

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

Prescriber 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 name drugs listed in Attachment 1 of 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. Prescribing providers can find information on the PA submission process for brand name Clozaril® in this *Update*.

This *Update* is for prescribers. Pharmacy providers will receive a separate *Update* regarding their responsibilities for obtaining PA for brand medically necessary drugs.

This *Update* also 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 requires prior authorization (PA) for brand medically necessary drugs with available generic equivalents. Refer to Attachment 1 of

this *Wisconsin Medicaid and BadgerCare Update* for brand name drugs that require PA whenever a prescriber writes “Brand Medically Necessary” on the prescription. Attachment 1 may be expanded to include brand name drugs with Food and Drug Administration (FDA)-approved generic equivalents. Providers will be informed as changes occur.

Prescriber Requirements for Prior Authorization

Prescribers are required to do the following:

- Continue to write “Brand Medically Necessary” on the prescription. (Phrases like “No Substitutes” or “N.S.” are not acceptable.) This certification must be in the prescriber’s own handwriting and written directly on the prescription or on a separate order attached to the original prescription. Typed certification, signature stamps, or certification handwritten by someone other than the prescriber does not satisfy this requirement.
- Complete the Food and Drug Administration (FDA) MedWatch Reporting form. Documentation on the MedWatch form must indicate how the brand name drug will prevent recurrence of the adverse or allergic reaction or therapeutic failure.

Prescribers are responsible for providing pharmacies with the required brand medically necessary documentation. Pharmacies are responsible for submitting this documentation with the PA request to Wisconsin Medicaid.

MedWatch Reporting Form

For brand medically necessary prescriptions, prescribers are required to complete an FDA-approved MedWatch Reporting form. The form may be downloaded from the FDA Web site at www.fda.gov/medwatch/. A copy of the MedWatch form is located in Attachment 3.

A prescriber is required to document clinical criteria for prescribing the brand name drug on the MedWatch form. Criteria for approval of the brand name drug include the following:

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

Prescribers are required to retain a copy of the completed MedWatch form in the recipient's medical record.

The MedWatch form and the brand medically necessary prescription must be submitted from the prescriber's office to the pharmacy where the prescription will be filled. The prescriber's name, address, and telephone number must be indicated on the MedWatch form. Prescribers may mail, fax, or e-mail a copy of the MedWatch form to the pharmacy or send a completed copy of the form with the recipient to the pharmacy. The pharmacy provider will submit PA requests, with the completed MedWatch form, to Wisconsin Medicaid. Wisconsin Medicaid will submit a copy of the MedWatch form to the FDA.

Note: Prescribers are not required to submit a new MedWatch form when a new strength of the same medication is prescribed. Prescribers are required to submit a new, completed MedWatch form only when prescribing a new brand medically necessary drug. Pharmacies may contact prescribers regarding recipients who receive prescriptions with "Brand Medically Necessary" written on them. The pharmacy may request that the prescriber complete the MedWatch form and submit it to the pharmacy so the recipient may continue to receive the brand name drug.

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.

Prescribers are required to retain a copy of the completed MedWatch form in the recipient's medical record.

Wisconsin Medicaid covers most prescription drugs and many over-the-counter (OTC) drugs.

Prior Authorization for Brand Name Clozaril®

A different PA submission process for brand name Clozaril® will be effective for DOS from September 1, 2004, to September 30, 2004. During this time period, pharmacy providers will be able to submit PA requests electronically using Wisconsin Medicaid's Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. However, effective for DOS on and after October 1, 2004, PA for brand name Clozaril® may only be obtained using the brand medically necessary policies discussed in the "Prior Authorization Required for Brand Medically Necessary Drugs" section of this *Update*.

Prescribing providers may be contacted by pharmacists when a recipient receives a refill of brand name Clozaril® to determine if it is clinically appropriate for a recipient to remain on the brand name or if a prescription can be changed to generic Clozapine. If the prescriber indicates that it is medically necessary for a recipient to remain on brand name Clozaril®, or if the prescriber cannot be reached, the pharmacy provider may request PA for up to 30 days using the STAT-PA system for DOS from September 1, 2004, to September 30, 2004.

