

ForwardHealth **UPDATE**

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PRIOR AUTHORIZATION CHANGES FOR CERTAIN PREFERRED DRUG LIST CLASSES, ANTI-OBESITY DRUGS, AND OTHER PHARMACY POLICY EFFECTIVE NOVEMBER 1, 2025

This ForwardHealth Update announces prior authorization (PA) changes for certain Preferred Drug List (PDL) classes, anti-obesity drugs, and other pharmacy policy. All policy and PA changes are effective November 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 Alzheimer’s agents drug class.](#)
- [Changes to the bone resorption suppression drug class.](#)
- [Changes to the glucocorticoids, oral drug class.](#)
- [Anti-obesity drugs.](#)
- [Other pharmacy policy.](#)

Changes to Alzheimer’s Agents

Effective November 1, 2025, the subcutaneous injection Leqembi IQLIK will become a non-preferred drug in the Alzheimer’s agents drug class. Leqembi IQLIK will have an interim status of non-preferred and will be reviewed at the November 2026 PDL review.

Leqembi IQLIK will require clinical PA.

New Clinical Criteria for Leqembi IQLIK

ForwardHealth has established the clinical PA criteria for Leqembi IQLIK.

The clinical criteria that must be documented for an initial approval of a PA request for Leqembi IQLIK includes **both** of the following:

- Leqembi IQLIK must be prescribed in a dose and manner consistent with Food and Drug Administration (FDA)-approved product labeling.
- The member has been receiving IV infusions of Leqembi for at least the past 18 months.

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

Renewal PA requests for Leqembi IQLIK 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 clinical improvement compared to the member’s baseline prior to the initiation of Leqembi.

QUICK LINKS

- Alzheimer’s Agents topic [#15037](#)
- Prior Authorization/Drug Attachment topic [#15937](#)

Note: These topics will be updated on November 3, 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.

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

Submitting PA Requests for Leqembi IQLIK

PA requests for Leqembi IQLIK must be completed, signed, and dated by the prescriber. PA requests for Leqembi IQLIK 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 Leqembi IQLIK 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).

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

Changes to Bone Resorption Suppression Drug Class

Effective November 1, 2025, teriparatide, the generic drug for Forteo, will no longer be classified as a brand before generic (BBG) drug.

Bonsity and generic teriparatide are non-preferred drugs in the bone resorption suppression drug class. Non-preferred drugs require PA.

The clinical PA criteria for teriparatide will also apply to Bonsity.

Revised Clinical Criteria for Bonsity and Teriparatide

ForwardHealth has revised the clinical criteria for Bonsity and teriparatide.

**QUICK
LINKS**

[Forms](#) page

**QUICK
LINKS**

Bone Resorption Suppression
Drugs topic #[23257](#)

Note: This topic will be
updated on November 3, 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.

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

- The prescriber has submitted detailed clinical justification for prescribing Bonsity or teriparatide instead of Forteo.
- The clinical information must document why the member cannot use Forteo, including why it is medically necessary that the member receive Bonsity or teriparatide instead of Forteo.

Clinical documentation and medical records must be submitted with the PA request to support the need for teriparatide. PA requests for Bonsity or teriparatide may be approved for up to 365 days.

Submitting PA Requests for Bonsity or Teriparatide

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

Changes to Glucocorticoids, Oral Drug Class

Effective November 1, 2025, Pyquvi will become a non-preferred drug in the glucocorticoids, oral drug class, and Jaythari will no longer be classified as a BBG drug. Jaythari will become a non-preferred drug in the same drug class with Pyquvi.

Deflazacort tablets and deflazacort suspension will remain BBG drugs.

The clinical criteria for Agamree and Emflaza will also apply to Jaythari and Pyquvi.

**QUICK
LINKS**

[Forms](#) page

**QUICK
LINKS**

Glucocorticoids, Oral topic
[#20617](#)

Note: This topic will be updated on November 3, 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.

Revised Clinical Criteria for Agamree, Emflaza, Jaythari, and Pyquvi

ForwardHealth has revised the clinical criteria for Agamree, Emflaza, Jaythari, and Pyquvi.

Clinical criteria that must be documented for approval of a PA request for Agamree, Emflaza, Jaythari, or Pyquvi are **all** of the following:

- The member has a diagnosis of Duchenne muscular dystrophy.
- The requested drug must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The prescription is written by or through consultation with a neurologist.
- The member has experienced a clinically significant glucocorticoid adverse drug reaction with an adequate trial of prednisone that has required a dose reduction or discontinuation of prednisone.

