

ForwardHealth **UPDATE**

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



MAY 2025 CHANGES FOR THE ANALGESICS, MISCELLANEOUS DRUG CLASS AND OTHER PHARMACY POLICY

This ForwardHealth Update announces policy and prior authorization (PA) changes for the analgesics, miscellaneous drug class and other pharmacy policy. All policy and PA changes are effective May 1, 2025, unless otherwise noted.

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

Providers are responsible for staying current with ForwardHealth policy and procedures and billing information in the Online Handbook.

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

Provider Services and the Drug Authorization and Policy Override (DAPO) Center, 800-947-9627

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

Refer to the following sections for more information about:

- [Changes to the analgesics, miscellaneous drug class.](#)
- [Other pharmacy policy changes.](#)
- [Pharmacy-related reminders.](#)

Changes to Analgesics, Miscellaneous Drug Class

Journavx will become a non-preferred drug in the analgesics, miscellaneous drug class. Journavx will have an interim status of non-preferred and will be reviewed at the November 2025 Preferred Drug List (PDL) review.

Clinical PA criteria will be required for Journavx.

New Clinical Criteria for Journavx

ForwardHealth has established the clinical PA criteria for Journavx.

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

- The member has moderate to severe acute pain.
- The prescriber has determined that treatment with acetaminophen is not appropriate for the member.
- The prescriber has determined that treatment with a non-steroidal inflammatory drug is not appropriate for the member.

If the clinical criteria for Journavx are met, PA requests may be approved for up to 14 days.

New Prior Authorization/Preferred Drug List for Journavx Form

ForwardHealth has created the Prior Authorization/Preferred Drug List (PA/PDL) for Journavx form, F-03370 (05/2025). PA requests for Journavx received on and after May 1, 2025, must be submitted on the new form, or they will be returned to the provider.

Submitting PA Requests for Journavx

PA requests for Journavx must be completed, signed, and dated by the prescriber. PA requests for Journavx must be submitted using the PA/PDL for Journavx 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

**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 provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

Pharmacy providers are required to submit the completed PA/PDL for Journavx form and a completed Prior Authorization Request Form (PA/RF), F-11018 (05/2013), to ForwardHealth.

PA requests for Journavx may be submitted using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system, on the ForwardHealth Portal (the Portal), by fax, or by mail.

Other Pharmacy Policy Changes

Alhemo

Clinical PA will be required for Alhemo.

New Clinical Criteria for Alhemo

ForwardHealth has established the clinical PA criteria for Alhemo.

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

- The member's age must be consistent with Food and Drug Administration (FDA)-approved product labeling for Alhemo.
- Alhemo must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- One of the following is true:
 - The member has hemophilia A (congenital factor VIII deficiency) with factor VIII inhibitors.
 - The member has hemophilia B (congenital factor IX deficiency) with factor IX inhibitors.
- One of the following is true:
 - The member has severe hemophilia (factor activity less than 1%).
 - The member experienced two or more episodes of spontaneous bleeding into joints.
- The prescriber will dose optimize four weeks after initiation by measuring concizumab-mtci plasma concentration utilizing concizumab Enzyme-Linked Immunosorbent Assay prior to administration of the next scheduled dose.
- Alhemo will not be used for the treatment of breakthrough bleeds.
(Note: Bypassing agents [for example, recombinant activated factor VII or

QUICK LINKS

Prior Authorization/Drug Attachment topic #[15937](#)

Note: This topic will be updated on May 1, 2025.

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

activated prothrombin complex concentrate] may be administered on an as-needed basis for the treatment of breakthrough bleeds in patients being treated with Alhemo.)

- Female patients of reproductive potential are **not** pregnant prior to initiating therapy with Alhemo and will use a highly effective form of contraception during treatment with Alhemo and for seven weeks after ending treatment.
- The prescription is written by or through consultation with a hematologist.

Supporting clinical information and a copy of the member's current medical records must be included with all PA requests for Alhemo. 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 Alhemo are met, initial PA requests may be approved for up to 183 days.

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

Renewal PA requests must include supporting clinical information and copies of the member's current medical records demonstrating that the member has had a reduction in the frequency of bleeding episodes since starting treatment with Alhemo.

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

Submitting PA Requests for Alhemo

PA requests for Alhemo must be completed, signed, and dated by the prescriber. PA requests for Alhemo 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). Clinical documentation supporting the use of Alhemo 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



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

Anti-Obesity Drugs

New Indication for Zepbound

The FDA has approved Zepbound to treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

The clinical criteria and PA submission options for Zepbound for the treatment of obesity have not changed.

New Clinical Criteria for Zepbound to Treat Moderate to Severe Obstructive Sleep Apnea in Adults With Obesity

ForwardHealth has established the clinical PA criteria for Zepbound to treat moderate to severe OSA in adults with obesity.

Clinical criteria that must be documented for approval of a PA request for Zepbound to treat moderate to severe OSA in adults with obesity are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for Zepbound.
- The member has moderate to severe OSA. Results from an overnight polysomnogram (PSG) sleep study documenting an apnea-hypopnea index (AHI) greater than or equal to 15 events per hour must be submitted.
- The member has attempted positive airway pressure (PAP) treatment and will continue to use PAP treatment if tolerated.
- The member has a body mass index (BMI) greater than or equal to 30.
- 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 Zepbound to treat

QUICK LINKS

Anti-Obesity Drugs #[7837](#)

Note: This topic will be updated on May 1, 2025.

