioid Dependency Agents—Buprenorphine
- Buprenorphine Tablets Without Naloxone
- Buprenorphine-Naloxone Drugs

Revised Prior Authorization/Preferred Drug List for Opioid Dependency Agents—Buprenorphine Form

ForwardHealth has revised the Prior Authorization/Preferred Drug List (PA/PDL) for Opioid Dependency Agents—Buprenorphine form, F-00081 (07/2024), for non-preferred opioid dependency agents—buprenorphine drugs. Effective July 1, 2024, pharmacy providers must use the revised PA/PDL for Opioid Dependency Agents—Buprenorphine form to submit PA requests for non-preferred opioid dependency agents—buprenorphine drugs.

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for non-preferred opioid dependency agents—buprenorphine drugs approved before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Non-Preferred Opioid Dependency Agents—Buprenorphine

The PA submission options for non-preferred drugs in the opioid dependency agents—buprenorphine drug class have not changed.

Changes to Pulmonary Arterial Hypertension Drug Class

Opsynvi has been added to the pulmonary arterial hypertension drug class with an interim status of non-preferred. Opsynvi will have an interim status of non-preferred until the May 2025 PDL review by the Wisconsin Medicaid Pharmacy PA Advisory Committee.

QUICK LINKS

Opioid Dependency Agents topic (#8917)

Note: This topic will be updated on July 1, 2024.

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.

Non-preferred drugs require PA.

Opsynvi will require clinical PA.

New Clinical Criteria for Opsynvi

ForwardHealth has established the clinical PA criteria for Opsynvi.

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

- The prescriber has submitted detailed clinical justification for prescribing Opsynvi instead of the combination of tadalafil (Adcirca) and macitentan (Opsumit).
- The clinical information must document why the member cannot use the combination of tadalafil (Adcirca) and macitentan (Opsumit), including why it is medically necessary that the member receive Opsynvi instead of the combination of tadalafil (Adcirca) and macitentan (Opsumit).

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

Submitting PA Requests for Opsynvi

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

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

QUICK LINKS

Prior Authorization/Drug Attachment topic (#15937)

Note: This topic will be updated on July 1, 2024.

QUICK LINKS

Forms page

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Changes to Stimulants Drug Class

Effective July 1, 2024, members will be allowed more than one STAT-PA approval for non-preferred stimulants (except for methamphetamine). The process for submitting PA requests for non-preferred stimulants through STAT-PA has not changed. The other PA submission options for non-preferred stimulants—Portal, mail, or fax—also have not changed.

The Prior Authorization/Preferred Drug List (PA/PDL) for Non-Preferred Stimulants form, F-01672 (01/2017), has not changed.

The clinical criteria for non-preferred stimulants have not changed.

Other Pharmacy Policy Changes

Anti-Obesity Drugs

Revised Clinical Criteria for Anti-Obesity Drugs

ForwardHealth has revised the clinical criteria for anti-obesity drugs.

Clinical criteria for approval of a PA request for anti-obesity drugs require **one** of the following:

- The member is 18 years of age or older (or 12 years of age or older for Evekeo requests only) and has a body mass index (BMI) greater than or equal to 30.
- The member is 18 years of age or older (or 12 years of age or older for Evekeo requests only), has a BMI greater than or equal to 27 but less than 30 and has two or more of the following risk factors:
  - The member is currently being treated for dyslipidemia.
  - The member is currently being treated for hypertension.
  - The member is currently being treated for sleep apnea.
  - The member is currently being treated for type 2 diabetes mellitus.
  - The member has cardiovascular disease, which is supported by a history of **at least one** of the following:
    - Myocardial infarction (heart attack)
    - Coronary revascularization
    - Angina pectoris
    - Stroke
    - Intermittent claudication with an ABI of less than or equal to 0.9
    - Peripheral arterial revascularization due to atherosclerotic disease
    - Amputation due to atherosclerotic disease

QUICK LINKS

- Stimulants topic (#16357)
- Anti-Obesity Drugs topic (#7837)

Note: The Anti-Obesity Drugs topic will be updated on July 1, 2024.

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For Saxenda PA requests for members 12–17 years of age, the member has a body weight above 132 pounds and a BMI corresponding to 30 or greater for adults by international cut-offs. (Note: BMI is determined using International Obesity Task Force BMI cut-offs for obesity by sex and age for pediatric patients aged 12 years and older [Cole Criteria]).

For Wegovy and Xenical PA requests for members 12–17 years of age, the member has a BMI greater than or equal to the 95th percentile standardized by age and sex.

In addition, **all** of the following must be true:

- The member is not pregnant or nursing.
- The member does not have a history of an eating disorder (for example, anorexia, bulimia, or binge eating disorder).
- The prescriber has evaluated and determined that the member does not have any medical or medication contraindications to treatment with the anti-obesity drug being requested.
- The member does not have a medical history of substance abuse or misuse for controlled substance anti-obesity drugs.
- The member has participated in a weight loss treatment plan (for example, nutritional counseling, an exercise regimen, or a calorie-restricted diet) in the past six months and will continue to follow the treatment plan while taking an anti-obesity drug.