Additional Clinical Criteria for Jaythari and Pyquvi

The prescriber must submit detailed clinical justification for prescribing Jaythari or Pyquvi instead of Emflaza. The clinical information must document why the member cannot use Emflaza, including why it is medically necessary that the member receives Jaythari or Pyquvi instead of Emflaza.

Supporting Clinical Information for Agamree, Emflaza, Jaythari, and Pyquvi

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Agamree, Emflaza, Jaythari, or Pyquvi. 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

Submitting PA Requests for Agamree, Emflaza, Jaythari, and Pyquvi

PA requests for Agamree, Emflaza, Jaythari, or Pyquvi must be completed, signed, and dated by the prescriber. PA requests for Agamree, Emflaza, Jaythari, or Pyquvi 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

**QUICK
LINKS**

[Forms](#) page

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

Anti-Obesity Drugs

Effective November 1, 2025, ForwardHealth will cover:

- Phentermine/topiramate, the generic of Qsymia.
- Wegovy to treat metabolic dysfunction-associated steatohepatitis (MASH).

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 ankle brachial index (ABI) of less than or equal to 0.9
 - Peripheral arterial revascularization due to atherosclerotic disease
 - Amputation due to atherosclerotic disease

QUICK LINKS

Anti-Obesity Drugs topic
[#7837](#)

Note: This topic will be updated on November 3, 2025.

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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 gender and age for pediatric patients aged 12 years and older (Cole Criteria).

For orlistat, phentermine/topiramate, 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 gender.

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.
- For controlled substance anti-obesity drugs, the member does not have a medical history of substance abuse or misuse.
- 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 does not cover:

- Any brand name innovator single ingredient phentermine products or phentermine 8 mg tablets.
- Over-the-counter anti-obesity drugs.
- Anti-obesity drugs used for conditions not outlined in clinical PA criteria.

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

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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 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 Phentermine/Topiramate

If clinical criteria for anti-obesity drugs are met, initial PA requests for phentermine/topiramate will be approved for up to 183 days. If the member meets a weight loss goal of at least 5% of their weight from baseline, PA may be requested for an additional 183 days of treatment. PA requests for phentermine/topiramate may be approved for 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% of their weight from baseline during the initial six-month approval or the member has completed 12 months of continuous phentermine/topiramate treatment, then 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 phentermine/topiramate during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber

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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 183 days. If the member meets a weight loss goal of at least 5% of their weight from baseline, PA may be requested for an additional 183 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% of their weight from baseline during the initial 183-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.

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 183 days. If the member meets a weight loss goal of at least 5% of their weight from baseline, PA may be requested for an

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additional 183 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% of their weight from baseline during the initial 183-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 and Orlistat

If clinical criteria for anti-obesity drugs are met, initial PA requests for Xenical or orlistat will be approved for up to 183 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 183 days of treatment. If the member's weight remains below baseline, subsequent PA renewal periods for Xenical or orlistat are a maximum of 183 days. PA requests for Xenical or orlistat 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 183-day approval, the member's weight does not remain below baseline, or the member has completed 24 months of continuous Xenical or orlistat treatment, then the member must wait six months before PA can be requested for Xenical or orlistat.

ForwardHealth allows only two weight loss attempts with Xenical or orlistat 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 183 days. If the member meets a weight

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loss goal of at least 5% of their weight from baseline, PA may be requested for an additional 183 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% of their weight from baseline during the initial 183-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 PA Form for Anti-Obesity Drugs

ForwardHealth has revised the Prior Authorization Drug Attachment for Anti-Obesity Drugs form, F-00163 (11/2025).

Effective November 1, 2025, prescribers must use the revised Prior Authorization Drug Attachment for Anti-Obesity Drugs form to submit PA requests for anti-obesity drugs (excluding Wegovy used to reduce the risk of major adverse cardiovascular events [MACE] in adults with established cardiovascular disease or to treat MASH and Zepbound to treat moderate to severe obstructive sleep apnea [OSA] in adults with obesity).

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

ForwardHealth will honor PA requests for anti-obesity drugs submitted on the Prior Authorization Drug Attachment for Anti-Obesity Drugs form and approved before November 1, 2025, until they expire or until the approved days' supply is used up.

