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This Update has been revised since its original publication. Revised information appears in red text on page 5.

ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information

SEPTEMBER 2025 CHANGES FOR CERTAIN PREFERRED DRUG LIST CLASSES AND OTHER PHARMACY POLICY

This ForwardHealth Update announces prior authorization (PA) changes for certain Preferred Drug List (PDL) classes and other pharmacy policy. All policy and PA changes are effective September 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, 800-947-9627

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

WISCONSIN DEPARTMENT of HEALTH SERVICES

Refer to the following sections for more information about:

- Changes to the cytokine and cell adhesion molecule (CAM) antagonists drug class.
- Changes to the immunomodulators, asthma drug class.
- Changes to the immunomodulators, atopic dermatitis drug class.
- Other pharmacy policy.

Changes to Cytokine and Cell Adhesion Molecule Antagonists Drug Class

Effective September 1, 2025, Leqselvi and Litfulo will become non-preferred drugs in the cytokine and CAM antagonists drug class. Leqselvi and Litfulo will have an interim status of non-preferred and will be reviewed at the November 2025 PDL review.

New Clinical Condition

Effective September 1, 2025, ForwardHealth will add a new clinical condition, alopecia areata, 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 these identified clinical conditions:

- Alopecia areata
- Ankylosing spondylitis
- Crohn's disease
- Deficiency of Interleukin-1 Receptor Antagonist
- Enthesitis-Related Arthritis
- Giant cell arteritis
- Generalized pustular psoriasis
- 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

QUICK LINKS

- Cytokine and Cell Adhesion Molecule Antagonist Drugs topic #16217
- Prior Authorization/Drug Attachment topic #15937

Note: These topics will be updated on September 2, 2025.

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.

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

Renewal PA requests for non-preferred cytokine and CAM antagonist drugs may be approved for up to 365 days. Renewal PA requests for non-preferred cytokine and CAM antagonist drugs must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a significant reduction in symptoms compared to their baseline prior to the initiation of the non-preferred cytokine and CAM antagonist drug.

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

New Clinical Criteria for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Alopecia Areata

ForwardHealth has established the clinical criteria for non-preferred drugs used to treat alopecia areata.

Leqselvi, Litfulo, and Olumiant are non-preferred drugs used to treat alopecia areata.

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

- The member has severe alopecia areata with at least 50% scalp hair loss (Severity of Alopecia Tool [SALT] score of greater than or equal to 50). The member's SALT score must be documented.
- 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 condition of alopecia areata and outline the member's current treatment plan for alopecia areata.

IN THE KNOW

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

Submitting PA Requests for Cytokine and Cell Adhesion Molecule Antagonist Drugs for Alopecia Areata

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

QUICK LINKS

Forms page

Changes to Immunomodulators, Asthma Drug Class

New Clinical Condition

Effective September 1, 2025, ForwardHealth will add a new clinical condition, chronic obstructive pulmonary disease (COPD), to the list of clinical conditions for Nucala that require PA.

PA requests for Nucala will only be approved for use to treat the identified clinical conditions:

- Asthma with an eosinophilic phenotype
- COPD
- Chronic rhinosinusitis with nasal polyposis (CRSwNP)
- Eosinophilic granulomatosis with polyangiitis (EGPA)
- Hypereosinophilic syndrome (HES)

Note: If a member has more than one clinical condition for which ForwardHealth will approve a non-preferred immunomodulators, asthma drug

QUICK LINKS

Immunomodulators, Asthma topic #22357

Note: This topic will be updated on September 2, 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.

and the provider would like to bypass the required trial of a ForwardHealth preferred biologic drug, the provider must submit complete medical records for the clinical conditions. Additionally, the provider must clearly identify on the PA/DGA form that the member has more than one clinical condition for which the non-preferred drug is approved, and they must provide justification for bypassing the required ForwardHealth-preferred biologic drug. ForwardHealth will use the member's complete clinical picture to evaluate the PA request.

New Clinical Criteria for Nucala for Members With Chronic Obstructive Pulmonary Disease

ForwardHealth has established the clinical PA criteria for Nucala for members with COPD.

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

- The member's age is consistent with the Food and Drug Administration (FDA)-approved product labeling for Nucala.
- The member has COPD 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 a COPD specialist (for example, an allergist, an immunologist, or a pulmonologist).
- The member has a history of two or more COPD exacerbations that required treatment with systemic corticosteroids and/or antibiotics, or an emergency department visit or hospitalization for the treatment of COPD 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 20–80% 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 COPD treatment regimen, including triple therapy with a long-acting muscarinic antagonist (LAMA), long-acting beta agonist (LABA), and inhaled corticosteroid (ICS) for **at least three** months prior to requesting Nucala. Documentation should include the LAMA, LABA, and ICS names, doses, and start dates.