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

moderate to severe OSA in adults with obesity. The supporting clinical information and medical records must document the following:

- Evidence that the member has moderate to severe OSA
- The member's current BMI
- The member's current treatment plan, including their PAP usage, reduced calorie diet, and physical activity plan

If clinical criteria for Zepbound to treat moderate to severe OSA in adults with obesity 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 a reduction in the member's AHI compared to their baseline prior to the initiation of Zepbound. Repeat PSG results or PAP confirmation of AHI reduction must be submitted. All renewal PA requests require the member to be adherent with the entire prescribed OSA treatment plan, including PAP treatment, a reduced-calorie diet, and a physical activity plan. **Renewal PA requests require the member to be taking an appropriate maintenance dose, as outlined in the Zepbound prescribing information.** Renewal PA requests may be approved for up to 183 days.

Submitting PA Requests for Zepbound to Treat Moderate to Severe Obstructive Sleep Apnea in Adults With Obesity

PA requests for Zepbound to treat moderate to severe OSA in adults with obesity must be completed, signed, and dated by the prescriber. PA requests for Zepbound to treat moderate to severe OSA in adults with obesity 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 Zepbound to treat moderate to severe OSA in adults with obesity 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 Zepbound to treat moderate to severe OSA in adults with obesity may be submitted on the Portal, by fax, or by mail (but **not** using the



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

STAT-PA system). PA requests for Zepbound to treat moderate to severe OSA in adults with obesity may **not** be submitted to the DAPO Center.

Pharmacy-Related Reminders

Merck Ends Rebate Agreement With SeniorCare: State Pharmaceutical Assistance Program Levels 2b and 3 Effective April 1, 2025

Beginning April 1, 2025, drugs from drug manufacturer Merck are no longer covered for SeniorCare (State Pharmaceutical Assistance Program) members in levels 2b and 3. Coverage for these drugs ended because Merck ended its rebate agreement with the Wisconsin Department of Health Services (DHS) for SeniorCare levels 2b and 3. This, however, does not affect the waiver portion for SeniorCare members in levels 1 and 2a. Merck drug products may still be covered for SeniorCare members in levels 1 and 2a.

SeniorCare does not cover drugs for members in levels 2b and 3 that do not have a signed SeniorCare rebate agreement between the manufacturer and DHS. Rebates help fund the SeniorCare program.

The following table lists some drugs made by Merck that are no longer covered by SeniorCare for levels 2b and 3. Providers may also refer to the Numeric Listing of Manufacturers That Have Signed Rebate Agreements pharmacy data table (PDF) on the [Pharmacy Resources](#) page of the Portal.

| DRUGS MADE BY MERCK | |
|---------------------|---------------------------------|
| Brand Name Drug | Generic Drug Name |
| Janumet | Sitagliptin phosphate/metformin |
| Janumet XR | Sitagliptin phosphate/metformin |
| Januvia | Sitagliptin phosphate |
| Belsomra | Suvorexant |

If a member in SeniorCare level 2b or 3 has a prescription for one of the drugs listed in the table or another drug from Merck, they should contact their provider (doctor or pharmacy) to switch to another drug that is covered by SeniorCare.

If SeniorCare does not cover a prescription drug, members in SeniorCare levels 2b and 3 may still choose to purchase that drug, but they will have to pay for it out of pocket. The purchase will not count toward their spenddown or deductible.

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 message for DAPO Center staff to return the next business day.

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

Note: A termination letter explaining the end of DHS' rebate agreement with Merck was mailed to affected SeniorCare members in levels 2b or 3 in late February 2025.

Reducing Errors on PA Requests Submitted by Fax or Mail

The Portal is the fastest and most reliable way to submit PA requests. If the Portal is not an option, providers may submit PA requests by fax or mail.

Providers should ensure that all necessary fields are completed on a PA/RF for faster processing, to avoid delays, and to ensure timely access to treatment for members. ForwardHealth has noticed an increase in the number of PA requests that are being returned for clerical errors.

Providers should make sure the following fields are completed correctly before submitting a PA/RF:

- The member's full name (The name should be as it appears in the Portal.)
- The member's 10-digit member ID number
- The billing provider's name and address
- The place of service code
- The 11-digit National Drug Code and a corresponding service code description (name of the medication)
- A valid diagnosis, including a written diagnosis description

Note: For PA requests for glucagon-like peptide (GLP-1) drugs in the hypoglycemics, GLP-1 drug class, pharmacy providers must submit the PA request to ForwardHealth. For anti-obesity drug requests, prescribing providers must submit the PA request to ForwardHealth. Providers may refer to the applicable PA forms and instructions for detailed PA submission information.

Additionally, it may take up to five business days for requests to be processed and for providers to be able to view them on the Portal. Providers should avoid sending duplicate PA requests, which can further delay processing and the member's treatment.



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

IN THE KNOW

Stay current by [signing up](#) for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

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

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 Family Care, Family Care Partnership, BadgerCare Plus, and SSI Medicaid managed care program members because pharmacy services for members of these programs are provided on a fee-for-service basis. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are provided by the member's managed care organization.

NEVER MISS A MESSAGE

Stay current on policies and procedures by signing up for Portal text messages or email alerts! These alerts let providers know when there is a new secure Portal message. Go to the **Message Center** on the secure Portal and click **Notification Preferences**. Section 12.4 of the [ForwardHealth Provider Portal Account User Guide](#) has detailed instructions.

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 April 25, 2025, and information contained in this Update was incorporated into the Online Handbook on May 1, 2025.

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 HIV 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/.