PA requests for anti-obesity drugs will not be renewed if a member's BMI is below 24.

PA requests for anti-obesity drugs will only be approved for one anti-obesity drug per member. ForwardHealth does not cover treatment with more than one anti-obesity drug.



ForwardHealth advises prescribers to be mindful of the continuing manufacturer shortages for anti-obesity drugs Saxenda, Wegovy, and Zepbound and the role of these medications in weight management. GLP-1 and gastric inhibitory polypeptide receptor agonist anti-obesity drugs Saxenda, Wegovy, and Zepbound are indicated to be used as an adjunct to diet and physical activity for weight management.

Since PA requests for members have effective dates, ForwardHealth advises prescribers not to initiate a new PA request for Saxenda, Wegovy, or Zepbound during this drug shortage unless it has been determined that the requested anti-obesity drug is available for the member through a specific pharmacy.

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ForwardHealth does not cover the following:

- Orlistat, generic Xenical
- Any brand name innovator single ingredient phentermine products
- Over-the-counter anti-obesity drug
- Anti-obesity drugs when used for conditions other than weight loss

ForwardHealth will return PA requests for the previously listed drugs as noncovered services.

Revised PA Form for Anti-Obesity Drugs

ForwardHealth has revised the Prior Authorization Drug Attachment for Anti-Obesity Drugs form, F-00163 (07/2024). Effective July 1, 2024, prescribers must use the revised Prior Authorization Drug Attachment for Anti-Obesity Drugs form to submit PA requests for anti-obesity drugs (excluding Wegovy to reduce the risk of major adverse cardiovascular events [MACE] in adults with established cardiovascular disease).

ForwardHealth will return PA requests that are not submitted with the revised form.

ForwardHealth will honor PA requests for anti-obesity drugs approved before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Anti-Obesity Drugs

PA requests for the following anti-obesity drugs must be submitted on the Prior Authorization Drug Attachment for Anti-Obesity Drugs form:

- Benzphetamine
- Diethylpropion
- Phendimetrazine
- Phentermine
- Evekeo
- Saxenda
- Wegovy
- Xenical
- Zepbound

Anti-obesity drugs are covered for dual eligibles enrolled in a Medicare Part D Prescription Drug Plan.

Prescribers, or their designees, are required to request PA for anti-obesity drugs using one of the following options:

- DAPO Center

QUICK LINKS

Forms page

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- Portal
- Fax
- Mail

A prescriber, or their designee, should have all PA information completed before calling the DAPO Center to obtain PA.

Prescribers are required to retain a completed copy of the Prior Authorization Drug Attachment for Anti-Obesity Drugs form and any supporting documentation.

If a prescriber or their designee chooses to submit a paper PA request for anti-obesity drugs by fax or mail, the following must be completed and submitted to ForwardHealth:

- PA/RF
- Prior Authorization Drug Attachment for Anti-Obesity Drugs form
- Supporting documentation, as appropriate

The Prior Authorization Fax Cover Sheet, F-01176 (09/2022), is available on the Forms page of the Portal for prescribers or their designee submitting the forms and documentation by fax.

Prescribers are reminded that they are required to complete, sign, and date the PA/RF and the Prior Authorization Drug Attachment for Anti-Obesity Drugs form when submitting the PA request on paper.

Note: Wegovy to reduce the risk of MACE in adults with established cardiovascular disease has separate PA submission requirements.

Initial and Renewal PA Requests for Benzphetamine, Diethylpropion, Phendimetrazine, and Phentermine

If clinical criteria for anti-obesity drugs are met, initial PA requests for benzphetamine, diethylpropion, phendimetrazine, and phentermine will be approved for up to 90 days. If the member meets a weight loss goal of at least 10 pounds of their weight from baseline during the initial 90-day approval, PA may be requested for an additional three months of treatment. The maximum length of continuous drug therapy for benzphetamine, diethylpropion, phendimetrazine, and phentermine is six months.

If the member does not meet a weight loss goal of at least 10 pounds of their weight from baseline during the initial 90-day approval or the member has completed six months of continuous benzphetamine, diethylpropion, phendimetrazine, or phentermine treatment, then the member must wait six

HOURS OF OPERATION

Hours of operation for the DAPO Center are from 8 a.m. to 5:30 p.m., Monday through Friday. After business hours and on weekends, providers may leave a voicemail for DAPO Center staff to return the next business day.

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months before PA can be requested for any controlled substance anti-obesity drug.

ForwardHealth allows only two weight loss attempts with this group of drugs (benzphetamine, diethylpropion, phendimetrazine, and phentermine) during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

Initial and Renewal PA Requests for Evekeo

If clinical criteria for anti-obesity drugs are met, initial PA requests for Evekeo will be approved for up to 30 days. The maximum length of continuous drug therapy for Evekeo is one month.

After the member has completed one month of Evekeo treatment, the member must wait six months before PA can be requested for any controlled substance anti-obesity drug.