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

- Benzphetamine
- Diethylpropion
- Orlistat



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- Phendimetrazine
- Phentermine
- Phentermine/topiramate
- Evekeo
- Saxenda
- Wegovy
- Xenical
- Zepbound

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

Submitting PA Requests for Anti-Obesity Drugs

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

- DAPO Center
- 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.



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Note: These anti-obesity drugs have separate PA submission requirements:

- Wegovy to reduce the risk of MACE in overweight or obese adults with established cardiovascular disease
- Wegovy to treat MASH
- Zepbound to treat moderate to severe OSA in adults with obesity

New Clinical Criteria for Wegovy to Treat Metabolic Dysfunction-Associated Steatohepatitis

ForwardHealth has established the clinical PA criteria for Wegovy to treat MASH.

Clinical criteria that must be documented for approval of a PA request for Wegovy to treat MASH are **all** of the following:

- Wegovy must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has been diagnosed with noncirrhotic MASH, formerly known as noncirrhotic nonalcoholic steatohepatitis (NASH) 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 prescriber will monitor the member for elevations in their liver tests and the development of liver-related adverse reactions.

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

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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 request.

Initial renewal PA requests for Wegovy to treat MASH may be approved for up to 183 days. **Renewal PA requests require the member to be taking an appropriate maintenance dose, as outlined in the Wegovy prescribing information.**

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

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 Wegovy to treat MASH may be approved for up to 365 days. **Renewal PA requests require the member to be taking an appropriate maintenance dose, as outlined in the Wegovy prescribing information.**

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

Submitting PA Requests for Wegovy to Treat Metabolic Dysfunction-Associated Steatohepatitis

PA requests for Wegovy to treat MASH must be completed, signed, and dated by the prescriber. PA requests for Wegovy to treat MASH 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 Wegovy to treat MASH must be submitted with the PA request.



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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 PA/DGA form and a completed PA/RF to ForwardHealth.

PA requests for Wegovy to treat MASH may be submitted on the Portal, by fax, or by mail (but **not** using the STAT-PA system). PA requests for Wegovy to treat MASH may **not** be submitted to the DAPO Center.

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

ForwardHealth has revised the clinical criteria for Wegovy to reduce the risk of MACE in overweight or obese 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 overweight or obese adults with established cardiovascular disease are **all** of the following:

- Wegovy must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has established cardiovascular disease, as evidenced by **one** of the following:
 - Prior myocardial infarction (heart attack)
 - 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 that is 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 of MACE in overweight or obese adults with established cardiovascular

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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 clinical criteria for Wegovy to reduce the risk of MACE in overweight or obese adults with established cardiovascular disease 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 continues to follow a reduced-calorie diet and maintains physical activity. A copy of the member's current medical records must be included with the PA request.

Initial renewal PA requests for Wegovy to reduce the risk of MACE in overweight or obese adults with established cardiovascular disease may be approved for up to 183 days. **Renewal PA requests require the member to take an appropriate maintenance dose as outlined in the Wegovy prescribing information.**

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

Subsequent Renewal PA Requests

Subsequent renewal PA requests require documentation to support that the member continues to follow a reduced-calorie diet and maintains physical activity. A copy of the member's current medical records must be included with the PA request.

Subsequent renewal PA requests for Wegovy to reduce the risk of MACE in overweight or obese adults with established cardiovascular disease may be approved for up to 365 days. **Renewal PA requests require the member to take an appropriate maintenance dose as outlined in the Wegovy prescribing information.**

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

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Submitting PA Requests for Wegovy to Reduce the Risk of Major Adverse Cardiovascular Events in Overweight or Obese Adults With Established Cardiovascular Disease

PA requests for Wegovy to reduce the risk of MACE in overweight or obese 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 overweight or obese 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. Clinical documentation supporting the use of Wegovy to reduce the risk of MACE in overweight or obese 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.

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

PA requests for Wegovy to reduce the risk of MACE in overweight or obese 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 overweight or obese adults with established cardiovascular disease may **not** be submitted to the DAPO Center.

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

ForwardHealth has revised the clinical 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:

- Zepbound must be prescribed in a dose and manner consistent with FDA-approved product labeling.

- The member has moderate to severe OSA evidenced by **one** of the following:
 - Results from an overnight polysomnogram (PSG) sleep study documenting an apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) greater than or equal to 15 events per hour must be submitted.
 - Results from a home sleep apnea test (HSAT) documenting a respiratory event index (REI) 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 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 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.