- Exacerbating factors that may contribute to the member's COPD, 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 the requested drug 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 COPD. 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 are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Nucala may be approved for up to 365 days. Renewal PA requests for members who have COPD 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 COPD exacerbations or an increase in FEV1 percent predicted. Members must also continue to take their maximized COPD treatment regimen, including a LAMA, LABA, and ICS.

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

Other Clinical Criteria for Nucala and Tezspire

The clinical criteria for Nucala used to treat the following clinical conditions have not changed:

- Asthma with an eosinophilic phenotype
- CRSwNP
- EGPA
- HES

The clinical criteria for Tezspire for members with severe asthma also have not changed.

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

Submitting PA Requests for Nucala and Tezspire

PA requests for Nucala or Tezspire must be completed, signed, and dated by the prescriber. PA requests for Nucala or Tezspire 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 Nucala or Tezspire 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 Nucala or Tezspire may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

Note: Fasenra, Nucala, Tezspire, and Xolair in the immunomodulators, asthma drug class are available as physician-administered drugs, as well as through the pharmacy benefit. The PDL and clinical PA criteria apply only to drugs billed through the pharmacy benefit.

QUICK LINKS

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Changes to Immunomodulators, Atopic Dermatitis Drug Class

New Clinical Condition

Effective September 1, 2025, ForwardHealth will add a new clinical condition, bullous pemphigoid (BP), to the list of clinical conditions for non-preferred immunomodulators, atopic dermatitis drugs that require PA.

PA requests for non-preferred immunomodulators, atopic dermatitis drugs will only be approved for use to treat the identified clinical conditions:

- Atopic dermatitis
- BP
- COPD
- CRSwNP
- Chronic spontaneous urticaria (CSU)
- Eosinophilic esophagitis (EoE)

QUICK LINKS

Immunomodulators, Atopic Dermatitis topic #8857

Note: This topic will be updated on September 2, 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.

- Eosinophilic asthma
- Oral corticosteroid dependent asthma
- Prurigo nodularis

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for non-preferred immunomodulators, atopic dermatitis drugs. 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

Note: If a member has more than one clinical condition for which ForwardHealth will approve a non-preferred immunomodulators, atopic dermatitis drug and the provider would like to bypass the required trial of a ForwardHealth preferred biologic drug, the provider must submit complete medical records for the clinical conditions. Additionally, the provider must clearly identify on the PA/DGA form that the member has more than one clinical condition for which the non-preferred drug is approved and provide justification for bypassing the required ForwardHealth-preferred biologic drug. ForwardHealth will use the member's complete clinical picture to evaluate the PA request.

New Clinical Criteria for Non-Preferred Immunomodulators, Atopic Dermatitis Drugs for Bullous Pemphigoid

ForwardHealth has established clinical PA criteria for non-preferred immunomodulators, atopic dermatitis drugs used to treat BP.

Dupixent is a non-preferred drug used to treat BP.

Clinical criteria that must be documented for approval of a PA request for non-preferred drugs used to treat BP are **all** of the following:

- The member's age is consistent with the FDA-approved product labeling for the requested drug.
- The member has moderate to severe BP.
- The prescription is written by or through consultation with a dermatologist.
- Exacerbating factors that may contribute to the member's BP, such as member non-compliance with therapy and other similar dermatologic conditions, have been ruled out.

- **At least one** of the following is true:
  - The member used a high-potency topical corticosteroid and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
  - The member has taken doxycycline and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The member has taken oral corticosteroids and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction.
- The member will not use the requested drug in combination with any biologic immunomodulator.

If the clinical criteria for non-preferred immunomodulators, atopic dermatitis drugs are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for non-preferred immunomodulators, atopic dermatitis drugs may be approved for up to 365 days. Renewal PA requests for members who have BP must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a significant reduction in BP symptoms.

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

Other Clinical Criteria for Non-Preferred Immunomodulators, Atopic Dermatitis Drugs

The clinical criteria for non-preferred immunomodulators, atopic dermatitis drugs used to treat the following clinical conditions have not changed:

- Atopic dermatitis
- COPD
- CRSwNP
- CSU
- EoE
- Eosinophilic asthma
- Oral corticosteroid dependent asthma
- Prurigo nodularis

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

Submitting PA Requests for Non-Preferred Immunomodulators, Atopic Dermatitis Drugs

PA requests for non-preferred immunomodulators, atopic dermatitis drugs must be completed, signed, and dated by the prescriber. PA requests for non-preferred immunomodulators, atopic dermatitis drugs 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 non-preferred immunomodulators, atopic dermatitis drugs 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 non-preferred immunomodulators, atopic dermatitis drugs may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system).

