

To:
Federally Qualified
Health Centers
Nurse
Practitioners
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Prior authorization required for brand name selective serotonin reuptake inhibitor drugs

Effective for dates of service (DOS) on and after March 15, 2004, Wisconsin Medicaid requires prior authorization (PA) for brand name selective serotonin reuptake inhibitor (SSRI) drugs. Generic fluoxetine does not require PA. This *Wisconsin Medicaid and BadgerCare Update* is a follow-up to the letter sent to providers in February.

Prior authorization required for selective serotonin reuptake inhibitor drugs

Effective for dates of service on and after March 15, 2004, Wisconsin Medicaid requires prior authorization (PA) for brand name selective serotonin reuptake inhibitor (SSRI) drugs. Generic fluoxetine does not require PA. Recipients currently stabilized on a brand name SSRI will be granted PA upon request to remain on that drug. This *Wisconsin Medicaid and BadgerCare Update* is a follow-up to the letter sent to providers in February.

The SSRI drugs that will require PA are:

- Celexa.
- Lexapro.
- Paroxetine.
- Paxil.
- Paxil CR.
- Pexeva.
- Prozac Weekly.
- Zoloft.

Prior authorization will be approved for a brand name SSRI drug in the following situations:

- A recipient is currently stabilized on a brand name SSRI drug.
- A recipient has tried and failed, or had an adverse reaction to fluoxetine.
- There is a clinical contraindication to starting with fluoxetine.

Only recipients with a clinical contraindication, as documented by the prescriber, may be granted PA to begin treatment on a brand name SSRI. All other recipients must begin treatment with generic fluoxetine.

STAT-PA system

Pharmacies can obtain PA through the Specialized Transmission Approval Technology-PA (STAT-PA) system. The STAT-PA system is an automated, real-time system that is available from 8 a.m. to 11:45 p.m., seven days a week. Although pharmacies are responsible for obtaining PA, prescribers (e.g., physicians, physician assistants, nurse practitioners) may be asked to provide clinical information to support medical necessity.

Refer to the Attachment of this *Update* for the STAT-PA Drug Worksheet for SSRI Drugs, HCF 11064, dated 01/04, that can be used by providers to obtain or maintain clinical documentation supporting medical necessity of

brand name SSRI drugs. The “Pharmacy” side of the form includes three questions for obtaining PA for a brand name SSRI drug. The “Prescriber/Pharmacy” side may be used to document the clinical reasons to start a recipient on a brand name SSRI drug. The “Prescriber/Pharmacy” side of the form may be used in the following ways:

- The prescriber can complete the form during the recipient’s office visit and the recipient can bring the completed worksheet to the pharmacy.
- The recipient may bring in a blank form for the prescriber to fill out.
- The pharmacist may call the prescriber for information or fax the form to the prescriber to be completed.

Providers are encouraged to use this form to facilitate the PA process.

This optional form is available to prescribers, pharmacies, and recipients and is available in fillable Portable Document Format (PDF) on the forms page of the Medicaid Web site. To access this page:

- Go to dhfs.wisconsin.gov/medicaid/.
- Choose “Providers” from the options listed in the Wisconsin Medicaid main menu.
- Then choose “Provider Forms” from the “Provider Publications and Forms” topic area.
- The fillable PDF may be accessed using Adobe Acrobat Reader®* and completed electronically.

To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the “Tab” key to move from one box to the next.

For more information

For questions about this *Update*, providers may call Provider Services at (800) 947-9627 or (608) 221-9883.

Information regarding Medicaid HMOs

This policy applies to Wisconsin Medicaid and BadgerCare fee-for-service recipients and all SeniorCare participants. Medicaid Managed Care Organizations (MCOs) must cover all drugs covered by fee-for-service but are allowed to place restrictions, such as PA, on those drugs. Therefore, Medicaid recipients who are enrolled in a Medicaid MCO may have different PA requirements than fee-for-service recipients.

*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at www.adobe.com/. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants also.

Wisconsin Medicaid, BadgerCare, and SeniorCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT

STAT-PA Drug Worksheet for SSRI Drugs

(The "STAT-PA Drug Worksheet for SSRI Drugs"
is located on the following pages.)

**WISCONSIN MEDICAID "PHARMACY"
 STAT-PA DRUG WORKSHEET FOR SSRI DRUGS**

The "pharmacy" side of this optional worksheet records information necessary to complete the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) process. The "prescriber/pharmacy" side records clinical documentation.