Initial Renewal PA Request

Initial renewal PA requests require documentation to support that the member is responding adequately to treatment (reduction in OSA symptoms) and is compliant with PAP treatment (if-tolerated). The member must continue to follow a reduced-calorie diet and maintain physical activity. A copy of the member’s current medical records must be included with the PA request.



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.

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Initial renewal PA requests for Zepbound to treat moderate to severe OSA in adults with obesity may be approved for up to 183 days. **Renewal PA requests require the member to be taking an appropriate maintenance dose, as outlined in the Zepbound prescribing information.**

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

Subsequent Renewal PA Requests

Subsequent renewal PA requests require documentation to support that the member is responding adequately to treatment (a reduction in the member's AHI, RDI, or REI compared to their baseline prior to the initiation of Zepbound). Repeat PSG results, HSAT results, or PAP confirmation of AHI, RDI, or REI reduction must be submitted. The member must be compliant with PAP treatment (if-tolerated), continue to follow a reduced-calorie diet, and maintain physical activity. A copy of the member's current medical records must be included with the PA request.

Subsequent renewal PA requests for Zepbound to treat moderate to severe OSA in adults with obesity may be approved for up to 365 days. **Renewal PA requests require the member to be taking an appropriate maintenance dose, as outlined in the Zepbound prescribing information.**

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

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. 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



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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 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 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.

Other Pharmacy Policy

Dawnzera

The FDA approved Dawnzera for prophylaxis to prevent attacks of hereditary angioedema (HAE). Andembry, Dawnzera, Orladeyo, and Takhzyro are long-term HAE prophylactic drugs that require PA.

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

The clinical criteria and PA submission options for HAE prophylactic drugs have not changed.

Imcivree

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

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

- Monogenic or syndromic obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor deficiency (LEPR) deficiency
- Monogenic or syndromic obesity due to Bardet-Biedl Syndrome (BBS)

Revised Clinical Criteria for Imcivree for Members With Monogenic or Syndromic Obesity Due to Proopiomelanocortin, Proprotein Convertase Subtilisin/Kexin Type 1, or Leptin Receptor Deficiency

ForwardHealth has revised the clinical criteria for Imcivree for members with monogenic or syndromic obesity due to POMC, PCSK1, or LEPR.

QUICK LINKS

Long-Term Hereditary Angioedema Prophylactic Drugs topic #[21417](#)

Note: This topic will be updated on November 3, 2025.

QUICK LINKS

Imcivree topic #[22819](#)

Note: This topic will be updated on November 3, 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.

Clinical criteria that must be documented for approval of a PA request for Imcivree for members with monogenic or syndromic obesity due to POMC, PCSK1, or LEPR deficiency are **all** of the following:

- The prescription is written by an endocrinologist or geneticist or through an endocrinology or genetics consultation.
- The member's current height, weight, and BMI are documented.
- One of the following is true:
 - The member is 2–5 years of age and has a current weight greater than or equal to the 97th percentile for age and gender. The member's body weight must be at least 20 kg. (Note: An age-appropriate growth chart must be included with the PA request.)
 - The member is 6–17 years of age and has a current weight greater than or equal to the 95th percentile using growth chart assessments. (Note: An age-appropriate growth chart must be included with the PA request.)
 - The member is 18 years of age or older with a BMI of greater than or equal to 30.
- The member has monogenic or syndromic obesity due to POMC, PCSK1, or LEPR deficiency confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance. (Note: A copy of the genetic testing results must be submitted with the PA request.)
- The prescriber has evaluated the member and determined that the member does not have any medical or medication contraindications to treatment with Imcivree.

A copy of the member's current medical records must be submitted with all PA requests for Imcivree for members with monogenic or syndromic obesity due to POMC, PCSK1, or LEPR deficiency. 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 clinical criteria for Imcivree for members with monogenic or syndromic obesity due to POMC, PCSK1, or LEPR deficiency are met, initial PA requests may be approved for up to 183 days. If members with monogenic or syndromic obesity due to POMC, PCSK1, or LEPR deficiency meet a weight loss goal of at least 5% of their weight from baseline or at least 5% of their

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BMI from baseline (for patients with continued growth potential) during the first 183 days of treatment, PA may be requested for an additional 183 days of treatment. If the member's weight or BMI (for patients with continued growth potential) remains at least 5% below the member's baseline weight or their BMI, subsequent PA renewal requests for Imcivree are a maximum of 365 days.