QUICK LINKS

Forms page

Other Pharmacy Policy

Alhemo

Revised Clinical Criteria for Alhemo

ForwardHealth has revised the clinical 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 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 or without factor VIII inhibitors.
  - The member has hemophilia B (congenital factor IX deficiency) with or without factor IX inhibitors.

QUICK LINKS

Alhemo topic #23777

Note: This topic will be updated on September 2, 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.

- 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 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.

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

Submitting PA Requests for 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 PA/DGA form. 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 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).

Andembry

The FDA approved Andembry for prophylaxis to prevent attacks of hereditary angioedema (HAE). The clinical PA criteria for long-term HAE prophylactic drugs Orladeyo and Takhzyro will also apply to Andembry.

ForwardHealth does not cover treatment with more than one long-term HAE prophylactic drug at a time.

Revised Clinical Criteria for Long-Term Hereditary Angioedema Prophylactic Drugs

ForwardHealth has revised the clinical criteria for long-term HAE prophylactic drugs.

The following clinical criteria must be met and documented for approval of a PA request for long-term HAE prophylactic drugs:

- The member has type I or type II HAE.
- HAE is documented based on evidence of a low C4 level, plus **one** of the following:
  - The member has a low C1 esterase inhibitor (C1-INH) antigenic level (C1-INH antigenic level below the lower limit of normal as defined by the laboratory performing the test).

QUICK LINKS

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QUICK LINKS

Long-Term Hereditary Angioedema Prophylactic Drugs topic #21417

Note: This topic will be updated on September 2, 2025.

    - The member has a normal C1-INH antigenic level and a low C1-INH functional level (C1-INH functional level below the lower limit of normal as defined by the laboratory performing the test).
- The member's age must be consistent with FDA-approved product labeling for the drug requested.
- The prescription is written by or in consultation with an allergist, immunologist, hematologist, or a physician who specializes in HAE or related disorders.
- Medications known to cause angioedema (for example, angiotensin-converting enzyme inhibitors, estrogens, angiotensin II receptor blockers) have been evaluated and discontinued when appropriate.
- The member has no signs of current acute angioedema but has a history of clinical symptoms and signs consistent with HAE.
- The member requires HAE prophylaxis as evidenced due to **one** or more of the following:
    - The member has a history of at least one severe HAE attack per month (defined as an attack that significantly interrupts daily activities despite short-term treatment).
    - The member has experienced disabling symptoms for at least five days per month.
    - The member has a history of laryngeal angioedema.
- **One** of the following is true:
    - The member has experienced an unsatisfactory therapeutic response or a clinically significant adverse drug reaction that prevents the use of Haegarda.
    - The member has a clinically significant drug interaction with Haegarda and another medication the member is taking, or the member has a medical condition(s) that prevents the use of Haegarda.

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.

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

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

- The frequency, severity, and duration of the HAE attacks
- The member's medical condition being treated
- Details regarding previous medication use
- The member's current treatment plan

If the clinical criteria for long-term HAE prophylactic drugs are met, initial PA requests may be approved for up to 183 days. Renewal PA requests for long-term HAE prophylactic drugs may be approved for up to 365 days.

Renewal PA Requests for Long-Term Hereditary Prophylactic Drugs

Renewal PA requests must meet the clinical criteria for initial PA requests for long-term HAE prophylactic drugs and have documentation to support that the member has experienced a reduction in the frequency, severity, or duration of HAE attacks versus the member's baseline since starting treatment. A copy of the member's current medical records must be included with the PA request for a long-term HAE prophylactic drug.

Submitting PA Requests for Long-Term Hereditary Prophylactic Drugs

PA requests for long-term HAE prophylactic drugs must be completed, signed, and dated by the prescriber. PA requests for long-term HAE prophylactic drugs 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 prescriber is required to send the completed PA/DGA form to the pharmacy where the prescription will be filled. The pharmacy provider is required to complete a PA/RF and submit it along with the PA/DGA form received from the prescriber. Prescribers should not submit the PA forms to ForwardHealth.

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

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.

QUICK LINKS

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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. § 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 08/25/2025 and information contained in this Update was incorporated into the Online Handbook on 09/02/2025.

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/.

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