Name — Recipient	
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The STAT-PA system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	_____
Recipient Medicaid Identification Number	_____
National Drug Code	_____
Prescriber's Drug Enforcement Administration Number	_____
Diagnosis Code Use the most appropriate <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "00" (Not Specified), "01" (Home), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	_____
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

STAT-PA QUESTIONS

1. Is this recipient currently stabilized on the requested selective serotonin reuptake inhibitor (SSRI)? If yes, press "1." If no, press "2."
 - a. If yes, the PA request may be approved for up to 365 days.
 - b. If no, the provider will be asked:
2. Has the recipient tried and failed fluoxetine therapy? If yes, press "1." If no, press "2."
 - a. If yes, the PA request may be approved for up to 365 days.
 - b. If no, the provider will be asked:
3. Is there documentation of a clinical contraindication to using fluoxetine to treat this recipient? If yes, press "1." If no, press "2."
 - a. If yes, the PA request may be approved for up to 365 days.
 - b. If no, the provider will receive the following message: "Your PA request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	_____
First Date of Service	
Expiration Date	
Number of Days Approved	

ADDITIONAL INFORMATION

Prior Authorization is required for the following SSRI drugs: Celexa[®], Lexapro[®], Paroxetine[®], Paxil[®] (Brand and Generic), Paxil CR[®], Pexeva[®], Prozac Weekly[®], and Zoloft[®] (subject to rebate agreement).

Prior authorization is **not** required for generic fluoxetine.

*Days' supply requested equals the total days requested for the PA. For example, for a one-year PA, providers should enter "365."

(Continued)

**Wisconsin Medicaid "Prescriber/Pharmacy"
 CLINICAL DOCUMENTATION FOR SSRI PRIOR AUTHORIZATION**

This is an *optional* form that recipients, pharmacists, and physicians may use to obtain or maintain clinical documentation supporting medical necessity of SSRI drugs requiring PA. Providers are encouraged to use this form to facilitate the PA process. Providers are required to maintain all documentation, such as optional worksheets, that supports medical necessity and claim information in the recipient's records for a period of not less than five years and this information must be readily retrievable and available if requested. Wisconsin Medicaid recommends providers maintain the related STAT-PA worksheet in their files.

Name — Prescriber	Telephone Number — Prescriber
	Fax Number — Prescriber
Name — Pharmacy	Telephone Number — Pharmacy
	Fax Number — Pharmacy
Name — Recipient	Date of Birth
Recipient Identification Number	ICD-9-CM

Diagnosis _____

Drug Prescribed	<input type="checkbox"/> Celexa	<input type="checkbox"/> Lexapro	<input type="checkbox"/> Paroxetine	<input type="checkbox"/> Paxil	<input type="checkbox"/> Paxil CR
	<input type="checkbox"/> Pexeva	<input type="checkbox"/> Prozac Weekly	<input type="checkbox"/> Zoloft	OTHER _____	

CLINICAL INFORMATION — PHARMACY TO MAINTAIN THIS INFORMATION

Indicate clinical reason(s) an SSRI other than fluoxetine is required for this recipient. Check all that apply.

- Recipient currently stabilized on requested SSRI drug.
- This recipient previously tried and failed on fluoxetine therapy. Indicate reason for failure.
 - Fluoxetine Not Effective.
 - Side Effects.
 - Adverse Event(s).
 - Other _____

Fluoxetine is medically contraindicated for this recipient due to one or more of the following reasons:

- Fluoxetine is not a medically accepted therapy for the stated diagnosis.
- Drug-Drug Interaction(s).
List _____
- Fluoxetine adverse effect(s).
List _____
- Other specific medical contraindication(s) not listed above. (Describe specific medical contraindications to using fluoxetine for this patient.)

Prescriber Information — Indicate supporting reference for medical contraindication.

- | | | |
|--|---|--|
| <input type="checkbox"/> Package Insert (PDR). | <input type="checkbox"/> MicroMedex. | <input type="checkbox"/> AHFS. |
| <input type="checkbox"/> USP-DI. | <input type="checkbox"/> Facts and Comparisons. | <input type="checkbox"/> AMA Drug Information. |
| <input type="checkbox"/> Medical Literature (Identify) _____ | <input type="checkbox"/> Other _____ | |

SIGNATURE — Prescribing Provider	Date Signed
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Pharmacy Information — Indicate how supporting reference information was obtained.

- Information obtained by telephone or from prescription order.
- Information obtained from recipient.
- Information obtained elsewhere.