Revised Clinical Criteria for Imcivree for Members With Monogenic or Syndromic Obesity Due to Bardet-Biedl Syndrome

ForwardHealth has revised the clinical criteria for Imcivree for members with monogenic or syndromic obesity due to BBS.

Clinical criteria that must be documented for approval of a PA request for Imcivree for members with monogenic or syndromic obesity due to BBS are all of the following:

- The prescription is written by an endocrinologist or geneticist or through an endocrinology or genetics consultation.
- The member's current height, weight, and BMI are documented.
- One of the following is true:
 - The member is 2–5 years of age and has a current weight greater than or equal to the 97th percentile for age and gender. The member's body weight must be at least 20 kg. (Note: An age-appropriate growth chart must be included with the PA request.)
 - The member is 6–17 years of age and has a current weight greater than or equal to the 97th percentile using growth chart assessments. (Note: An age-appropriate growth chart must be included with the PA request.)
 - The member is 18 years of age or older with a BMI of greater than or equal to 30.
- The member has monogenic or syndromic obesity due to BBS.
- The prescriber has evaluated the member and determined that the member does not have any medical or medication contraindications to treatment with Imcivree.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Imcivree for members with monogenic or syndromic obesity due to BBS. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated

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.

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- Details regarding previous medication use
- The member’s current treatment plan

If clinical criteria for Imcivree for members with monogenic or syndromic obesity due to BBS are met, initial PA requests may be approved for up to 183 days. If members with monogenic or syndromic obesity due to BBS meet a weight loss goal of at least 5% of their weight from baseline or at least 5% of their BMI from baseline (for patients aged less than 18 years) during the first 183 days of treatment, PA may be requested for an additional 183 days of treatment. If the member’s weight or BMI (for patients aged less than 18 years) remains at least 5% below the member’s baseline weight or their BMI, subsequent renewal PA requests for Imcivree are a maximum of 365 days.

Submitting PA Requests for Imcivree

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

Rezdiffra

Revised Clinical Criteria for Rezdiffra

ForwardHealth has revised the clinical criteria for Rezdiffra.

**QUICK
LINKS**

[Forms](#) page

**QUICK
LINKS**

Rezdiffra topic [#23342](#)

Note: This topic will be updated on November 3, 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.

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

- Rezdifra must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has been diagnosed with noncirrhotic metabolic dysfunction-associated steatohepatitis, formerly known as NASH with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) by a biopsy or noninvasive tests (such as FibroScan or MRE + MRI-PDFF).
- The member has taken Wegovy for at least six consecutive months and experienced an unsatisfactory therapeutic response, experienced a clinically significant adverse drug reaction, or the member has a medical condition(s) that prevents the use of Wegovy.
- 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 prescriber will monitor for elevations in the member's liver tests and the development of liver-related adverse reactions.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Rezdifra. 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 Rezdifra 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 request. Initial renewal PA requests for Rezdifra may be approved for up to 183 days.

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.

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.

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

Submitting PA Requests for Rezdiffra

For PA requests for Rezdiffra, the prescriber is required to complete, sign, and date the PA/DGA form. PA requests for Rezdiffra 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. 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).

Sapropterin Dihydrochloride

Effective December 1, 2025, Kuvan, the brand name drug for sapropterin dihydrochloride will become a brand medically necessary (BMN) drug. Kuvan will be subject to BMN policy and will require BMN PA.

Sapropterin dihydrochloride (generic Kuvan) will continue to be covered without requiring PA.

**QUICK
LINKS**

[Forms](#) page

**QUICK
LINKS**

- Brand Medically Necessary Drugs: A Prescriber's Responsibilities topic #[2016](#)
- Brand Medically Necessary Drugs: A Pharmacy Provider's Responsibilities topic #[2017](#)

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

Effective November 1, 2025, branded generic drugs Javygtor and Zelvysia will require clinical PA.

New Clinical Criteria for Javygtor and Zelvysia

ForwardHealth has established the clinical PA criteria for Javygtor and Zelvysia.

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

- The prescriber has submitted detailed clinical justification for prescribing Javygtor or Zelvysia instead of sapropterin dihydrochloride (generic Kuvan).
- The clinical information must document why the member cannot use sapropterin dihydrochloride (generic Kuvan), including why it is medically necessary that the member receive Javygtor or Zelvysia instead of sapropterin dihydrochloride (generic Kuvan).

Supporting clinical documentation and a copy of the member's current medical records must be submitted with the PA request to support the member's need for Javygtor or Zelvysia. Initial PA requests for Javygtor or Zelvysia 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 Javygtor or Zelvysia.

