

To:
Blood Banks
Dispensing
Physicians
Federally Qualified
Health Centers
Pharmacies
HMOs and Other
Managed Care
Programs

Pharmacy Information on Prior Authorization Requirements for Brand Medically Necessary Drugs

Effective for dates of service (DOS) on and after September 1, 2004, Wisconsin Medicaid, BadgerCare, and SeniorCare require prior authorization (PA) for brand medically necessary drugs. Prior authorization policies for brand medically necessary drugs are discussed in this *Wisconsin Medicaid and BadgerCare Update*.

Effective for DOS from September 1, 2004, to September 30, 2004, brand name Clozaril® will have a different PA submission process. Providers may find information on the PA submission process for brand name Clozaril® in this *Update*.

In addition to describing new PA requirements for brand medically necessary drugs, this *Update* provides an overview of Wisconsin Medicaid, BadgerCare, and SeniorCare drug coverage, PA requirements, and other restrictions.

Prior Authorization Required for Brand Medically Necessary Drugs

Effective for dates of service (DOS) on and after September 1, 2004, Wisconsin Medicaid, BadgerCare, and SeniorCare require prior authorization (PA) for brand medically necessary prescription drugs on the Maximum

Allowable Cost (MAC) list. This policy applies to new and refill prescriptions. Although PA is required for these drugs, prescribers are still required to continue writing “Brand Medically Necessary” on these prescriptions. Providers who submit claims are also still required to indicate the appropriate one-digit National Council for Prescription Drug Programs Dispense As Written code on each claim for a brand medically necessary drug.

Brand medically necessary PA requests must be submitted using the paper PA process. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a list of brand medically necessary drugs that require PA whenever the prescriber writes “Brand Medically Necessary” on the prescription to prohibit the substitution of any Food and Drug Administration (FDA)-approved generic equivalent. Attachment 1 is based on the MAC list for generic drugs. The list may be expanded to include additional brand medically necessary drugs. Providers will be informed as changes occur.

MedWatch Reporting Form

An FDA-approved MedWatch Reporting form must accompany each brand medically necessary drug prescription. The MedWatch form must be completed by the prescriber (i.e., physician, physician assistant, nurse practitioner) and must include the prescriber's name, address, and telephone number.

For new and refill prescriptions, the prescriber may mail, fax, or e-mail a completed copy of the form to the pharmacy, or he or she may send a completed copy with the recipient to the pharmacy. MedWatch forms must accompany all brand medically necessary PA requests. Wisconsin Medicaid submits completed MedWatch forms to the FDA.

In addition to the completed MedWatch form, pharmacy providers are required to attach specific prescription information (i.e., a photocopy of the prescription) to each PA request. Refer to Attachment 2 for brand medically necessary PA request documentation requirements. Attachment 3 is a copy of the MedWatch Reporting form.

If a MedWatch form does not accompany a prescription for a brand medically necessary drug, the pharmacy may contact the prescriber to obtain a completed copy of the form. Prescribers may also change the prescription to the FDA-approved generic equivalent if medically appropriate for the recipient.

Prescribers are responsible for providing pharmacies with the required brand medically necessary documentation to assist pharmacies in obtaining PA. Pharmacies are responsible for submitting this documentation with the PA request to Wisconsin Medicaid. Prescribers received a separate *Update* describing their

responsibilities for obtaining PA for brand medically necessary drugs.

Brand Medically Necessary Prior Authorization Approval Criteria for Brand Name Drugs Except Clozaril®

Clinical criteria for prescribing brand medically necessary drugs must be documented by the prescriber on the MedWatch form. Criteria for approval of a PA request for a brand name drug include the following:

- An adverse reaction to the generic drug(s).
- An allergic reaction to the generic drug(s).
- Actual therapeutic failure of the generic drug(s).

Documentation on the MedWatch form must indicate how the brand medically necessary drug will prevent recurrence of an adverse or allergic reaction or therapeutic failure of the generic drug.

Providers are encouraged to retain copies of approved Prior Authorization Request Forms (PA/RFs) or approved PA/RFs and MedWatch forms with modifications in the recipient's medical record.

If a PA request is denied by Wisconsin Medicaid and the pharmacy informs the recipient prior to filling the prescription that Wisconsin Medicaid will not cover the brand name drug, the recipient is responsible for payment of the cost of the brand name drug.

Prior Authorization for Brand Name Clozaril®

Effective for DOS from September 1, 2004, to September 30, 2004, pharmacies may obtain PA for brand name Clozaril® by using Wisconsin

In addition to the completed MedWatch form, pharmacy providers are required to attach specific prescription information (i.e., a photocopy of the prescription) to each PA request.

Medicaid's Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. Refer to Attachment 13 for a copy of the STAT-PA Drug Worksheet for Brand Name Clozaril[®], HCF 11072, (08/04).

Effective for DOS on and after October 1, 2004, PA for brand name Clozaril[®] may only be obtained using the brand medically necessary PA policies located in the "Prior Authorization Required for Brand Medically Necessary Drugs" section of this *Update*. Prior authorization for brand name Clozaril[®] may *not* be obtained using the STAT-PA system for DOS after September 30, 2004.

Prior authorization is required for claims for brand name Clozaril[®] that are submitted to Wisconsin Medicaid for DOS on and after September 1, 2004. A pharmacy provider should contact the prescribing provider when a recipient receives a refill of brand name Clozaril[®] to determine if the prescription should be changed to generic clozapine or if it is clinically appropriate for the recipient to remain on the brand name drug. If the prescribing provider determines that it is medically necessary that the recipient remain on brand name Clozaril[®], the pharmacy provider may submit a STAT-PA request for up to a 30 days' supply. If the pharmacy provider is unable to reach the prescriber, the STAT-PA system may still be used to obtain PA for up to a 30 days' supply. However, pharmacy providers are required to contact the prescriber to determine if the recipient should switch to generic clozapine or remain on brand name Clozaril[®] before the STAT-PA expiration date.

For brand name Clozaril[®] prescriptions, the prescriber is required to fax, mail, or e-mail a copy of the MedWatch form to the pharmacy

within two weeks of the STAT-PA request. This allows the pharmacy provider time to complete the paper PA process prior to the recipient's next refill.

