

# wisconsin Medicaid update and BadgerCare

December 2004 • No. 2004-92

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Dentists

Federally Qualified  
Health Centers

Nurse  
Practitioners

Nursing Homes

Pharmacies

Physician  
Assistants

Physician Clinics

Physicians

Podiatrists

Rural Health  
Clinics

HMOs and Other  
Managed Care  
Programs

## Preferred Drug List Information for Prescribers

The Preferred Drug List will be expanded for Wisconsin Medicaid and BadgerCare fee-for-service and Wisconsin SeniorCare on January 1, 2005.

### New Drug Classes

Beginning January 1, 2005, the Wisconsin Medicaid and BadgerCare fee-for-service and Wisconsin SeniorCare Preferred Drug List (PDL) will be expanded and preferred drugs will be added in several new therapeutic classes. Providers should refer to the table on page 3 of this *Wisconsin Medicaid and BadgerCare Update* for the new therapeutic classes.

### Prescriber Requirements for Using the Preferred Drug List

Prescribers should review the complete Wisconsin Medicaid Preferred Drug List Quick Reference in Attachment 1 of this *Update*. Prescribers should prescribe preferred drugs whenever possible. Preferred drugs do *not* require prior authorization (PA).

If a non-preferred drug is medically necessary, the prescriber is required to complete the appropriate Prior Authorization/Preferred Drug List (PA/PDL) form and document that the recipient meets the clinical criteria requirements for PA approval indicated in this *Update*. The PA/PDL form must be submitted to the dispensing provider where the prescription will be filled.

### *Clinical Criteria Requirements for Prior Authorization Approval*

The clinical criteria for PA approval of a non-preferred drug are:

- A treatment failure with a preferred drug(s).
- A condition that prevents the use of a preferred drug(s).
- A clinically significant drug interaction with another medication and the preferred drug(s).
- An intolerable side effect experienced while on the preferred drug(s).

Beginning December 16, 2004, prescribers may begin submitting the appropriate PA/PDL form to dispensing providers for all therapeutic classes indicated in this *Update*, except for the Proton Pump Inhibitor (PPI) drug class. Prescribers and dispensing providers are required to retain a completed copy of the appropriate PA/PDL form.

### Step Therapy

Proton Pump Inhibitor drugs and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are subject to specific step therapy requirements. Providers should refer to Attachment 2 for step therapy instructions for PPI drugs and Attachment 5 for step therapy instructions for NSAIDs.

### *Step Therapy for Proton Pump Inhibitor Drugs*

Proton Pump Inhibitor drugs on the PDL require step therapy. Step therapy requires a recipient to try and fail one or more preferred drugs before obtaining PA for a non-preferred drug. The preferred PPI drug is Prilosec OTC®.

On and after January 1, 2005, prescribers may begin submitting to dispensing providers the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078 (Dated 12/04), for non-preferred PPI drugs. Current, approved PAs will be honored until their expiration date.

Dispensing providers should not submit PA requests for non-preferred PPI drugs for a SeniorCare participant until the participant has tried and failed Prilosec OTC®. The cost of a 30-day supply of Prilosec OTC® is comparable to the cost of a SeniorCare participant's copayment for a brand name drug.

Clinical criteria for approval of a non-preferred PPI drug includes the following:

- The trial and failure of, or adverse reaction to, a preferred PPI drug.
- If the recipient is a child weighing less than 20 kilograms.
- If the recipient is a pregnant woman.

Providers may refer to Attachments 3 and 4 for the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions, HCF 11078A (Dated 12/04), and a copy of the PA/PDL for PPI Drugs form.

### *Step Therapy for Non-Steroidal Anti-Inflammatory Drugs*

Non-Steroidal Anti-Inflammatory Drugs on the PDL require the use of step therapy. Step

therapy requires a recipient to try and fail one or more preferred drugs before obtaining PA for a non-preferred drug.

Preferred drugs in the NSAID therapeutic class include the following:

- Diclofenac.
- Etodolac.
- Fenoprofen.
- Fluriprofen.
- Ibuprofen.
- Indomethacin.
- Ketoprofen.
- Ketorolac.
- Meclofenamate.
- Nabumetone.
- Naproxen.
- Oxaprozin.
- Piroxicam.
- Sulindac.
- Tolmetin.

Clinical criteria for approval of a non-preferred NSAID include the following:

- The trial and failure of, or an adverse reaction to, a preferred NSAID.
- Risk factors, including:
  - ✓ If the recipient is over 65 years of age.
  - ✓ If the recipient has a history of ulcers or gastrointestinal (GI) bleeding.
  - ✓ If the recipient is currently taking anticoagulants.
- If the recipient is receiving treatment for a chronic condition.

Prescribers are required to complete and submit to the dispensing provider a Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) form, HCF 11077 (Dated 12/04), for non-preferred NSAIDs. Prescribers may refer to Attachments 6 and 7 for the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Completion Instructions, HCF 11077A (Dated 12/04), and a copy of the PA/PDL for NSAIDs form.

The PA/PDL forms are also available on the forms page of the Medicaid Web site at

**S**tep therapy requires a recipient to try and fail one or more preferred drugs before obtaining PA for a non-preferred drug.

[dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) or by calling Provider Services at (800) 947-9627 or (608) 221-9883.

The table below lists the new therapeutic classes and the preferred drugs in each class. Providers should refer to Attachment 1 for the complete PDL.

*Note:* On and after January 1, 2005, Vytorin™ will be a preferred drug and Prevacid NapraPAC™ will be a non-preferred drug.