Submitting PA Requests for Javygtor and Zelvysia

PA requests for Javygtor and Zelvysia must be completed, signed, and dated by the prescriber. PA requests for Javygtor and Zelvysia 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.



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

Sephience

Sephience will require clinical PA.

New Clinical Criteria for Sephience

ForwardHealth has established the clinical PA criteria for Sephience.

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

- Sephience must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has been diagnosed with hyperphenylalaninemia as documented by past medical history of at least two blood phenylalanine (Phe) measurements greater than or equal to 600 µmol/L.
- **One** of the following is true:
 - The member has experienced an unsatisfactory therapeutic response with sapropterin dihydrochloride (generic Kuvan).
 - The member has a clinically significant drug interaction between another drug(s) the member is taking and sapropterin dihydrochloride (generic Kuvan).
 - The member has a medical condition(s) that prevents the use of sapropterin dihydrochloride (generic Kuvan).
- The member will be on a dietary protein and Phe-restricted diet that is based on blood Phe level.
- The provider will obtain and document the member's Phe concentration before initiating treatment.
- Sephience will not be used in combination with any other approved hyperphenylalaninemia drug therapy.
- Sephience is prescribed by a physician with expertise in treating hyperphenylalaninemia.

Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests for Sephience. 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

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

Renewal PA requests for Sephience 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.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen and demonstrate that the member has had a reduction in Phe levels compared to baseline since starting treatment with Sephience.

Submitting PA Requests for Sephience

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

Vyjuvek

Vyjuvek requires clinical PA and is covered under the pharmacy benefit. Pharmacy providers should submit a pharmacy noncompound drug claim for Vyjuvek.

For 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.

Claim Requirements for Vyjuvek

Physician-administered Vyjuvek will be reimbursed separately from physician and clinical services associated with the administration of Vyjuvek.

QUICK LINKS

[Forms](#) page

QUICK LINKS

Vyjuvek topic [#23103](#)

Note: This topic will be updated on November 3, 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.

The pharmacy provider is required to establish a delivery process with the prescriber to ensure that physician-administered Vyjuvek is delivered directly to the prescriber, an agent of the prescriber, or a health care provider designated to administer Vyjuvek to the member. Pharmacy providers may only submit a claim to ForwardHealth for Vyjuvek that has been administered to a member.

If Vyjuvek has been dispensed for a member but the dose is not administered to the member, the prescriber or health care provider designated to administer Vyjuvek to the member is responsible for notifying the dispensing pharmacy. If ForwardHealth has paid the dispensing pharmacy for any portion of the dispensing of Vyjuvek that is not administered to the member, the dispensing pharmacy is responsible for reversing any claims submitted to ForwardHealth.

Revised Clinical Criteria for Vyjuvek

ForwardHealth has revised the clinical criteria for Vyjuvek.

The following clinical criteria must be met and documented for approval of a PA request for Vyjuvek:

- Vyjuvek must be prescribed by a dermatologist or wound care specialist.
- Vyjuvek must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has been diagnosed with dystrophic epidermolysis bullosa with mutation(s) in the collagen type VII alpha 1 chain gene.
- The prescriber must include documentation of at least one cutaneous wound that is appropriate to be treated with Vyjuvek and confirm that the wound does not appear to be infected.
- The prescriber must include documentation of the size of the wound area(s) to be treated and confirm the calculated dose of Vyjuvek will not exceed the recommended maximum weekly dose.
- The prescriber must include documentation that the member's treatment plan includes the appropriate administration of Vyjuvek by someone (a health care professional, caregiver, or the member themselves) who is trained on the wound dressing care requirements for treatment with Vyjuvek.
- The prescriber must include documentation that the member's treatment plan addresses the requirement for Vyjuvek to be properly prepared at a pharmacy for administration to the member's wound(s) within eight hours of mixing of the Vyjuvek gel with the Vyjuvek biological suspension.

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

Renewal PA requests for Vyjuvek 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.

All renewal PA requests require the member to be adherent with the prescribed treatment regimen and demonstrate that the member has had a reduction in wound areas compared to baseline since starting treatment with Vyjuvek.

Submitting PA Requests for Vyjuvek

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



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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 the Wisconsin Department of Health Services (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.

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 10/27/2025 and information contained in this Update was incorporated into the Online Handbook on 11/03/2025.

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/.