For medication monitoring purposes, if a prescribing provider changes a recipient's medication to the generic form, pharmacy providers must register the recipient with the generic manufacturer. Pharmacy providers can refer to the generic drug manufacturer's Web site for more information.

As a reminder to pharmacy providers, if the recipient is switched from brand name Clozaril[®] to the generic form, a claim may be submitted to Wisconsin Medicaid for Pharmaceutical Care reimbursement.

In some cases, a 72-hour emergency medication supply may be dispensed (e.g., if the STAT-PA system is unavailable).

Brand Medically Necessary Prior Authorization Approval Criteria for Brand Name Clozaril[®] Only

Clinical criteria for prescribing brand medically necessary drugs must be documented by the prescriber on the MedWatch form. Criteria for approval of a PA request for a brand name drug include the following:

- An adverse reaction to the generic drug(s).
- An allergic reaction to the generic drug(s).
- Actual or anticipated therapeutic failure of the generic drug(s).

Documentation on the MedWatch form must indicate how the brand medically necessary drug will prevent recurrence of an adverse or

As a reminder to pharmacy providers, if the recipient is switched from brand name Clozaril[®] to the generic form, a claim may be submitted to Wisconsin Medicaid for Pharmaceutical Care reimbursement.

allergic reaction or therapeutic failure of the generic drug.

Providers are encouraged to retain copies of approved PA/RFs or approved PA/RFs and MedWatch forms with modifications in the recipient's medical record.

If a PA request is denied by Wisconsin Medicaid and the pharmacy informs the recipient prior to filling the prescription that Wisconsin Medicaid will not cover the brand name drug, the recipient is responsible for payment of the cost of the brand name drug.

Prior Authorization Request Form Amendments

Pharmacy providers are required to amend a PA request if a different strength of a brand medically necessary drug is prescribed in place of a brand medically necessary drug that has an approved PA. (Providers cannot amend a denied or returned PA request.) To amend the original PA request, use the following instructions:

- Photocopy the original, approved brand medically necessary PA/RF.
- Indicate the new National Drug Code (NDC), drug description, and other information on the photocopy of the PA/RF.
- Indicate "Brand Medically Necessary Amendment" on the top of the photocopy of the original PA/RF.
- Attach a photocopy of the new prescription to the PA/RF.
- Mail or fax the completed PA amendment and the photocopy of the prescription to the address or fax number listed at the end of the "Submitting Prior Authorization Requests" section of this *Update*.

Note: Prescribers are required to complete a new MedWatch form for each new brand medically necessary drug. Drug strength and dose changes for a brand medically necessary drug that has an approved PA request does not require a new MedWatch form.

Submitting Prior Authorization Requests

Prior authorization requests, including PA/RFs, PA attachment(s), MedWatch form(s), and photocopies of prescriptions, may be submitted by fax to Wisconsin Medicaid at (608) 221-8616. If faxed PA requests are received by Wisconsin Medicaid by 1 p.m. on business days, providers will receive an adjudication response after three business days. If a faxed PA request is received by Wisconsin Medicaid after 1 p.m., allow an additional business day for Wisconsin Medicaid to return the adjudicated PA.

Prior authorization requests submitted by mail may be sent to:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Providers who submit PA requests by mail should be aware that this requires additional time for the PA request to reach Wisconsin Medicaid and for Medicaid to complete the adjudication process.

Pharmacies may contact Provider Services at (800) 947-9627 or (608) 221-9883 to determine the status of any PA request that has been submitted.

Pharmacy providers are required to amend a PA request if a different strength of a brand medically necessary drug is prescribed in place of a brand medically necessary drug that has an approved PA.

Reimbursement for Brand Name and Generic Drugs

Wisconsin Medicaid reimburses providers for innovator drugs (i.e., the patented brand name product of the generic drug on the MAC list) at an amount greater than the Medicaid maximum allowable cost only if the provider indicates “Brand Medically Necessary” on the prescription *and* obtains PA for the innovator drug. If PA is not obtained for a brand medically necessary drug, and the drug is dispensed without a “Brand Medically Necessary” indication on the prescription, Wisconsin Medicaid will reimburse providers at the generic rate; however, Wisconsin SeniorCare will deny a claim for a brand medically necessary drug unless the prescriber obtains PA and indicates “Brand Medically Necessary” on the prescription.

Emergency Situations

As a reminder for drugs that require PA, in an emergency situation (i.e., a situation where services necessary to prevent the death or serious impairment of the health of the individual are required), PA is never required to provide medically necessary services. A 72-hour medication supply may be dispensed in emergency situations; however, providers cannot bill the recipient or participant for a 72-hour emergency medication supply.

When drugs are dispensed in an emergency situation, providers may submit a Noncompound Drug Claim form, HCF 13072 (Rev. 06/03), with a Pharmacy Special Handling Request form, HCF 13074 (Rev. 06/03), indicating the nature of the emergency. Prior authorization must be obtained for any nonemergency refills.

Prior authorization for all drugs may be submitted on paper. Prior authorization requests for certain drugs may be submitted through the STAT-PA system.

Send completed Noncompound Drug Claim forms and special handling requests to the address listed in the following section of this *Update*.

Overview of Wisconsin Medicaid Drug Coverage

Prior authorization for all drugs may be submitted on paper. Prior authorization requests for certain drugs may be submitted through the STAT-PA system.

Refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ and the attachments of this *Update* for more information on the STAT-PA system, paper PA, and drugs.

Refer to the following attachments for more specific information about Wisconsin Medicaid drug coverage and limitations:

- Attachment 1 — Brand medically necessary drugs that require PA.
- Attachment 2 — Brand medically necessary PA documentation.
- Attachment 3 — MedWatch Reporting form (for photocopying).
- Attachment 4 — STAT-PA drug products.
- Attachment 5 — Drug products requiring paper PA.
- Attachment 6 — Diagnosis-restricted drugs (organized by generic drug name).
- Attachment 7 — Diagnosis-restricted drugs (organized by diagnosis code description).
- Attachment 8 — Covered over-the-counter drugs.
- Attachment 9 — Noncovered drugs.

- Attachment 10 — Age- and gender-restricted drugs.
- Attachment 11 — Covered over-the-counter drugs for HealthCheck “Other Services.”
- Attachment 12 — Comparison of Wisconsin SeniorCare and Wisconsin Medicaid policies.
- Attachment 13 — STAT-PA Drug Worksheet for Brand Name Clozaril®.



