

Wisconsin Medicaid Preferred Drug List Changes

July 1 brought with it some noteworthy changes to its [preferred drug list \(PDL\)](#) and [prior authorization criteria](#) for the GLP1 receptor agonist class.

The following are highlights of updates pertinent to family medicine:

- ACEI
 - Quinapril is now NON-preferred
- Tetracycline Antibiotics
 - Minocycline tablets are now covered. Capsules remain covered as well.
- Bladder Relaxants
 - Tolterodine and tolterodine ER are now covered.
 - Brand *Myrbetriq ER* is a preferred agent. Generic mirabegron ER is NOT covered.
- Bone Resorption Suppressants
 - Raloxifene is now preferred.
- DPP-4 inhibitors
 - Generic products containing sitagliptin phosphate are NOT covered. Instead, brand *Januvia* and *Janumet* are preferred, as are *Trajenta* and *Jentadueto*.
 - *Zituvimet* and *Zituvio* (branded sitagliptin base) are NOT preferred.
- GLP-1 receptor agonists¹
 - *Ozempic* is now preferred. (Readers may recall that *Ozempic* had temporary preferred status last year due to supply chain shortages of covered agents *Trulicity* and *Victoza*). *Ozempic* is now officially a covered drug.
 - *Soliqua* (glargine insulin with lixisenatide) is covered now also.
 - *Trulicity* and brand *Victoza* remain covered.
 - Generic liraglutide is NOT covered
- Insulins
 - *Novolog Mix*, and *Novolog* pens, vials and cartridges are no longer covered. Their generic counterparts (aspart) are preferred instead.
 - *Humalog* and generic lispro are covered as well.
- Miscellaneous Hypoglycemics
 - Generic metformin 750mg tablets are no longer covered.
 - *Invokana* and *Invokamet* are no longer covered.
- PCSK9 inhibitors
 - *Repatha Sureclick* and *Repatha* syringes are covered.

¹ Preferred GLP1 agents do not require prior authorization (PA), but are diagnosis-restricted. Diagnoses must appear on all prescription orders and submitted on all claims for GLP1 agents, regardless of preferred status.

In related noteworthy news, ForwardHealth has revised the clinical criteria for non-preferred GLP1 prior authorizations. **ALL** of the following must be met:

- The non-preferred drug is prescribed in a manner consistent with FDA-approved labeling.
- The member has type 2 diabetes
- A1c measured within the past 6 months
- If not currently using a GLP1, the most recent A1c must be 6.5% or above.

In addition, one of the following criteria must be documented for **at least two** of the preferred GLP1 agents:

- Member has taken the maximum dose of the preferred agent for at least 3 consecutive months and experienced an unsatisfactory response. (Initial PA requests require an A1c measurement after at least 3 consecutive months of the preferred agent.)
- The member experienced a clinically significant side effect with the preferred agent.

Supporting documentation and chart notes including all of the following must be submitted with all PA requests for non-preferred GLP1 agents:

- Member's diagnosis (type 2 diabetes)
- Details regarding previous medications used
- Current treatment plan
- Current A1c report

The following are NOT considered criteria to support PA:

- Nonadherence with previous GLP1 therapy
- Fear of needles
- Member's or prescriber's preference for an oral agent
- Member's or prescriber's preference for a non-preferred agent
- Member's or prescriber's preference for a less frequent dosing schedule.

New prior authorizations for non-preferred GLP1s may be approved for up to 183 days.

Renewal PA requests may be approved for up to 365 days if the member is adherent to the regimen and has a documented A1c improvement with the non-preferred agent.