

ForwardHealth **UPDATE**

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OCTOBER 2026 CHANGES FOR CERTAIN PREFERRED DRUG LIST CLASSES AND OTHER PHARMACY POLICY

This ForwardHealth Update announces the October 2026 changes for certain preferred drug list (PDL) classes and other pharmacy policy.

All PDL and other pharmacy policy changes are effective October 1, 2026, unless otherwise noted.

Refer to the ForwardHealth Online Handbook Standard Pharmacy Policy for Covered and Noncovered Drugs topic [#22337](#) for general ForwardHealth policy for drugs that require prior authorization (PA) approval. Providers may also refer to this topic for 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.

Refer to the following sections for more information about:

- [Changes to bile salts drug class.](#)

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



- [Changes to hypoglycemics, insulins long-acting drug class.](#)
- [Changes to lipotropics, other drug class.](#)
- [Changes to other pharmacy policy.](#)

Changes to Bile Salts Drug Class

Lynavoy will become a non-preferred drug in the bile salts drug class. Non-preferred drugs require PA.

Lynavoy will have an interim status of non-preferred and will be reviewed during the November 2026 PDL review.

New Clinical Criteria for Lynavoy

ForwardHealth has established the clinical PA criteria for Lynavoy.

The clinical criteria for approval of a PA request for Lynavoy are **all** of the following:

- The member's age must be consistent with Food and Drug Administration (FDA)-approved product labeling for Lynavoy.
- The member has cholestatic pruritus associated with primary biliary cholangitis.

Supporting clinical information and a copy of the member's current medical records must be submitted with the PA request for Lynavoy to support the member's condition and outline the member's current treatment plan.

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

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

Renewal PA requests must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a significant reduction in pruritus symptoms compared to the member's baseline prior to the initiation of the drug requested.

QUICK LINKS

- Bile Salts Drugs topic [#22338](#)
- Prior Authorization/Drug Attachment topic [#15937](#)

Note: These topics will be updated on October 1, 2026.



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

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

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

Clinical Criteria for Bylvay, Cholbam, and Livmarli

The clinical criteria for the following drugs have not changed:

- Bylvay
- Cholbam
- Livmarli

Submitting PA Requests for Bylvay, Cholbam, Livmarli, and Lynavoy

PA requests for Bylvay, Cholbam, Livmarli, or Lynavoy must be completed, signed, and dated by the prescriber. PA requests for Bylvay, Cholbam, Livmarli, or Lynavoy 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 \(04/2026\)](#), to ForwardHealth.

PA requests for Bylvay, Cholbam, Livmarli, or Lynavoy 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).

Changes to Hypoglycemics, Insulins Long-Acting Drug Class

Awikli will become a non-preferred drug in the hypoglycemics, insulins long-acting drug class. Non-preferred drugs require PA.

Awikli will have an interim status of non-preferred and will be reviewed during the May 2027 PDL review.

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Hypoglycemics, Insulins Long-Acting topic #[19357](#)

Note: This topic will be updated and the topic title renamed Hypoglycemics, Insulins Long-Acting Drugs on October 1, 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.

Revised Clinical Criteria for Hypoglycemics, Insulins Long-Acting Drugs

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

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

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

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

- The member's current insulin treatment regimen
- The member's previous insulin treatment regimen(s)
- The member's proposed insulin treatment regimen to include the non-preferred hypoglycemics, insulins long-acting drug (initial PA request only)
- The glycemic treatment goals the prescriber has established for the member, such as hemoglobin A1c (HbA1c) and fasting blood glucose (FBG)

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

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

NEVER MISS A MESSAGE

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

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

If the clinical criteria for a non-preferred hypoglycemics, insulins long-acting drug are met, initial PA requests may be approved for up to 183 days. Medical records must be submitted to support the need for a non-preferred hypoglycemics, insulins long-acting drug.

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

Submitting PA Requests for Hypoglycemics, Insulins Long-Acting Drugs

PA requests for non-preferred hypoglycemics, insulins long-acting drugs must be completed, signed, and dated by the prescriber. PA requests for non-preferred hypoglycemics, insulins long-acting drugs must be submitted using the Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form, [F-01749 \(07/2024\)](#).

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 Prior Authorization Drug Attachment for Hypoglycemics, Insulins Long-Acting form and a completed PA/RF to ForwardHealth.

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

Changes to Lipotropics, Other Drug Class

Conditions for Which PA Requests for Use of Redemplo and Tryngolza Will Be Considered for Review

PA requests for Redemplo or Tryngolza will only be approved for use to treat these identified clinical conditions:

- Familial chylomicronemia syndrome (FCS) (Redemplo and Tryngolza PA requests)

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Lipotropics, Other topic
[#23717](#)

Note: This topic will be updated on October 1, 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.

- Severe hypertriglyceridemia (sHTG) (Tryngolza PA requests only)

New Clinical Criteria for Tryngolza for Members With Severe Hypertriglyceridemia

ForwardHealth has established the clinical PA criteria for Tryngolza for members with sHTG.

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

- The requested drug must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- Both of the following are true:
 - The member is taking at least one prescription triglyceride (TG) lowering medication.
 - The member has a TG level greater than or equal to 500 mg/dL.

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

Renewal PA requests for Tryngolza for members with sHTG 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 TG level compared to their baseline prior to the initiation of 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.

IN THE KNOW

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

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

Revised Clinical Criteria for Redemplo and Tryngolza for Members With Familial Chylomicronemia Syndrome

ForwardHealth has revised clinical criteria for Redemplo and Tryngolza for members with FCS.

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

- The requested drug must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has FCS as confirmed by genetic testing. A copy of the genetic testing results must be submitted with the PA request.
- The member has a current TG 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 for members with FCS. 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 for members with FCS are met, initial PA requests may be approved for up to 183 days.

Renewal PA requests for Redemplo or Tryngolza for members with FCS 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 TG 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 PA/DGA form.

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

Changes to Other Pharmacy Policy

Immunoglobulin A Nephropathy Drugs

The FDA has approved Trutakna to treat immunoglobulin A nephropathy (IgAN).

Clinical PA is required for IgAN drugs. Trutakna and Voyxact are IgAN drugs.

Revised Clinical Criteria for Immunoglobulin A Nephropathy Drugs

ForwardHealth has revised the clinical criteria for IgAN drugs.

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

- The IgAN drug must be prescribed in a dose and manner consistent with FDA-approved product labeling.
- The member has biopsy-confirmed IgAN and is at risk for disease progression.
- The member's estimated glomerular filtration ratio is equal to or greater than 30 mL/min.
- The member's urine protein/creatinine ratio (uPCR) in a 24-hour collection or their urine protein per day is consistent with the FDA-approved product labeling for the drug requested.
- The member is stable on a maximally tolerated dose of an 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 IgAN drugs. The supporting clinical information and medical records must document the following:

- The member's medical condition being treated

QUICK LINKS

Voyxact topic #[24183](#)

Note: This topic will be updated and the topic title renamed Immunoglobulin A Nephropathy Drugs on October 1, 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.

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

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

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

Renewal PA requests must include supporting clinical information and copies of the member's current medical records demonstrating that the member had a reduction in uPCR in a 24-hour collection or urine total protein per day while taking the IgAN drug.

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

Submitting PA Requests for Immunoglobulin A Nephropathy Drugs

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

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

Documentation Retention

As a reminder, providers 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

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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 09/22/2026 and information contained in this Update was incorporated into the Online Handbook on 10/01/2026.

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/.