Claims for drugs that are submitted *outside* Wisconsin Medicaid’s requirements listed in this *Update* may be submitted on the Noncompound Drug Claim form, HCF 13072, (Rev. 06/03), with the Pharmacy Special Handling Request form, HCF 13074 (Rev. 06/03). For example, providers may submit claims for age- or gender-restricted drugs that are outside the requirements listed in Attachment 10 using the Noncompound Drug Claim form and a Pharmacy Special Handling Request form.

Providers can refer to the August 2003 *Update* (2003-84), titled “Changes to claims and prior authorization for retail pharmacies dispensing drugs and biologics as a result of HIPAA,” or to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for a copy of the Noncompound Drug Claim form and the Pharmacy Special Handling Request form. Refer to the Claims Submission section of the Pharmacy Handbook for more information on special handling requests.

Send completed Pharmacy Special Handling Requests attached to Noncompound Drug Claim forms to:

Wisconsin Medicaid
Pharmacy Special Handling
Ste 20
6406 Bridge Rd
Madison WI 53784-0020

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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/.

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ATTACHMENT 1

Brand Medically Necessary Drugs That Require Prior Authorization

The following table lists brand medically necessary drugs that require prior authorization (PA). When a brand medically necessary prescription is written, prescribers are required to submit a completed MedWatch Voluntary Reporting form, which can be located at www.fda.gov/medwatch/, with the prescription to the pharmacy.

Most drug strengths, including long-acting drugs, are included as brand medically necessary drugs that require PA in this attachment. For questions, providers can refer to the Wisconsin Medicaid Maximum Allowable Cost list.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically. All drugs listed in this table are registered or trademarked by the manufacturer.

Brand Medically Necessary Drugs That Require Prior Authorization			
Accuretic	Buspar	Depakene	Fulvicin U/F*
Accutane	Butisol Sodium Elixir	Desyrel	Furacin
Achromycin	Calan	Dexedrine	Garamycin*
Actigall	Calciferol	Diabinese	Glucophage
Adalat CC	Capoten	Diamox	Glucotrol
Adderall	Capozide	Dilacor XR**	Glucovance
Adipex-P	Carafate**	Dilantin Kapseal	Glyrase Prestab
Aldactazide	Cardene	Diprolene*	Halcion
Aldactone	Cardizem**	Diprosone*	Haldol
Aldoril	Cardura	Ditropan	Haldol Decanoate
Alphagan	Cataflam	Diuril	Hydrea
Alupent	Catapres	Dolobid	Hydrodiuril
Amikin	Ceclor	Doryx*	Hytone*
Amoxil	Ceftin**	Duricef**	Hytrin
Anafranil	Chloromycetin	Dyazide	Imdur*
Anaprox	Chloroptic	EC-Naprosyn	Imuran
Ansaid	Cleocin	E.E.S.	Inderal
Antivert	Cleocin T	Elavil	Inderide
Apresoline	Clinoril	Elixophyllin*	Indocin
Aristocort*	Clozaril***	Elocon*	Inflamase Forte
Aristocort A*	Cogentin	Enduron	Inflamase Mild
Artane	Compazine	Eryc*	Intal Nebulizer Solution*
Atarax	Copegus	Erycette	Isoptin
Ativan	Cordarone	Erygel**	Isordil
Atromid-S	Corgard	Eryped	K-Dur*
Atrovent	Cortef	Ery-tab*	Keflex
Augmentin	Cortisporin	Esgic-Plus*	Kenalog
Aventyl*	Coumadin	Eskalith	Kenalog with Orabase
Axid	Cutivate	Estrace**	Kerlone**
Azulfidine	Cyclogyl	Eulexin*	Klonopin
Bactocill	Cylert	Feldene	Lac Hydrin
Bactrim	Cytotec	Fioricet	Lanoxin
Bancap HC*	Dalmane	Fiorinal	Lasix*
Benadryl	Danocrine*	Flagyl	Lidex*
Bentyl*	Darvocet N 100	Flexeril	Limitrol
Betagan	Daypro	Florinef	Lioresal
Betapace	DDAVP*	Floxin	Lodine
Blocadren	Decadron	Flumadine*	Lomotil
Brethine	Deltasone	FML	Loniten
Bumex	Demadex	Fulvicin P/G*	Luvox

Macrobid	Ogen	Questran Lite	Ticlid
Macrochantin	Optipranolol	Quinaglute	Timoptic
Maxitrol	Ortho-Novum	Rebetol*	Timoptic-XE
Maxzide	Orudis	Reglan	Tobrex
Medrol	Oruvail	Relafen	Tofranil
Megace	Oxycontin	Remeron	Tolectin
Mellaril	Oxyir	Remeron Soltab	Tolinase
Mevacor	Pamelor	Restoril	Topicort**
Mexitil	Parafon Forte DSC	Retin-A	Transderm Nitro
Micro K*	Parlodel	Revia	Tranxene**
Micronase	Pediazole	Rheumatrex	Trental*
Midamor	Pentam*	Rhythmol	Tricor
Miltown	Pepcid	Rifadin*	Tridesilon
Minipress	Percocet	Ritalin	Trilafon*
Minocin	Percodan	Robaxin	T-Stat
Modicon	Percolone	Rocaltrol	Tylenol with Codeine
Moduretic	Periactin	Sectral**	Tylox
Monoket	Peridex*	Selsun Lotion	Ultram
Monopril	Periostat	Septra	Univasc
Motrin	Permax	Serax	Vancocin HCl
MS Contin	Persantine	Serzone	Vaseretic
Mucomyst	Phenergan	Silvadene**	Vasotec
Mycelelex-G	Phenergan with Codeine	Sinemet	Velosef
Mycolog II	Phenergan with DM	Sinequan	Ventolin
Mycostatin	Plaquenil*	Soma	Vepesid
Mydracyl	Polaramine*	Soma Compound	Verelan
Mysoline	Polysporin	Spectazole	Vibramycin
Nalfon	Polytrim	Stadol	Vibra-Tabs
Naprosyn	Pred Forte	Staticin	Vicodin
Nasalide	Prelone*	Stelazine	Vicoprofen
Navane	Prilosec	Symmetrel	Vistaril
Nebcin	Primacor*	Synalar*	Voltaren
Neoral	Principen	Tagamet	Wellbutrin
Neosporin	Prinivil	Tambocor*	Westcort
NitroDur*	Prinzide	Tapazole	Xanax
Nitro-Stat	Procardia	Taxol	Xylocaine
Nizoral	Prolixin	Tegretol	Xylocaine Viscous
Nolvadex	Prolixin Decanoate	Temovate	Zanaflex
Norflex CR*	Proloprim	Tenex*	Zantac
Norgesic*	Pronestyl	Tenoretic	Zaroxolyn
Norinyl	Propine	Tenormin	Zebeta
Normodyne*	Prosom	Tenuate*	Zestoretic
Norpace	Proventil*	Terazol	Zestril
Norpramin*	Provera	Tessalon Perles*	Ziac
Ocuflox	Psorcon*	Theo-Dur*	Zinacef
Ocupress	Questran	Thorazine	Zovirax
		Tiazac*	Zyloprim