ForwardHealth allows only two weight loss attempts with Evekeo during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

Initial and Renewal PA Requests for Saxenda

If clinical criteria for anti-obesity drugs are met, initial PA requests for Saxenda will be approved for up to 180 days. If the member meets a weight loss goal of at least 5 percent of their weight from baseline, PA may be requested for an additional 180 days of treatment. **Renewal PA requests require the member to be taking an appropriate maintenance dose as outlined in the Saxenda prescribing information.** PA requests for Saxenda may be approved for up to a maximum treatment period of 12 continuous months of drug therapy.

If the member does not meet a weight loss goal of at least 5 percent of their weight from baseline during the initial 180-day approval or the member has completed 12 months of continuous Saxenda treatment, then the member must wait six months before PA can be requested for Saxenda.

ForwardHealth allows only two weight loss attempts with Saxenda during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

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Initial and Renewal PA Requests for Wegovy

If clinical criteria for anti-obesity drugs are met, initial PA requests for Wegovy will be approved for up to 180 days. If the member meets a weight loss goal of at least 5 percent of their weight from baseline, PA may be requested for an additional 180 days of treatment. **Renewal PA requests require the member to be taking an appropriate maintenance dose as outlined in the Wegovy prescribing information.** PA requests for Wegovy may be approved for up to a maximum treatment period of 12 continuous months of drug therapy.

If the member does not meet a weight loss goal of at least 5 percent of their weight from baseline during the initial 180-day approval or the member has completed 12 months of continuous Wegovy treatment, then the member must wait six months before PA can be requested for Wegovy.

ForwardHealth allows only two weight loss attempts with Wegovy during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

Initial and Renewal PA Requests for Xenical

If clinical criteria for anti-obesity drugs are met, initial PA requests for Xenical will be approved for up to 180 days. If the member meets a weight loss goal of at least 10 pounds of their weight from baseline during the first six months of treatment, PA may be requested for an additional 180 days of treatment. If the member's weight remains below baseline, subsequent PA renewal periods for Xenical are a maximum of 180 days. PA requests for Xenical may be approved for a maximum treatment period of 24 continuous months of drug therapy.

If the member does not meet a weight loss goal of at least 10 pounds during the initial 180-day approval, the member's weight does not remain below baseline, or the member has completed 24 months of continuous Xenical treatment, then the member must wait six months before PA can be requested for Xenical.

ForwardHealth allows only two weight loss attempts with Xenical during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

Initial and Renewal PA Requests for Zepbound

If clinical criteria for anti-obesity drugs are met, initial PA requests for Zepbound will be approved for up to 180 days. If the member meets a

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weight loss goal of at least 5 percent of their weight from baseline, PA may be requested for an additional 180 days of treatment. **Renewal PA requests require the member to be taking an appropriate maintenance dose as outlined in the Zepbound prescribing information.** PA requests for Zepbound may be approved for up to a maximum treatment period of 12 continuous months of drug therapy.

If the member does not meet a weight loss goal of at least 5 percent of their weight from baseline during the initial 180-day approval or the member has completed 12 months of continuous Zepbound treatment, then the member must wait six months before PA can be requested for Zepbound.

ForwardHealth allows only two weight loss attempts with Zepbound during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

Revised Clinical Criteria for Wegovy to Reduce the Risk of Major Adverse Cardiovascular Events in Adults With Established Cardiovascular Disease

ForwardHealth has revised the clinical criteria for Wegovy to reduce the risk of MACE in adults with established cardiovascular disease.

Clinical criteria that must be documented for approval of a PA request for Wegovy to reduce the risk of MACE in adults with established cardiovascular disease are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Wegovy.
- The member has established cardiovascular disease as evidenced by one of the following:
  - Prior myocardial infarction
  - Prior stroke
  - Peripheral arterial disease as evidenced by **one** of the following:
    - Intermittent claudication with an ABI of less than or equal to 0.9
    - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease
- The member has a BMI greater than or equal to 27.
- The member has agreed to follow a reduced calorie diet and increase their physical activity.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Wegovy to reduce the risk

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of MACE in adults with established cardiovascular disease. The supporting clinical information and medical records must document the following:

- Evidence that the member has established cardiovascular disease
- The member's current BMI
- The member's current treatment plan including the member's reduced calorie diet and physical activity plan

If the clinical criteria for Wegovy to reduce the risk of MACE in adults with established cardiovascular disease are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests must include supporting clinical information and copies of the member's current medical records demonstrating that the member has been adherent with the entire prescribed MACE risk reduction treatment plan, including the reduced-calorie diet and physical activity plan. **Renewal PA requests require the member to be taking an appropriate maintenance dose as outlined in the Wegovy prescribing information.** Renewal PA requests may be approved for up to 183 days.

Submitting PA Requests for Wegovy to Reduce the Risk of MACE in Adults With Established Cardiovascular Disease

PA requests for Wegovy to reduce the risk of MACE in adults with established cardiovascular disease must be completed, signed, and dated by the prescriber. PA requests for Wegovy to reduce the risk of MACE in adults with established cardiovascular disease 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 Wegovy to reduce the risk of MACE in adults with established cardiovascular disease 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 Wegovy to reduce the risk of MACE in adults with established cardiovascular disease may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system). PA requests for Wegovy to reduce the risk of MACE in adults with established cardiovascular disease may **not** be submitted to the DAPO Center.

