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ForwardHealth UPDATE

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MARCH 2026 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, form changes, and other pharmacy policy. All policy and PA changes are effective March 1, 2026, 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 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.

WISCONSIN DEPARTMENT of HEALTH SERVICES

Refer to the following sections for more information about:

- Changes to antibiotics, other drug class.
- Changes to the lipotropics, other drug class.
- Other pharmacy policy changes.

Changes to Antibiotics, Other Drug Class

New Indication for Blujepa

The Food and Drug Administration (FDA) has approved a new indication for Blujepa, a non-preferred drug in the antibiotics, other drug class. Effective March 1, 2026, Blujepa will also be used to treat uncomplicated urogenital gonorrhea.

Blujepa and non-preferred drug Orlynvah will continue to be used to treat uncomplicated urinary tract infections.

Blujepa and Orlynvah require clinical PA.

Revised Clinical Criteria for Blujepa and Orlynvah

ForwardHealth has revised the clinical criteria for Blujepa and Orlynvah.

Clinical criteria for approval of a PA request for Blujepa or Orlynvah are **all** of the following:

- The member's age and weight are consistent with the FDA-approved product labeling for the requested drug.
- The member is being treated for an uncomplicated urinary tract infection (Blujepa or Orlynvah) **or** uncomplicated urogenital gonorrhea (Blujepa only) that is caused by an organism that is susceptible to the requested drug.
- The prescriber has determined that treatment with an alternative oral antibiotic is not appropriate for the member.

If the clinical criteria for Blujepa or Orlynvah are met, PA requests may be approved for up to five days.

Revised Prior Authorization/Preferred Drug List for Blujepa and Orlynvah Form

ForwardHealth has revised the Prior Authorization/Preferred Drug List (PA/PDL) for Blujepa and Orlynvah form, F-03412 (03/2026).

Effective March 1, 2026, pharmacy providers must use the revised PA/PDL for Blujepa and Orlynvah form to submit PA requests for Blujepa and Orlynvah.

QUICK LINKS

Antibiotics, Other topic #24043

Note: This topic will be updated on March 2, 2026.

DID YOU KNOW?

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

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

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

ForwardHealth will honor PA requests for Blujepa and Orlynvah approved before March 1, 2026, until they expire or until the approved days' supply is used up.

Submitting PA Requests for Blujepa and Orlynvah

PA requests for Blujepa or Orlynvah must be completed, signed, and dated by the prescriber. PA requests for Blujepa or Orlynvah must be submitted using the PA/PDL for Blujepa and Orlynvah form.

The PA form must be sent to the pharmacy where the prescription will be filled. The prescriber may send the PA form to the pharmacy, or the member may carry the PA form with the prescription to the pharmacy. The pharmacy provider will use the completed PA form to submit a PA request to ForwardHealth. Prescribers should **not** submit the PA form to ForwardHealth.

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

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

Changes to Lipotropics, Other Drug Class

Effective March 1, 2026, Redemplo will become a non-preferred drug in the lipotropics, other drug class. Redemplo will have an interim status of non-preferred and will be reviewed at the May 2026 PDL Review.

The clinical criteria for Tryngolza will also apply to Redemplo.

Revised Clinical Criteria for Redemplo and Tryngolza

ForwardHealth has revised the clinical criteria for Redemplo and Tryngolza.

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

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

QUICK LINKS

Lipotropics, Other topic #23717

Note: This topic will be updated on March 2, 2026.

- The member has familial chylomicronemia syndrome as confirmed by genetic testing. A copy of the genetic testing results must be submitted with the PA request.
- The member will use the requested drug in conjunction with a low-fat diet.
- The prescription is written by a specialist in lipid management.
- The member has a current triglyceride level of 880 mg/dL or greater.

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

- The member's medical condition being treated
- The member's current treatment plan
- A current lipid panel report completed within the past 30 days

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

Renewal PA requests for Redemplo or Tryngolza 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 a reduction in the member's triglyceride level compared to their baseline prior to the initiation of Redemplo or Tryngolza. All renewal PA requests require the member to be adherent with the prescribed treatment regimen. A copy of the current lipid panel report (within the past 30 days) must be included with the PA request.