* This drug does not have a signed rebate agreement on file with the Department of Health and Family Services (DHFS). Wisconsin SeniorCare will not cover a drug that does not have a signed SeniorCare rebate agreement between the manufacturer and the DHFS. Providers should note that drugs without signed rebate agreements for SeniorCare participants in Levels 2b and 3 will not be covered; however, these drugs may be covered for participants in Levels 1 and 2a.

** This drug has a signed rebate agreement with specific manufacturers. Providers may refer to Appendix 1 of the Pharmacy Data Tables section of the Pharmacy Handbook for a list of manufacturers that do not have signed SeniorCare rebate agreements. Providers may also call Provider Services at (800) 947-9627 or (608) 221-9883 to obtain a list of manufacturers with signed rebate agreements, or they can refer to the SeniorCare section of the Pharmacy Handbook for more information on drug rebate agreements.

*** Refer to the "Prior Authorization for Brand Name Clozaril®" section of this *Wisconsin Medicaid and BadgerCare Update* for more information on obtaining PA for brand name Clozaril®.

ATTACHMENT 2

Brand Medically Necessary Prior Authorization Documentation

To obtain prior authorization (PA) for brand medically necessary drugs, pharmacy providers are required to submit a MedWatch form, Prior Authorization Request Form (PA/RF), or a Prior Authorization/Drug Attachment (PA/DGA), HCF 11049 (Rev. 06/03), to Wisconsin Medicaid. Providers are required to submit a photocopy of the brand medically necessary prescription with each PA request. The following table indicates the specific attachments providers are required to submit for certain PA requests.

Note: This table includes Wisconsin Medicaid’s most current information and may be updated periodically.

Brand Medically Necessary Prior Authorization Documentation Requirements					
Scenario	Attachments				
	PA/RF	PA/DGA	MedWatch form	Photocopy of prescription	Peer-reviewed medical literature
A drug has no restrictions (e.g., PA)	✓		✓	✓	
A drug currently requires PA	✓	✓	✓	✓	
A drug is diagnosis restricted for an approved diagnosis	✓		✓	✓	
A drug is diagnosis restricted and is prescribed for use outside approved diagnoses	✓	✓	✓	✓	✓

ATTACHMENT 3
MedWatch Reporting Form
(for photocopying)

(A copy of the "MedWatch Reporting form" [for photocopying] is located on the following page.)

MEDWATCH

For VOLUNTARY reporting of adverse events and product problems

The FDA Safety Information and Adverse Event Reporting Program

Page ____ of ____

Triage unit sequence #

1. Patient Identifier In confidence	2. Age at Time of Event: or _____ Date of Birth:	3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Weight ____ lbs or ____ kgs
1. <input type="checkbox"/> Adverse Event and/or <input type="checkbox"/> Product Problem (e.g., defects/malfunctions)			
2. Outcomes Attributed to Adverse Event (Check all that apply)			
<input type="checkbox"/> Death: _____ (mo/day/yr)		<input type="checkbox"/> Disability	
<input type="checkbox"/> Life-threatening		<input type="checkbox"/> Congenital Anomaly	
<input type="checkbox"/> Hospitalization - initial or prolonged		<input type="checkbox"/> Required intervention to Prevent Permanent Impairment/Damage	
<input type="checkbox"/> Other: _____			
3. Date of Event (mo/day/year)		4. Date of This Report (mo/day/year)	
5. Describe Event or Problem			
6. Relevant Tests/Laboratory Data, Including Dates			
7. Other Relevant History, Including Preexisting Medical Conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)			

1. Name (Give labeled strength & mfr/labeler, if known)	
#1 _____	
#2 _____	
2. Dose, Frequency & Route Used	3. Therapy Dates (if unknown, give duration) from/to (or best estimate)
#1 _____	#1 _____
#2 _____	#2 _____
4. Diagnosis for Use (indication)	5. Event Abated After Use Stopped or Dose Reduced?
#1 _____	#1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Apply
#2 _____	#2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Apply
6. Lot # (if known)	7. Exp. Date (if known)
#1 _____	#1 _____
#2 _____	#2 _____
8. Event Reappeared After Reintroduction?	9. NDC# (For product problems only)
#1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Apply	- -
#2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Apply	
10. Concomitant Medical Products and Therapy Dates (Exclude treatment of event)	

1. Brand Name		
2. Type of Device		
3. Manufacturer Name, City and State		
4. Model #	Lot #	5. Operator of Device
Catalog #	Expiration Date (mo/day/yr)	<input type="checkbox"/> Health Professional
Serial #	Other #	<input type="checkbox"/> Lay User/Patient
		<input type="checkbox"/> Other: _____
6. If Implanted, Give Date (mo/day/yr)	7. If Explanted, Give Date (mo/day/yr)	
8. Is this a Single-use Device that was Reprocessed and Reused on a Patient?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. If Yes to Item No. 8, Enter Name and Address of Reprocessor		
10. Device Available for Evaluation? (Do not send to FDA)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Returned to Manufacturer on: _____ (mo/day/yr)		
11. Concomitant Medical Products and Therapy Dates (Exclude treatment of event)		

1. Name and Address	Phone #

2. Health Professional?	3. Occupation	4. Also Reported to:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Manufacturer
5. If you do NOT want your identity disclosed to the manufacturer, place an "X" in this box: <input type="checkbox"/>		<input type="checkbox"/> User Facility
		<input type="checkbox"/> Distributor/Importer

PLEASE TYPE OR USE BLACK INK

Mail to: **MEDWATCH** -or- FAX to:
5600 Fishers Lane 1-800-FDA-0178
Rockville, MD 20852-9787

ATTACHMENT 4

Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) Drugs

Prior authorization (PA) is required to determine medical necessity for the following drugs. Diagnosis and information regarding the medical requirements for these drug categories must be provided on the PA request. Prior authorization for these drugs may also be obtained using a paper PA request.