QUICK LINKS

Forms page

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Leqvio

Leqvio is a physician-administered drug that requires clinical PA.

All PA requests for Leqvio must be submitted with HCPCS code J1306 (Injection, inclisiran, 1 mg).

Conditions for Which PA Requests for Use of Leqvio Will Be Considered for Review

ForwardHealth will only consider PA requests for Leqvio to treat the following identified clinical conditions:

- Clinical ASCVD
- HeFH

ForwardHealth will approve up to one ACL inhibitor **or** one PCSK9 inhibitor at a time per member. ForwardHealth does not cover treatment with more than one ACL inhibitor and/or PCSK9 inhibitor.

Revised Clinical Criteria for Leqvio for Members With Clinical Atherosclerotic Cardiovascular Disease

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

Clinical criteria that must be documented for approval of a PA request for Leqvio for members with clinical ASCVD are **all** of the following:

- The member has clinical ASCVD, as evidenced by **one** of the following:
  - The member has CAD, which is supported by a history of myocardial infarction (heart attack), coronary revascularization, or angina pectoris.
  - The member has a history of stroke.
  - The member has symptomatic peripheral arterial disease as evidenced by **one** of the following:
    - Intermittent claudication with an ABI of less than or equal to 0.9
    - Peripheral arterial revascularization procedure or amputation due to atherosclerotic disease
- The member has taken Praluent or Repatha concurrently with a maximized statin regimen for **at least three continuous months** with failure to reach an LDL less than or equal to 70 mg/dL. The member must continue to take the maximally tolerated dose of a statin during treatment with Leqvio.

QUICK LINKS

Leqvio topic (#22579)

Note: This topic will be updated on July 1, 2024.

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Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Leqvio. The supporting clinical information and medical records must document the following:

- Evidence that the member has clinical ASCVD
- A current lipid panel lab report
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Lipid panel report prior to and during drug therapy (including dates taken)
  - Reasons for discontinuation if drug therapy was discontinued

Initial and Renewal PA Requests for Leqvio for Members With Clinical Atherosclerotic Cardiovascular Disease

If the clinical criteria for Leqvio are met, initial PA requests may be approved for the initial and three-month doses.

Renewal PA requests for Leqvio may be approved for up to two doses per year. Renewal PA requests for members who have clinical ASCVD must include supporting clinical information and copies of the member's current medical records demonstrating evidence of LDL reduction of at least 30 percent from pre-treatment baseline or a decrease to 100 mg/dL or less. Members also must continue to take the maximized statin treatment regimen during treatment with Leqvio.

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

Revised Clinical Criteria for Leqvio for Members With Heterozygous Familial Hypercholesterolemia

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

Clinical criteria that must be documented for approval of Leqvio for members with HeFH are **all** of the following:

- The member has been diagnosed by a specialist in cardiology or lipid management.
- The member has HeFH, as evidenced by clinical documentation that supports a **definitive** diagnosis of HeFH using either WHO criteria (Dutch

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Lipid Clinic Network clinical criteria with a score greater than eight) or Simon Broome diagnostic criteria.
- The member has taken Praluent or Repatha concurrently with a maximized statin regimen for **at least three continuous months** with failure to reach an LDL less than or equal to 100 mg/dL. The member must continue to take the maximally tolerated dose of a statin during treatment with Leqvio.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Leqvio. The supporting clinical information and medical records must document the following:
- Evidence that the member has HeFH
- A current lipid panel lab report
- Documentation of the member's current and previous lipid lowering drug therapies, including the following for each trial:
  - Drug name(s) and dosage
  - Dates taken
  - Lipid panel report prior to and during drug therapy (including dates taken)
  - Reasons for discontinuation if drug therapy was discontinued

Initial and Renewal PA Requests for Leqvio for Members With Heterozygous Familial Hypercholesterolemia

If the clinical criteria for Leqvio are met, initial PA requests may be approved for the initial and three-month doses.

Renewal PA requests for Leqvio may be approved for up to two doses per year. Renewal PA requests for members who have HeFH must include supporting clinical information and copies of the member's current medical records demonstrating evidence of LDL reduction of at least 30 percent from pre-treatment baseline or a decrease to 130 mg/dL or less. Members also must continue to take the maximized statin treatment regimen during treatment with Leqvio.

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

Submitting PA Requests for Leqvio

PA requests for Leqvio must be completed, signed, and dated by the prescriber. PA requests for Leqvio must be submitted using Section V (Clinical Information for Physician-Administered Drugs With Specific

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Criteria Addressed in the ForwardHealth Online Handbook) on the Prior Authorization/Physician-Administered Drug Attachment (PA/PAD) form, F11034 (07/2022). Clinical documentation supporting the use of Leqvio must be submitted with the PA request.

Prescribers are required to submit the completed PA/PAD form and a completed PA/RF to ForwardHealth.