Submitting PA Requests for Redemplo and Tryngolza

PA requests for Redemplo or Tryngolza must be completed, signed, and dated by the prescriber. PA requests for Redemplo or Tryngolza 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).

QUICK LINKS

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

Other Pharmacy Policy Changes

Spinal Muscular Atrophy Drugs

Clinical PA is required for all spinal muscular atrophy (SMA) drugs.

ForwardHealth does not cover treatment using more than one SMA drug at a time. If a member is transitioning treatment from Spinraza to Evrysdi, a waiting period of 90 days from the last injection of Spinraza is required before starting Evrysdi. The member's current approved PA request for Spinraza will be end-dated upon approval of Evrysdi. If a member is transitioning treatment from Evrysdi to Spinraza, the member's current approved PA request for Evrysdi will be end-dated upon approval of Spinraza. If a member previously received treatment with Zolgensma or Itvisma, a PA request for another SMA drug treatment will be denied.

Claims Submission for Spinal Muscular Atrophy Drugs

SMA drugs, including Evrysdi, will be covered and reimbursed under the pharmacy benefit. Providers should submit claims for SMA drugs to ForwardHealth using a noncompound drug claim. For specific questions about the billing or coverage of high cost, orphan, and accelerated approval drugs Spinraza, Zolgensma, or Itvisma, providers may contact Provider Services or email DHSOrphanDrugs@dhs.wisconsin.gov.

Additional Requirements for Physician-Administered Spinal Muscular Atrophy Drugs

Physician-administered SMA drugs (for example, Spinraza, Zolgensma, and Itvisma) are reimbursed separately from physician and clinical services associated with the administration of SMA drugs. The pharmacy provider is

QUICK LINKS

Spinal Muscular Atrophy Drugs topic #22097

Note: This topic will be updated on March 2, 2026.

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required to establish a delivery process with the prescriber to ensure that the physician-administered SMA drugs are delivered directly to the prescriber or an agent of the prescriber.

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

New Clinical Criteria for Itvisma

ForwardHealth has established clinical PA criteria for Itvisma.

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

- Itvisma is prescribed by a neurologist, pulmonologist, or other physician with expertise in treating SMA and in a manner consistent with the FDA-approved product labeling.
- The member is 2 years of age or older.
- The member has SMA that has been confirmed by genetic testing (survival motor neuron 1 [SMN1] mutation).
- The member does not have advanced SMA including, but not limited to, any of the following:
  - Complete paralysis of the limbs
  - Ventilator dependent for 16 or more hours per day (including non-invasive respiratory support)
- The prescriber submits the most recent pre-treatment anti-adeno-associated virus serotype 9 antibody testing, demonstrating a titer ratio of less than 50 to 1.

A copy of the member's medical records must be submitted and should sufficiently document:

- The information listed in the clinical criteria for PA approval.
- Details regarding previous medication use.

- The member's current treatment plan.

Note: ForwardHealth covers one treatment per lifetime with Itvisma for members 2 years of age or older.

ForwardHealth will deny PA requests for Itvisma if any of the following circumstances are present:

- The member is currently involved in a clinical trial for an SMA drug.
- The member is diagnosed with a non-SMN1 variant of SMA.
- The member is under 2 years of age.

Submitting PA Requests for Itvisma

PA requests for Itvisma must be submitted using the PA/DGA form.

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

Revised Clinical Criteria for Evrysdi

ForwardHealth has revised the clinical criteria for Evrysdi.