Note: This information is Wisconsin Medicaid's most current information and may be updated periodically. Certain drugs listed in the "Drugs That Require PA" column of this table are registered or trademarked by the manufacturer.

Drugs Available for STAT-PA Submission		
Drug Category	Drugs That Do Not Require PA	Drugs That Require PA
Alpha-1 Proteinase Inhibitor Drugs	None	All
Angiotension Converting Enzyme (ACE) Inhibitor Drugs	Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Mavik, Moexepiril	Aceon [®] , Altace [®] , Accupril [®]
C-III and C-IV Stimulants	Mazindol	Adipex [®] , Didrex [®] , Fastin [®] , Ionamin [®] , Phentermine, Tenuate [®] , Tenuate Dospan [®]
Cholesterol Lowering Drugs (Statins)	Lovastatin	Altacor [™] , Caduet [®] , Crestor [®] , Lescol [®] , Lescol XL [®] , Lipitor [®] , Pravachol [®] , Pravigard [™] , Zocor [®]
Nonsedating Antihistamine Drugs	Loratadine, Loratadine with Pseudoephedrine	Allegra [®] , Allegra-D [®] , Clarinex [®] , Zyrtec [®] , Zyrtec-D [®] , Zyrtec [®] Syrup
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Generic NSAIDs (e.g., Naproxen, Ibuprofen)	Arthrotec [®] , Bextra [®] , Celebrex [®] , Mobic [®] , Vioxx [®]
Proton Pump Inhibitor (PPI) Drugs	Prilosec OTC 20 mg tablets	Aciphex [®] , Nexium [®] , Omeprazole, Prevacid [®] , Prilosec [®] , Protonix [®]
Selective Serotonin Reuptake Inhibitor (SSRI) Drugs	Fluoxetine	Celexa [®] , Lexapro [™] , Paroxetine, Paxil [®] , Paxil CR [®] , Pexeva [™] , Prozac [®] Weekly, Zoloft [®]
Weight Loss Agents	None	All

ATTACHMENT 5

Drug Products Requiring Paper Prior Authorization

Paper prior authorization (PA) request submission is required to determine medical necessity for the following drugs. Diagnosis and information regarding the medical requirements for these drug categories must be provided on the PA request.

Note: This information is Wisconsin Medicaid's most current information and may be updated periodically.

Drug Products That Require Paper Prior Authorization Submission
Alitretinoin gel (when used to treat Kaposi's sarcoma lesions)
Brand medically necessary drugs
Diagnosis-restricted drugs that require PA outside approved diagnoses
Drugs without signed manufacturer rebate agreements*
Enteral nutrition products
Fertility enhancement drugs (when used to treat conditions other than infertility)
Human growth hormone
Impotence treatment drugs (when used for a condition other than impotence)
Unlisted or investigational drugs*

*Wisconsin SeniorCare will not cover prescription drugs, even with a PA request, that do not have a signed rebate agreement between the Department of Health and Family Services and the manufacturer; however, these drug products may be covered for Wisconsin Medicaid recipients if a paper PA request is submitted to Wisconsin Medicaid.

ATTACHMENT 6

Diagnosis-Restricted Drugs (Organized by Generic Drug Name)

The following drugs are diagnosis restricted through Wisconsin Medicaid. These drugs do *not* require prior authorization unless prescribed *outside* diagnoses listed in the table in Attachment 7 of this *Wisconsin Medicaid and BadgerCare Update*.

Note: This table includes Wisconsin Medicaid’s most current information and may be updated periodically. All drugs listed in the “Brand Name” column of this table are registered or trademarked by the manufacturer.

Alphabetical Listing of Diagnosis-Restricted Drugs	
Generic Name	Brand Name
Alglucerase	Ceredase, Cedezyme
Amphetamines	Adderall, Adderall XR, Amphetamine Salts
Atomoxetine HCl	Strattera
Botulinum Toxin Type A	Botox
Botulinum Toxin Type B	Myobloc
Bupropion	Zyban
Darbopoetin Alfa in Albumin Solution	Aranesp
Dexmethylphenidate	Focalin
Dextroamphetamines	Dexedrine, Dextrostat, Dextroamphetamine
Epoetin	Epogen, Procrit
Filgrastim	Neupogen
Interferon Alfa 2A	Roferon-A
Interferon Alfa 2B	Intron A
Interferon Alfa 2B/Ribavirin	Rebetron
Interferon Alfa N3	Alferon N
Interferon Alfacon 1	Infergen
Interferon Beta 1A	Avonex
Interferon Beta 1B	Betaseron
Interferon Beta 1A, Albumin	Rebif
Interferon Gamma 1B	Actimmune
Lansoprazole	Prevacid Suspension
Lansoprazole/Antibiotic	Prevpac
Legend Prenatal Vitamins	
Legend Renal Care Vitamins	Renax, Diatx, Diatx FE, Nephrovite, Dialyvite
Methamphetamines	Desoxyn
Methylphenidate	Concerta, Metadate, Ritalin, Ritalin LA, Methylin, Methylin ER, Methylphenidate, Methylphenidate ER
Miglustat	Zavesca
Misoprostol	Cytotec
Modafinil	Provigil
Mupirocin	Bactroban 2 percent
Muromonab CD3	Orthoclone OKT-3
Nicotine	Prostep, Habitrol
Omeprazole	Prilosec OTC 20 mg tablets
Pegfilgrastim	Neulasta
Peginterferon Alfa-2A	Pegasys
Peginterferon Alfa-2B	Peg-Intron
Pemoline	Cylert, Pemoline
Ribavirin	Copegus, Rebetol
Sargramostim	Leukine

ATTACHMENT 7

Diagnosis-Restricted Drugs (Organized by Diagnosis Code Description)

The following table lists diagnosis-restricted drug categories and the corresponding diagnosis codes and disease descriptions. When a prescription is written for a diagnosis listed in this attachment, prior authorization (PA) is *not* required. For uses outside the listed diagnoses, PA is required. Submission of peer-reviewed medical literature to support the proven efficacy of the requested use of the drug is also required.