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

Rezdiffra

Rezdiffra will require clinical PA.

New Clinical Criteria for Rezdiffra

ForwardHealth has established the clinical PA criteria for Rezdiffra.

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

- Rezdiffra must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has been diagnosed with noncirrhotic nonalcoholic steatohepatitis with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) by a biopsy or noninvasive tests (such as FibroScan or magnetic resonance enterography [MRE] + MRI-proton density fat fraction [PDFF]).
- The member will use the medication in conjunction with diet and exercise.
- The prescriber has documented that the member has not had significant alcohol consumption within the past year.
- The prescription is written by a liver specialist physician such as a gastroenterologist or hepatologist.
- The member does not have decompensated cirrhosis.
- The prescriber will monitor for elevations in liver tests and development of liver-related adverse reactions.

If the clinical criteria for Rezdiffra are met, initial PA requests may be approved for up to 183 days.

Initial Renewal PA Request

Initial renewal PA requests require documentation to support that the member is responding adequately to treatment (as documented in laboratory tests). A copy of the member's current medical records must be included with the PA

QUICK LINKS

Forms page

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request. Initial renewal PA requests for Rezdiffra drugs may be approved for up to 183 days.

Subsequent Renewal PA Requests

Subsequent renewal PA requests require documentation to support that the member is responding adequately to treatment (as documented in laboratory tests and a biopsy or noninvasive tests [such as FibroScan or MRE + MRI-PDFF]) and has resolution of steatohepatitis without worsening of fibrosis or at least one stage improvement in fibrosis without worsening of steatohepatitis. A copy of the member's current medical records must be included with the PA request. Subsequent renewal PA requests for Rezdiffra may be approved for up to 365 days.

Submitting PA Requests for Rezdiffra

For PA requests for Rezdiffra, the prescriber is required to complete, sign, and date the PA/DGA form, using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the form.

QUICK LINKS
Forms page

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

Zokinvy

Zokinvy will require clinical PA.

New Clinical Criteria for Zokinvy

ForwardHealth has established the clinical PA criteria for Zokinvy.

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

- Zokinvy is being prescribed in a dose and manner consistent with FDA-approved product labeling.

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- **One** of the following is true:
  - The member has Hutchinson-Gilford Progeria Syndrome.
  - The member has a processing-deficient Progeroid Laminopathy with one of the following:
    - Heterozygous lamin A/C mutation with progerin-like protein accumulation
    - Homozygous or compound heterozygous zinc metallopeptidase STE24 mutations
- The member is not taking any strong or moderate cytochrome P4503A inhibitors or inducers.
- The member is not taking midazolam.
- The member is not taking lovastatin, simvastatin, or atorvastatin.
- The member's current height and weight have been documented.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Zokinvy. The supporting clinical information and the medical records must document the following:

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

If the clinical criteria for Zokinvy are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Zokinvy may be approved for up to 365 days.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen.

Submitting PA Requests for Zokinvy

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

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.

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

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

Changes for Certain Select High Cost, Orphan, and Accelerated Approval Drugs

Effective July 1, 2024, the established clinical PA criteria for Skysona and Zynteglo will move to new topics in the Online Handbook.

In addition, Skysona and Zynteglo will remain on the Select High Cost, Orphan, and Accelerated Approval Drugs data table on the Pharmacy Resources page of the Portal.

For specific questions about the billing or coverage of high cost, orphan, and accelerated approval drugs, providers may contact Provider Services or email DHSOrphanDrugs@dhs.wisconsin.gov.

Skysona

Clinical PA is required for Skysona.

If a PA request for Skysona is approved, Skysona will be covered under the pharmacy benefit.

Skysona is only indicated for use in boys. To bill ForwardHealth for Skysona, pharmacy providers should submit a pharmacy noncompound drug claim.

Additional Requirements for Skysona

Skysona will be reimbursed separately from physician and clinical services associated with the administration of Skysona. The pharmacy provider is required to establish a delivery process with the prescriber to ensure that the physician-administered Skysona is delivered directly to the prescriber or an agent of the prescriber.

Pharmacy providers may only submit a claim to ForwardHealth for the Skysona that has been administered to a member. If Skysona has been dispensed for a member but the dose is not administered to the member, the prescriber is responsible for notifying the dispensing pharmacy. If ForwardHealth has paid the dispensing pharmacy for any portion of the dispensing of Skysona that is not administered to the member, the dispensing pharmacy is responsible for reversing any claims submitted to ForwardHealth.