The prescriber is required to fax, mail, or e-mail a copy of the MedWatch form to the pharmacy within two weeks of an approved STAT-PA request. This allows the pharmacy provider time to complete the paper PA process described in this *Update* prior to the recipient's next refill.

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 allergic reaction or therapeutic failure of the generic drug.

Overview of Wisconsin Medicaid Prescription Drug Coverage

Wisconsin Medicaid covers most prescription drugs and many over-the-counter (OTC) drugs. However, restrictions include drugs that require PA, brand medically necessary drugs, diagnosis-restricted drugs, age- and gender-restricted drugs, and drugs from noncovered manufacturers. Prescribers are encouraged to write prescriptions for drugs that do not have restrictions; however, processes are available for pharmacies to obtain coverage of medically necessary drugs through Wisconsin Medicaid.

Refer to the following attachments for an overview of Wisconsin Medicaid, BadgerCare, and SeniorCare drug coverage, PA requirements, and other restrictions:

- Attachment 1 — Brand medically necessary drugs that require PA.
- Attachment 2 — Drug categories that require PA.

- Attachment 3 — MedWatch Reporting form (for photocopying).
- Attachment 4 — Diagnosis-restricted drugs (organized by generic drug name).
- Attachment 5 — Diagnosis-restricted drugs (organized by diagnosis code description).
- Attachment 6 — Covered OTC drugs.
- Attachment 7 — Noncovered drugs.
- Attachment 8 — Age- and gender-restricted drugs.

For More Information

Providers may call Provider Services at (800) 947-9627 or (608) 221-9883 for information regarding coverage of Wisconsin Medicaid, BadgerCare, and SeniorCare drugs.

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.

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	Glynaase 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	Cardarone	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	Limbitrol
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
Mycelex-G	Phenergan with Codeine	Sinemet	Velosef
Mycolog II	Phenergan with DM	Sinequan	Ventolin
Mycostatin	Plaquenil*	Soma	Vepesid
Mydracil	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
Norfex 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

Drug Categories That Require Prior Authorization

Prior authorization (PA) is required to determine medical necessity for the following drugs. For drugs that require PA, diagnosis and information regarding the medical requirements for these drug categories must be provided by the prescriber to the pharmacy.

Note: This table includes Wisconsin Medicaid’s most current information and may be updated periodically. Certain drugs listed in the “Drugs That Require Prior Authorization” column of this table are registered or trademarked by the manufacturer.

Drug Category	Drugs That Do Not Require Prior Authorization	Drugs That Require Prior Authorization
Alitretinoin Gel	None	Alitretinoin Gel requires PA when used to treat Kaposi’s Sarcoma lesions.
Angiotension Converting Enzyme (ACE) Inhibitor Drugs	Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Mavik, Moexepil	Aceon [®] , Altace [®] , Accupril [®]
Alpha-1 Proteinase Inhibitor Drugs	None	All Alpha-1 Proteinase Inhibitor drugs require PA.
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 [®]
Enteral Nutrition Products	None	All enteral nutrition products require PA.
Fertility Enhancement Drugs	None	All fertility enhancement drugs require PA when used to treat conditions other than infertility.
Human Growth Hormone	None	All human growth hormone drugs require PA.
Impotence Treatment Drugs	None	All impotence treatment drugs require PA when used for a condition other than impotence.
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 [®]
Unlisted or Investigational Drugs	None	None*
Weight Loss Agents	None	All weight loss agents require PA.

*Wisconsin SeniorCare will not cover prescription drugs that do not have a signed rebate agreement with the manufacturer. Drugs that do not have a manufacturer rebate agreement *cannot* be obtained with PA.

ATTACHMENT 3

MedWatch Reporting Form (for photocopying)

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

ATTACHMENT 4

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 5 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 5

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

Diagnosis Code Description	Diagnosis Code	Generic Drug Name	Brand Name
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		
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		

Diagnosis Code Description	Diagnosis Codes	Generic Drug Name	Brand Name
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		
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	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 6

Covered Over-the-Counter Drugs

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

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 7

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 drug products 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 8

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*

*Providers 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