Note: This table includes Wisconsin Medicaid’s most current information and may be updated periodically. All drugs listed in the “Brand Name” column of this table are registered or trademarked by the manufacturer.

Diagnosis Code Description	Diagnosis Code	Generic Drug Name	Brand Name
Non-Steroidal Anti-Inflammatory Drug (NSAID)-induced gastric ulcer NSAID-induced duodenal ulcer	E9356	Omeprazole	Prilosec OTC 20 mg tablets
H. Pylori infection	04186		
Zollinger-Ellison syndrome	2515		
Erosive esophagitis	53019		
Gastroesophageal reflux	53081		
Gastric hypersecretory conditions	5368		
NSAID-induced gastric ulcer NSAID-induced duodenal ulcer	E9356	Lansoprazole	Prevacid Suspension
H. Pylori infection	04186		
Zollinger-Ellison syndrome	2515		
Erosive esophagitis	53019		
Gastroesophageal reflux	53081		
Gastric hypersecretory conditions	5368		
NSAID-induced gastric ulcer NSAID-induced duodenal ulcer	E9356	Misoprostol	Cytotec
H. Pylori infection	04186	Lansoprazole/Antibiotic	Prevpac
Gaucher’s Disease	2727	Alglucerase	Ceredase, Cedezyme
Gaucher’s Disease	2727	Miglustat	Zavesca
Anemia from Acquired Immune Deficiency Syndrome (AIDS)	042	Epoetin	Epogen, Procrit
Renal failure	585		
Malignancy	2399		
Renal failure	585	Darbopoetin Alfa in Albumin Solution	Aranesp
Chronic hepatitis C without hepatic coma	07054	Interferon Alfa 2A	Roferon-A
Malignant melanoma	1729		
Kaposi’s sarcoma	1760-1769		
Hairy cell leukemia	2024		
Non-Hodgkin’s lymphoma	2028		
Multiple myeloma	2030		
Chronic myelocytic leukemia	2051		
Bladder carcinoma	2337		
Renal cell carcinoma	2339		

Diagnosis Code Description	Diagnosis Code	Generic Drug Name	Brand Name
Chronic hepatitis C without hepatic coma	07054	Interferon Alfa 2B	Intron A
Condylomata acuminata	07811		
Malignant melanoma	1729		
Kaposi's sarcoma	1760-1769		
Hairy cell leukemia	2024		
Non-Hodgkin's lymphoma	2028		
Multiple myeloma	2030		
Bladder carcinoma	2337		
Renal cell carcinoma	2339		
Chronic hepatitis C without hepatic coma	07054	Peginterferon Alfa-2A	Pegasys
Chronic hepatitis C without hepatic coma	07054	Peginterferon Alfa-2B	Peg-Intron
Condylomata acuminata	07811	Interferon Alfa N3	Alferon N
Chronic granulomatous disease	2881	Interferon Gamma 1B	Actimmune
Osteopetrosis	75652		
Chronic hepatitis C without hepatic coma	07054	Interferon Alfacon 1	Infergen
Chronic hepatitis C without hepatic coma	07054	Interferon Alfa 2B/Ribavirin	Rebetron
Chronic hepatitis C without hepatic coma	07054	Ribavirin	Copegus
Chronic hepatitis C without hepatic coma	07054	Ribavirin	Rebetol
Multiple sclerosis	340	Interferon Beta 1A	Avonex
Multiple sclerosis	340	Interferon Beta 1B	Betaseron
Multiple sclerosis	340	Interferon Beta 1A, Albumin	Rebif
Agranulocytosis/Neutropenia	2880	Filgrastim	Neupogen
Agranulocytosis/Neutropenia	2880	Pegfilgrastim	Neulasta
Myeloid leukemia	205	Sargramostim	Leukine
Impetigo	684	Mupirocin	Bactroban 2 percent
Organ transplant rejection	9968	Muromonab CD3	Orthoclone OKT-3
Nicotine dependence treatment	3051	Bupropion	Zyban
Nicotine dependence treatment	3051	Nicotine	Prostep, Habitrol
Blepharospasm	33381	Botulinum Toxin Type A	Botox
Spasmodic Torticollis	33383		
Strabismus	3780-37887		
Spasmodic Torticollis	33383	Botulinum Toxin Type B	Myobloc
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Methylphenidate	Concerta Metadate Ritalin Ritalin LA Methylin Methylin ER Methylphenidate Methylphenidate ER
Attention Deficit Disorder without mention of hyperactivity	31400		
Attention Deficit Disorder with hyperactivity (ADHD)	31401		
Narcolepsy and Cataplexy	347		
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Dexmethylphenidate	Focalin
Attention Deficit Disorder without mention of hyperactivity	31400		
ADHD	31401		
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Dextroamphetamines	Dexedrine Dextrostat Dextroamphetamine
Attention Deficit Disorder without mention of hyperactivity	31400		
ADHD	31401		
Narcolepsy and Cataplexy	347		

Diagnosis Code Description	Diagnosis Code	Generic Drug Name	Brand Name
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Amphetamines	Adderall Adderall XR Amphetamine Salts
Attention Deficit Disorder without mention of hyperactivity	31400		
ADHD	31401		
Narcolepsy and Cataplexy	347		
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Methamphetamines	Desoxyn
Attention Deficit Disorder without mention of hyperactivity	31400		
ADHD	31401		
Obesity	278		
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Atomoxetine HCl	Strattera
Attention Deficit Disorder without mention of hyperactivity	31400		
ADHD	31401		
Narcolepsy and Cataplexy	347		
Obstructive sleep apnea, hypopnea, and shift-work sleep disorder	78057	Modafinil	Provigil
Hyperkinetic syndrome of childhood — Attention Deficit Disorder	314	Pemoline	Cylert Pemoline
Attention Deficit Disorder without mention of hyperactivity	31400		
ADHD	31401		
Anemia in end-stage renal disease	28521	Legend Renal Care Vitamins	Renax Diatx Diatx FE Nephrovite Dialyvite
Chronic renal failure	585		
Disorders resulting from impaired renal function	588		
Unspecified disorder resulting from impaired renal function	5889		
Normal pregnancy	V22-V222	Legend Prenatal Vitamins	
High-risk pregnancy	V23-V239		
Lactating	V241		

ATTACHMENT 8

Covered Over-the-Counter Drugs

The following over-the-counter (OTC) drugs require a legal prescription for Medicaid reimbursement. Coverage is limited to generic drugs for most covered OTC drugs, excluding insulin, ophthalmic lubricants, and contraceptives. Insulin is covered by Wisconsin SeniorCare; however, SeniorCare does not cover any additional OTC drugs.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically. Certain drugs listed in this table are registered or trademarked by the manufacturer.