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 Skysona

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

- Skysona must be prescribed by a physician with expertise in treating early, active cerebral adrenoleukodystrophy (CALD) at a minimum recommended dose of 5.0×10^6 CD34+ cells/kg.
- The member has early, active CALD, not due to head trauma. Early, active CALD is defined as asymptomatic or mildly symptomatic (neurologic function score less than or equal to 1) in boys who have gadolinium enhancement on brain MRI and Loes scores of 0.5–9.
- The member's age is consistent with the FDA-approved product labeling for Skysona.
- The member will undergo hematopoietic stem cell (HSC) mobilization, apheresis, and myeloablative conditioning. The prescriber must confirm the member has been evaluated for renal and hepatic impairment and HSC transplantation is appropriate for the member.
- The member must have full myeloablative and lymphodepleting conditioning administered before infusion of Skysona. Allow a minimum of 48 hours of washout before Skysona infusion.
- The prescriber will complete screening for infectious diseases including hepatitis B virus (HBV), hepatitis C virus (HCV), HIV 1 and 2 (HIV-1/HIV-2) and Human T-lymphotropic virus (HTLV) 1 and 2 (HTLV-1/HTLV-2) in accordance with clinical guidelines before collection of cells for manufacturing.
- Standard procedures for patient management after HSC transplantation should be followed after Skysona infusion.
- The prescriber must manage other concomitant medications (as applicable) consistent with FDA product labeling.
- The member must not take anti-retroviral medications for at least one month prior to stem cell mobilization and for the expected duration for elimination of the medications and until all cycles of apheresis are complete.
- If a member requires anti-retroviral medications for HIV prophylaxis, mobilization and apheresis should be delayed until HIV infection is adequately ruled out.

Using Section VI of the Prior Authorization/Drug Attachment Form for Skysona

Effective July 1, 2024, PA requests for Skysona must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in

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 ForwardHealth Online Handbook) of the PA/DGA form. ForwardHealth will return PA requests that are not completed with Section VI of the PA/DGA form.

ForwardHealth will honor PA requests approved for Skysona that used Section VII (Clinical Information for Other Drug Requests) of the PA/DGA form before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Skysona

PA requests for Skysona must be completed, signed, and dated by the prescriber. PA requests for Skysona must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. Clinical documentation supporting the use of Skysona 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 Skysona may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Zynteglo

Clinical PA is required for Zynteglo.

If a PA request for Zynteglo is approved, Zynteglo will be covered under the pharmacy benefit.

To bill ForwardHealth for Zynteglo, pharmacy providers should submit a pharmacy noncompound drug claim.

Additional Requirements for Zynteglo

Zynteglo will be reimbursed separately from physician and clinical services associated with the administration of Zynteglo. The pharmacy provider is required to establish a delivery process with the prescriber to ensure that the physician-administered Zynteglo is delivered directly to the prescriber or an agent of the prescriber.

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.

Pharmacy providers may only submit a claim to ForwardHealth for the Zynteglo that has been administered to a member. If Zynteglo has been dispensed for a member but the dose is not administered to the member, the prescriber is responsible for notifying the dispensing pharmacy. If ForwardHealth has paid the dispensing pharmacy for any portion of the dispensing of Zynteglo that is not administered to the member, the dispensing pharmacy is responsible for reversing any claims submitted to ForwardHealth.

Clinical Criteria for Zynteglo

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

- Zynteglo must be prescribed by a physician with expertise in treating β-thalassemia at a minimum recommended dose of 5.0×10^6 CD34+ cells/kg of body weight.
- The member has β-thalassemia, which requires regular red blood cell (RBC) transfusions. The member has a history of transfusions for the past two years of at least 100 mL/kg/year of packed RBCs or with eight or more transfusions of packed RBCs per year.
- The member's age is consistent with the FDA-approved product labeling for Zynteglo.
- The member will undergo HSC mobilization, apheresis, and myeloablative conditioning. The prescriber must confirm the member has been evaluated for renal and hepatic impairment and HSC transplantation is appropriate for the member.
- The member must have full myeloablative conditioning administered before infusion of Zynteglo. Allow a minimum of 48 hours of washout before Zynteglo infusion.
- The prescriber will complete screening for infectious diseases including HBV, HCV, HIV 1 and 2 (HIV-1/HIV-2) and HTLV 1 and 2 (HTLV-1/HTLV-2) in accordance with clinical guidelines before collection of cells for manufacturing.
- Standard procedures for patient management after HSC transplantation should be followed after Zynteglo infusion.
- The prescriber must manage other concomitant medications (as applicable) consistent with FDA product labeling.
- The member must not take anti-retroviral medications or hydroxyurea for at least one month prior to mobilization, or for the expected duration for elimination of the medications, and until all cycles of apheresis are completed.

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

- If a member requires anti-retroviral medications for HIV prophylaxis, mobilization and apheresis should be delayed until HIV infection is adequately ruled out.
- The member must stop iron chelation at least seven days prior to myeloablative conditioning. The member will not use myelosuppressive iron chelators for at least six months after Zynteglo infusion.

Using Section VI of the Prior Authorization/Drug Attachment Form for Zynteglo

Effective July 1, 2024, PA requests for Zynteglo must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. ForwardHealth will return PA requests that are not completed with Section VI of the PA/DGA form.

ForwardHealth will honor PA requests approved for Zynteglo that used Section VII (Clinical Information for Other Drug Requests) of the PA/DGA form before July 1, 2024, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Zynteglo

PA requests for Zynteglo must be completed, signed, and dated by the prescriber. PA requests for Zynteglo must be submitted using Section VI (Clinical Information for Drugs With Specific Criteria Addressed in the ForwardHealth Online Handbook) of the PA/DGA form. Clinical documentation supporting the use of Zynteglo 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 Zynteglo may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

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.