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

- Evrysdi is prescribed by a neurologist, pulmonologist, or other physician with expertise in treating SMA and in a manner consistent with the FDA-approved product labeling.
- The member receives medication counseling prior to initiating Evrysdi treatment, and the provider must comply with administration requirements per FDA labeling. (Medication must be dosed after a meal, patients

QUICK LINKS

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are instructed to drink water after the dose is administered, and the medication must be given within five minutes after it has been drawn up into the oral syringe.)
- The member has SMA type 1, 2, or 3, which has been confirmed by genetic testing (5q SMN1: homozygous mutation, homozygous gene deletion, or compound heterozygote).
- The member has **at least two** copies of the survival motor neuron 2 (SMN2) gene.
- The prescriber submits exam values from **at least one** of the following exams (based on member age and motor ability) to establish a baseline motor ability:
  - Hammersmith Infant Neurological Examination (HINE) (infant to early childhood)
  - Hammersmith Functional Motor Scale Expanded (HFMSE)
  - Revised Upper Limb Module (RULM) test (non-ambulatory members)
  - Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND)
  - Six-minute walk test (6MWT) (ambulatory members)
  - Motor Function Measure 32 (MFM32)
- The prescriber indicates the member's pulmonary status, including any requirement for ventilator support.

ForwardHealth will consider coverage for Evrysdi on a case-by-case basis if any of the following circumstances are present for the member:
- Complete paralysis of the limbs
- Ventilator dependent for 16 or more hours per day (including non-invasive respiratory support)

A copy of the member's medical records must be submitted and should sufficiently document:
- The information listed in the clinical criteria for PA approval.
- Details regarding previous medication use.
- The member's current treatment plan.

ForwardHealth will deny PA requests for Evrysdi if any of the following circumstances are present:
- The member is currently involved in a clinical trial for an SMA drug.
- The member has received treatment with Zolgensma.

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- The member has received treatment with Itvisma.
- The member is **currently** receiving treatment with Spinraza.
- The member is diagnosed with a non-SMN1 variant of SMA.

Initial PA requests for Evrysdi to treat SMA may be approved for up to 183 days.

Renewal PA Requests

In addition to meeting the clinical criteria for initial PA request approval, renewal PA requests for Evrysdi require the submission of medical records (for example, chart notes or assessment of neurological and motor function) with the most recent results (less than two months prior to the submission of the renewal PA request) documenting a positive clinical response to Evrysdi therapy **from pretreatment baseline status** as demonstrated by **one** or more of the following exams:

- HINE that demonstrates the following:
  - Improvement or maintenance of previous improvement of at least a two-point (or maximal score) increase in the ability to kick **or** improvement or maintenance of previous improvement of at least a one-point increase in any other HINE milestone (for example, head control, rolling, sitting, or crawling), excluding voluntary grasp
  - Net positive improvement in condition, defined as building on previous improvement from the pretreatment baseline in a majority of the HINE motor milestones **or** achievement or maintenance of any new motor milestone(s) from the pretreatment baseline when the member would otherwise not be expected to do so (for example, sit unassisted, stand, or walk)
- HFMSE that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a three-point increase in score from pretreatment baseline
  - Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so
- RULM test that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a two-point increase in score from pretreatment baseline

IN THE KNOW

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- Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so

- CHOP INTEND that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a four-point increase in score from pretreatment baseline
  - Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so
- MFM32 that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a two-point increase in score from pretreatment baseline
  - Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so

Renewal PA requests for Evrysdi used to treat SMA may be approved for up to 365 days.

Submitting PA Requests for Evrysdi

PA requests for Evrysdi must be submitted using the PA/DGA form.

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

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Revised Clinical Criteria for Spinraza

ForwardHealth has revised the clinical criteria for Spinraza.

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

- Spinraza is prescribed by a neurologist, pulmonologist, or other physician with expertise in treating SMA and in a manner consistent with the FDA-approved product labeling.
- The member has SMA type 1, 2, or 3, which has been confirmed by genetic testing (5q SMN1: homozygous mutation, homozygous gene deletion, or compound heterozygote).
- The member has **at least two** copies of the SMN2 gene.
- The prescriber submits exam values from **at least one** of the following exams (based on member age and motor ability) to establish a baseline motor ability:
  - HINE (infant to early childhood)
  - HFMSE
  - RULM test (non-ambulatory members)
  - CHOP INTEND
  - 6MWT (ambulatory members)
- The prescriber indicates the member's pulmonary status, including any requirement for ventilator support.