Wisconsin Medicaid-Covered Over-the-Counter Drugs
Oral or Rectal Analgesics ¹
Antacids
Topical or Vaginal Antifungals
Antibiotic Ointments
Bismuth Subsalicylate
Capsaicin
Contraceptives
Cough Syrups ²
Diphenhydramine
Ferrous Gluconate for pregnant women ³
Ferrous Sulfate for pregnant women ³
Topical Hydrocortisone Products
Insulin ⁴
Lice Control Products
Loratadine
Loratadine with Pseudoephedrine
Meclizine
Ophthalmic Lubricants
Pinworm Treatment Products
Prilosec OTC™
Pseudoephedrine
Pyridoxine Tablets
Therapeutic Oral Electrolyte Replacement Solutions

¹Limited to single entity aspirin, acetaminophen, and ibuprofen products only. These analgesics are included in the daily rate for nursing facility recipients.

²Covered cough syrups are limited to products for treatment of coughs only. Covered products include those containing a single component (e.g., terpin hydrate or guaifenesin), a single cough suppressant (e.g., codeine or dextromethorphan), or a combination of an expectorant and cough suppressant. Multiple ingredient cough/cold products are not covered.

³Ferrous Gluconate and Ferrous Sulfate are covered by Wisconsin Medicaid for a 60-day period beyond the end of pregnancy.

⁴Insulin is the only covered OTC product for Wisconsin SeniorCare participants.

ATTACHMENT 9

Noncovered Drugs

Wisconsin Medicaid, BadgerCare, and SeniorCare do not cover the following drugs.

Note: This table includes Wisconsin Medicaid’s most current information and may be updated periodically. Certain drugs listed in these tables are registered or trademarked by the manufacturer.

Noncovered Drugs
Alginate
Eflornithine (Vaniqa) Topical
Finasteride (Propecia)
Gaviscon
Less-than effective drugs
Minoxidil Topical
Drugs without signed manufacturer rebate agreements*
Progesterone for premenstrual syndrome (PMS)
Legend Multivitamins (nonprenatal) — excludes HealthCheck

*Wisconsin SeniorCare will not cover prescription drugs, even with a prior authorization (PA) request, that do not have a signed rebate agreement between the Department of Health and Family Services and the manufacturer; however, these drugs may be covered for Wisconsin Medicaid recipients if a paper PA request is submitted to Wisconsin Medicaid.

Noncovered Fertility Enhancement Drugs (When Used to Treat Infertility)
Chorionic Gonadotropin
Clomiphene
Crinone
Gonadorelin
Menotropins
Urofollitropin

Noncovered Impotence Treatment Drugs
Alprostadil Intracavernosal (Caverject, Edex)
Phentolamine Intracavernosal (Regitine)
Tadalafil (Cialis)
Sildenafil (Viagra)
Urethral suppository (Muse)
Vardenafil (Levitra)
Yohimbine

ATTACHMENT 10

Age- and Gender-Restricted Drugs

The following lists of drugs are age restricted or age and gender restricted.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically. Certain drugs listed in this table are registered or trademarked by the manufacturer.

Age-Restricted Drugs	
Product	Allowable Ages
Certain HealthCheck "Other Services" (e.g., iron supplements, multivitamins)	Under 21 years of age
Iron Products	Under 60 years of age
Synagis®	Under two years of age*

*Prescribers may submit a claim for Synagis® for recipients older than two years of age. The claim must be submitted on the 837 Health Care Claim: Professional transaction. Providers are required to indicate *Current Procedural Terminology* code 90378 (Respiratory syncytial virus immune globulin [RSV-IgIM], for intramuscular use, 50 mg, each), with the appropriate unit that indicates administered dosage (e.g., 1 unit equals 50 mg) on each claim submission.

Age- and Gender-Restricted Drugs		
Product	Allowable Recipients	Allowable Ages
Oral Contraceptives	Females	12 to 60 years of age
Prenatal Vitamins	Females	12 to 60 years of age

ATTACHMENT 11

Covered Over-the-Counter Drugs for HealthCheck "Other Services"

Wisconsin Medicaid covers the following list of over-the-counter (OTC) drugs under HealthCheck "Other Services." These drugs are covered when the recipient is under 21 years of age and a comprehensive HealthCheck screening has occurred within the last 365 days. These OTCs do not require prior authorization.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically.

Wisconsin Medicaid HealthCheck "Other Services" Covered Over-the-Counter Drugs
Antidiarrheals
Iron supplements
Lactase products
Laxatives
Multivitamins
Topical protectants

ATTACHMENT 12

Comparison of Wisconsin Medicaid and Wisconsin SeniorCare Policies

The table below compares Wisconsin Medicaid and Wisconsin SeniorCare policies.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically.