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.

Refer to Attachment C for the Copay for Brand Name Drugs Preferred Over Generic Drugs table for the most current list of drugs for which this copay policy applies. This information is also available on the Preferred Drug List Quick Reference data table.

Expedited Emergency Supply Request Drugs Data Table

As a result of the changes made during the May 2024 PDL review, the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page will be updated effective July 1, 2024.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to the Family Care, Family Care Partnership, BadgerCare Plus, and SSI Medicaid managed care programs because pharmacy services for members of these programs are provided on a fee-for-service basis. Pharmacy

QUICK LINKS

Amounts topic (#1927)

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

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.

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

This Update was issued on 06/14/2024 and information contained in this Update was incorporated into the Online Handbook on 07/01/2024

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 May 2024 Preferred Drug List (PDL) review. Unless otherwise noted, the updated statuses are effective July 1, 2024. Drugs that have not been previously reviewed by the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee are marked with the footnote ([1]). Non-preferred drugs in the acne agents, topical drug class are not represented on the Preferred Drug List Quick Reference data table. This drug class is marked with a footnote ([2]). The current Preferred Drug List Quick Reference data table can be referenced on the Pharmacy Resources page of the ForwardHealth Portal.

DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JULY 1, 2024, UNLESS OTHERWISE NOTED
Acne Agents, Topical[2]	clindamycin/benzoyl peroxide w/ pump (Onexton)[1]	Non-Preferred
	sod sulface-sulf 8-4% cleanser	Non-Preferred
	sulfacetamide-sulfur 9-4% clsr	Non-Preferred
	sod sulface-sulfur 9-4.5% wash	Non-Preferred
	sod sulface-sulf 9.8-4.8% clsr	Non-Preferred
	sod sulfacet-sulfur 10-2% clsr	Non-Preferred
	tretinoin gel micro 0.08% pump[1]	Non-Preferred
	Cabtreo gel[1]	Non-Preferred
	Clindagel 1% gel	Non-Preferred
	Zma Clear suspension[1]	Non-Preferred
Analgesics, Opioids Short-Acting	tramadol 25 mg tablet[1]	Non-Preferred
Angiotensin Modulators, ARBs and DRIs	valsartan solution[1]	Non-Preferred
Antibiotics, Beta-Lactam	cefaclor suspension	Non-Preferred
	cefpodoxime suspension	Non-Preferred
Antibiotics, GI	vancomycin (Gen-Firvanq)	Preferred
	Firvanq	Non-Preferred
	Likmez suspension[1]	Non-Preferred
	Vowst capsule[1]	Non-Preferred
Antibiotics, Macrolides/Ketolides	erythromycin DR capsule	Non-Preferred

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DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JULY 1, 2024, UNLESS OTHERWISE NOTED
Antibiotics, Vaginal	Clindesse	Non-Preferred
Antivirals, Topical	acyclovir cream	Preferred
	Zovirax cream	Non-Preferred
Beta Blockers	nebivolol	Preferred
Bladder Relaxant Preparations	oxybutynin 2.5mg tablet[1]	Non-Preferred
Bone Resorption Suppression	teriparatide (Gen-Forteo)[1]	Non-Preferred
GI Motility, Chronic – Constipation	Trulance	Preferred
GI Motility, Chronic – Diarrhea	alosetron	Preferred
	Lotronex	Non-Preferred
Growth Hormone	Ngenla Pen[1]	Non-Preferred
	Sogroya[1]	Non-Preferred
Headache Agents, Acute Treatment	Zavzpret[1]	Non-Preferred
H. Pylori	bismuth/metronid/tetracycline (Gen-Pylera)[1]	Non-Preferred
	Voquenza tablets[1]	Non-Preferred
	Voquenza dual pak[1]	Non-Preferred
	Voquenza triple pak[1]	Non-Preferred
Hypoglycemics, DPP-4 Inhibitors	saxagliptin[1]	Non-Preferred
	saxagliptin/metformin ER[1]	Non-Preferred
	Zituvio tablets[1]	Non-Preferred
Hypoglycemics, Insulins	Fiasp U-100 pumpcart[1]	Non-Preferred
	Humalog Tempo pen[1]	Non-Preferred
Hypoglycemics, Insulins Long-Acting	insulin glargine solostar U-300 (Gen-Toujeo Solostar)[1]	Non-Preferred
	insulin glargine max solo U-300 (Gen-Toujeo Max Solostar)[1]	Non-Preferred
	Rezvoglar U-100 Kwikpen[1]	Non-Preferred
Hypoglycemics, Other	dapagliflozin tabs (Gen-Farxiga)[1]	Non-Preferred
	dapagliflozin/metformin (Gen-Xigduo XR)[1]	Non-Preferred
	Inpefa[1]	Non-Preferred