ForwardHealth will consider coverage for Spinraza on a case-by-case basis if any of the following circumstances are present for the member:

- Complete paralysis of the limbs
- Ventilator dependent for 16 or more hours per day (including non-invasive respiratory support)
- Pre-symptomatic infants who have not yet developed symptoms but have undergone genetic studies indicating a high likelihood of developing SMA type 1, 2, or 3 (that is, less than three copies of the SMN2 gene)

A copy of the member's medical records must be submitted and should sufficiently document:

- The information listed in the clinical criteria for PA approval.
- Details regarding previous medication use.
- The member's current treatment plan.

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ForwardHealth will deny PA requests for Spinraza if any of the following circumstances are present:

- The member is currently involved in a clinical trial for an SMA drug.
- The member has received treatment with Zolgensma.
- The member has received treatment with Itvisma.
- The member is **currently** receiving treatment with Evrysdi.
- The member is diagnosed with a non-SMN1 variant of SMA.

Initial PA requests for Spinraza to treat SMA may be approved for up to 210 days to allow for up to five doses of Spinraza.

Renewal PA Requests

In addition to meeting the clinical criteria for initial PA request approval, renewal PA requests for Spinraza require the submission of medical records (for example, chart notes, assessment of neurological and motor function) with the most recent results (less than one month prior to the submission of the renewal PA request) documenting a positive clinical response to Spinraza therapy **from pretreatment baseline status** as demonstrated by **one** or more of the following exams:

- HINE that demonstrates the following:
  - Improvement or maintenance of previous improvement of at least a two-point (or maximal score) increase in the ability to kick **or** improvement or maintenance of previous improvement of at least a one-point increase in any other HINE milestone (for example, head control, rolling, sitting, or crawling), excluding voluntary grasp
  - Net positive improvement in condition, defined as building on of previous improvement from the pretreatment baseline in a majority of the HINE motor milestones **or** achievement or maintenance of any new motor milestone(s) from the pretreatment baseline when the member would otherwise not be expected to do so (for example, sit unassisted, stand, or walk)
- HFMSE that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a three-point increase in score from pretreatment baseline
  - Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so

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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- RULM test that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a two-point increase in score from pretreatment baseline
  - Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so
- CHOP INTEND that demonstrates **one** of the following:
  - Improvement or maintenance of previous improvement of at least a four-point increase in score from pretreatment baseline
  - Achievement and maintenance of any new motor milestone(s) from pretreatment baseline when the member would otherwise not be expected to do so

Renewal PA requests for Spinraza used to treat SMA may be approved for up to 365 days.

Submitting PA Requests for Spinraza

PA requests for Spinraza must be submitted using the PA/DGA form.

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

Clinical Criteria for Zolgensma

The clinical criteria and PA submission options for Zolgensma have not changed.

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Voyxact

Voyxact will require clinical PA.

New Clinical Criteria for Voyxact

ForwardHealth has established the clinical PA criteria for Voyxact.

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

- Voyxact must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The prescription is written by, or in consultation with, a nephrologist or kidney transplant specialist.
- The member has biopsy-confirmed immunoglobulin A nephropathy and is at risk for disease progression.
- The member's estimated glomerular filtration rate is equal to or greater than 30 mL/min.
- The member's urine protein/creatinine ratio (uPCR) is equal to or greater than 0.75 g/g in a 24-hour collection or their urine protein is equal to or greater than 1.0 g/day.
- The member is stable on a maximally tolerated dose of angiotensin-converting enzyme inhibitor or angiotensin receptor blocker.

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

Renewal PA requests for Voyxact may be approved for up to 365 days. Renewal PA requests require documentation to support that the member has a decrease in uPCR in a 24-hour collection **or** a urine total protein less than 1.0 g/day.

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

QUICK LINKS

Prior Authorization/Drug Attachment topic #15937

Note: This topic will be updated on March 2, 2026.

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 Voyxact

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

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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 02/16/2026 and information contained in this Update was incorporated into the Online Handbook on 03/02/2026.