Policy	Same As Wisconsin Medicaid	Wisconsin Medicaid	Wisconsin SeniorCare
34 and 100 Days' Supply	Yes	A 100 days' supply is allowed for a limited number of drugs. All other drugs may be dispensed in a 34 days' supply.	A 100 days' supply is allowed for a limited number of drugs. All other drugs may be dispensed in a 34 days' supply.
Provider Help Desk	Yes	(800) 947-9627 (608) 221-9883	(800) 947-9627 (608) 221-9883
Eligibility Verification	Yes	(800) 947-3544 (608) 221-4247	(800) 947-3544 (608) 221-4247
Patient Customer Service	No	(800) 362-3002 (608) 221-5720	(800) 657-2038
Claims Submission Methods	Yes	Refer to the Pharmacy Handbook for additional information on claims submission.	Refer to the Pharmacy Handbook for additional information on claims submission.
Prospective and Retrospective Drug Utilization Review (DUR)	Yes	Refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook for additional information.	Refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook for additional information.
Dispensing Fee	Yes	The dispensing fee is \$4.88.	The dispensing fee is \$4.88.
Covered Drugs	No		Legend drugs and over-the-counter insulin with a signed manufacturer rebate agreement are covered.
Brand Medically Necessary	No		SeniorCare will not cover a brand medically necessary drug unless the prescription order indicates "brand medically necessary" in the prescriber's own handwriting.
Compound Dispensing	Yes		
Brand Medically Necessary Prior Authorization (PA)	No	Effective for dates of service (DOS) on and after September 1, 2004, Wisconsin Medicaid requires PA for brand medically necessary drugs.	Effective for DOS on and after September 1, 2004, Wisconsin SeniorCare requires PA for brand medically necessary drugs. Drugs without a manufacturer rebate agreement are not covered and cannot be obtained even with a PA request.
Prior Authorization	No	Drugs without a manufacturer rebate agreement may be covered with a PA request. Refer to Attachments 1, 4, and 5 of this <i>Wisconsin Medicaid and BadgerCare Update</i> for drug classes that require PA.	Drugs without a manufacturer rebate agreement are not covered and cannot be obtained even with a PA request. Refer to Attachments 1, 4, and 5 for drug classes that require PA.

Policy	Same as Wisconsin Medicaid	Wisconsin Medicaid	Wisconsin SeniorCare
Pharmaceutical Care (PC)	No	Pharmaceutical Care services may be billed through real-time pharmacy Point-of-Sale (POS) system or by using the Noncompound Drug Claim form. Indicate PC codes in the three fields shared with DUR and the level of effort field. Wisconsin Medicaid reminds providers that limitations exist on PC billing and reimbursement.	Pharmaceutical care services may be billed through the real-time pharmacy POS system or by using the Noncompound Drug Claim form. Indicate PC codes in the three fields shared with DUR and the level of effort field. As a reminder, limitations exist on PC billing and reimbursement. Providers must have a participant's prior consent to receive and be charged for PC services. SeniorCare will reimburse PC services during the copayment period.
Copayment	No	<ul style="list-style-type: none"> \$0.50 for over-the-counter drugs. \$1.00 for each generic prescription drug, generic insulin, and each compounded drug. \$3.00 for each brand name prescription drug and insulin. There is a \$12.00 per month per pharmacy per recipient limit. Over-the-counter drugs are not included in this maximum out of pocket requirement.	<ul style="list-style-type: none"> \$5 for each generic prescription drug, generic insulin, and each compounded drug. \$15 for each brand name prescription drug and insulin. Over-the-counter drugs, except for insulin, are not covered.
Copayment Exemptions	No	The following copayment exemptions apply to Wisconsin Medicaid recipients: <ul style="list-style-type: none"> Emergency services. Family planning and related supplies. Pharmaceutical Care dispensing fee. Services supplied to nursing facility residents. Services provided to recipients under 18 years of age. Services provided to pregnant women if the services are pregnancy related. Services provided to enrollees of a Medicaid HMO or special managed care plan. 	There are no copayment exemptions for Wisconsin SeniorCare participants.
Drug Reimbursement Rate	No	Wisconsin Medicaid reimbursement is currently Average Wholesale Price (AWP) minus 13 percent plus dispensing fee or Maximum Allowable Cost.	<ul style="list-style-type: none"> Level 1 (copayment) — Wisconsin SeniorCare reimburses pharmacies up to the SeniorCare rate (i.e., Medicaid ingredient rate plus 5 percent, plus the Medicaid dispensing fee). Levels 2a & 2b (deductibles) — participant pays up to the SeniorCare rate. Level 3 (spenddown) — participant pays up to retail price.
Remittance and Status (R/S) Report	Yes	Medicaid and SeniorCare claims will appear on the same weekly R/S Report or the Health Care Claim Payment/Advice 835.	Medicaid and SeniorCare claims will appear on the same weekly R/S Report or the Health Care Claim Payment/Advice 835.
Identification Cards	No	Forward card	SeniorCare card
Age Restriction	No	Some age restrictions depending upon the drug.	Some age restrictions depending on the drug. Participants must be 65 years of age or older to enroll in SeniorCare.
Managed Care	No	Medicaid recipients may be enrolled in Medicaid Managed Care programs.	SeniorCare participants will not be enrolled in Medicaid managed care programs.
Coordination of Benefits	No	Pharmacies are required to submit other insurance payment information or the appropriate disclaimer when submitting claims to Wisconsin Medicaid.	Pharmacies are required to submit any out-of-pocket expenses the participant incurs in the "Patient Paid Amount" field and any other insurance payments, or the appropriate disclaimer, in the "Other Payor Amount" field.

ATTACHMENT 13

STAT-PA Drug Worksheet for Brand Name Clozaril®



(A copy of the "STAT-PA Drug Worksheet for Brand Name Clozaril®" is located on the following page.)

WISCONSIN MEDICAID 
STAT-PA DRUG WORKSHEET FOR BRAND NAME CLOZARIL[®]

This worksheet is to be used by pharmacists and dispensing physicians only in preparation to receive prior authorization (PA).

Note: Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) for brand name Clozaril[®] will be available only for dates of service (DOS) from September 1, 2004, to September 30, 2004. A maximum of a 30 days' supply may be granted through STAT-PA. Paper PA is required if it is medically necessary for the recipient to remain on brand name Clozaril[®] beyond 30 days.

Name — Recipient	
------------------	--

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> diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "00" (Not Specified), "01" (Home [IV-IM Services Only]), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	_____
Date of Service The DOS may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

CLINICAL INFORMATION

1. Has the provider requested that the recipient continue on brand name Clozaril[®]? If yes, press "1." If no, press "2." _____
If yes, the PA request will be approved for up to 30 days.
2. Was the pharmacy unable to reach the prescriber? If yes, press "1." _____
If yes, the PA request will be approved for up to 30 days.

STAT-PA RESPONSE

Assigned PA Number	_____
First Date of Service (Not earlier than September 1, 2004)	
Expiration Date (Not later than September 30, 2004)	
Number of Days Approved (Up to a 30 days' supply)	

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

- The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
- The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
- The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

- This is a new PA request.
- This is a renewed PA request.

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