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DRUG CLASS	DRUG NAME	STATUS EFFECTIVE JULY 1, 2024, UNLESS OTHERWISE NOTED
Lipotropics, Other	pitavastatin (Gen-Livalo)[1]	Non-Preferred
	Atorvaliq[1]	Non-Preferred
Opioid Dependency Agents-Buprenorphine	Brixadi[1]	Preferred
Opioid Dependency Agents-Rescue Agents	Opvee[1]	Non-Preferred
Phosphate Binders	Xphozah[1]	Non-Preferred
Prenatal Vitamins	PNV-DHA softgel	Preferred
	Virt-PN DHA softgel	Preferred
	Wescap-PN DHA capsule	Preferred
	Zatean-PN DHA capsule	Preferred
Proton Pump Inhibitors	Konvomep[1]	Non-Preferred
Pulmonary Arterial Hypertension	Liqrev suspension[1]	Non-Preferred
Skeletal Muscle Relaxants	baclofen solution (Gen-Ozobax)[1]	Preferred
	baclofen suspension[1]	Non-Preferred
	baclofen solution (Gen-Ozobax DS)[1]	Non-Preferred
Ulcerative Colitis	budesonide rectal foam[1]	Non-Preferred

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

[2] Non-preferred drugs in this PDL drug class are not represented on the Preferred Drug List Quick Reference data table. Providers should refer to the Drug Search Tool on the Pharmacy Resources page of the Portal for non-preferred drugs in this drug class.

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

The table below lists the pharmacy-related prior authorization (PA) forms and instructions that have been revised as a result of the May 2024 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. Effective July 1, 2024, 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 PA request submission options, refer to the applicable drug class section in this ForwardHealth Update.

FORM NAME	FORM NUMBER	REVISED	EFFECTIVE DATE
Prior Authorization Drug Attachment for Anti-Obesity Drugs	F-00163	Revised	07/2024
Instructions	F-00163A	Revised	07/2024
Prior Authorization Drug Attachment for Hypoglycemics, Glucagon-Like Peptide (GLP-1) Agents	F-00238	Revised	07/2024
Instructions	F-00238A	Revised	07/2024
Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting	F-01749	Revised	07/2024
Instructions	F-01749A	Revised	07/2024
Prior Authorization Drug Attachment for Lipotropics, Omega-3 Acids	F-00162	Revised	07/2024
Instructions	F-00162A	Revised	07/2024
Prior Authorization Drug Attachment for Lipotropics, Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors	F-02505	Revised	07/2024
Instructions	F-02505A	Revised	07/2024

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	REVISED	EFFECTIVE DATE
Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs	F-11092	Revised	07/2024
Instructions	F-11092A	Revised	07/2024
Prior Authorization/Preferred Drug List (PA/PDL) for Opioid Dependency Agents—Buprenorphine	F-00081	Revised	07/2024
Instructions	F-00081A	Revised	07/2024

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

ATTACHMENT C
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 brand medically necessary prior authorization becomes a preferred drug on the Preferred Drug List and the available generic equivalents are non-preferred drugs. The following table lists the drugs with generic copay. The Preferred Drug List Quick Reference data table, which also includes the current Brand Name Drugs With Generic Copay table, is available on the Pharmacy Resources page of the ForwardHealth Portal.

DRUG CLASS	DRUG NAME	EFFECTIVE DATE
Acne Agents, Topical	Differin 0.1% cream	01/01/2012
	Differin 0.3% gel pump	02/01/2017
	Retin-A (not micro)	07/01/2016
Anticonvulsants	Carbatrol ER	01/01/2021
	Depakote sprinkle	01/01/2021
	Diastat	01/01/2022
	Tegretol suspension	01/01/2016
	Tegretol tablet	01/01/2016
	Tegretol XR	01/01/2021
Antiemetics/Antivertigo	Transderm-Scop	07/01/2022
Antihypertensives, Sympatholytics	Catapres-TTS	01/01/2014
Bronchodilators, Beta Agonists	Proventil HFA	01/01/2023
	Ventolin HFA	01/01/2023
HIV/AIDS	Intelence	07/01/2023
	Selzentry solution, tablet	07/01/2023
	Symfi	07/01/2023
	Symfi Lo	07/01/2023
Hypoglycemics, Insulins	Humalog Jr Kwikpen	05/01/2020
	Humalog Mix	05/01/2020
	Humalog U-100 Kwikpen/Vial	07/01/2019
	Novolog Mix	01/01/2020
	Novolog U-100 Pen/Vial	01/01/2020
Leukotriene Modifiers	Zyflo	01/01/2023

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

DRUG CLASS	DRUG NAME	EFFECTIVE DATE
Ophthalmics, Antibiotic-Steroid Combinations	Tobradex suspension	01/01/2012
Ophthalmics, Glaucoma-Other	Alphagan P 0.15%	01/01/2012
Ophthalmics, Glaucoma-Prostaglandins	Xalatan	01/01/2023
Opioid Dependency Agents—Buprenorphine	Suboxone film	07/01/2020
Phosphate Binders	Renvela powder pack	07/01/2023
	Renvela tablet	07/01/2023
Stimulants	Adderall XR	01/01/2021
	Concerta	01/01/2018
	Vyvanse capsule	01/01/2024

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