## For More Information

Changes to the PDL and the PDL implementation schedule will be posted to the physician page of the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/physician/](http://dhfs.wisconsin.gov/medicaid/physician/). Providers may also refer to the September 2004 *Update* (2004-77), titled “Prescriber Information on the Wisconsin Medicaid Preferred Drug List,” for additional information about non-preferred drugs.

Providers can also refer to the ePocrates Web site at [www.epocrates.com/](http://www.epocrates.com/) to access and

Changes to the PDL and the PDL implementation schedule will be posted to the physician page of the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/physician/](http://dhfs.wisconsin.gov/medicaid/physician/).

Therapeutic Class	Preferred Drug Name	
Angiotensin Converting Enzyme (ACE) inhibitor and calcium channel blocker combination drugs	Lexxel® Lotrel®	Tarka®
Antibiotic otic preparations	neomycin/polymixin/hydrocortisone Ciprodex®	Coly-mycin S® Floxin®
Antiviral drugs	acyclovir amantadine rimantadine HCl	Tamiflu® Valcyte™ Valtrex®
Beta-adrenergic blocking agents	acebutolol atenolol betaxolol bisoprolol Coreg® labetalol metoprolol	nadolol pindolol propranolol sotalol timolol Toprol XL®
Calcium channel blocker drugs	Cardizem LA® diltiazem Dynacirc® felodipine	nicardipine nifedipine Norvasc® Sular®
Cephalosporins and related agents (e.g., cephalosporins, second and third generation, penicillins)	amoxicillin/clavulanate Augmentin XR™ cefactor cefadroxil	cefepodoxime cephalexin Omnicef® Spectracef®
Fluorquinolones	Avelox® ciprofloxacin Cipro® XR	Levaquin® Noroxin® Tequin®
Macrolides and ketolides	erythromycin	Zithromax®
Oral antifungal drugs	clotrimazole fluconazole Grifulvin V® Suspension	griseofulvin ketoconazole Lamisil® Nystatin
Proton Pump Inhibitor (PPI) drugs	Prilosec OTC®	
Topical Immunomodulators	Elidel®	Protopic®

download the Wisconsin Medicaid PDL to their personal digital assistants (PDAs). Providers may call Provider Services for information about Wisconsin Medicaid, BadgerCare, and SeniorCare coverage of 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/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT 1

## Wisconsin Medicaid Preferred Drug List Quick Reference

The following table is the complete Medicaid Preferred Drug List (PDL) effective January 1, 2005.

<b>Angiotension Converting Enzyme (ACE) inhibitor and calcium channel blocker drugs</b>	
Lexxel	P*
Lotrel	P
Tarka	P

<b>Angiotensin Receptor Blockers</b>	
Cozaar	P
Diovan	P
Hyzaar	P
Micardis	P
Atacand	PA**
Avalide	PA
Avapro	PA
Benicar	PA
Teveten	PA

<b>Antifungals, Oral</b>	
Clotrimazole	P
Fluconazole	P
Grifulvin V	P
Ketoconazole	P
Lamisil	P
Nystatin	P
Ancobon	PA
Mycostatin	PA
Sporanox	PA
Vfend	PA

<b>Antimigraine, Triptans</b>	
Amerge	P
Axert	P
Imitrex	P
Frova	PA
Maxalt	PA
Relpax	PA
Zomig	PA

<b>Antipsoriatics, Topical</b>	
Elidel	P
Protopic	P

<b>Antivirals</b>	
Acyclovir	P
Amantadine	P
Rimantadine HCl	P
Tamiflu	P
Valcyte	P
Valtrex	P
Famvir	PA
Ganciclovir (Cytovene)	PA
Relenza	PA

<b>Beta Blockers</b>	
Acebutolol	P
Atenolol	P
Betaxolol	P
Bisoprolol	P
Coreg	P
Labetalol	P
Metoprolol	P
Nadolol	P
Pindolol	P
Propranolol	P
Sotalol	P
Timolol	P
Toprol XL	P
Cartrol	PA
Inderal LA	PA
Innopran XL	PA
Levatal	PA

<b>Bone Resorption, Suppression, and Related Agents</b>	
Actonel	P
Fosamax	P
Miacalcin	P
Didronel	PA
Evista	PA

<b>Calcium Channel Blockers</b>	
Cardizem LA	P
Diltiazem	P
Dynacirc	P
Felodipine ER	P
Nicardipine	P
Nifedipine	P
Norvasc	P
Sular	P
Verapamil	P
Cardene SR	PA
Covera-HS	PA
Nimotop	PA
Verelan PM	PA

<b>Cephalosporins and Related Agents</b>	
Amox TR-Potassium Clavulanate	P
Augmentin XR	P
Cefaclor	P
Cefadroxil	P
Cefpodoxime	P
Cefuroxime	P
Cephalexin	P
Omnicef	P
Spectracef	P
Cedax	PA
Cefzil	PA
Lorabid	PA
Panixine	PA
Raniclor	PA
Suprax	PA

<b>Macrolides and Ketolides</b>	
Erythromycin	P
Zithromax	P
Biaxin	PA
Ketek	PA

<b>Corticosteroids, Nasal</b>	
Flonase	P
Flunisolide	P
Nasarel	P
Nasonex	P
Beconase AQ	PA
Nasacort AQ	PA
Rhinocort Aqua	PA

<b>Fluoroquinolones</b>	
Avelox	P
Ciprofloxacin	P
Cipro XR	P
Levaquin	P
Noroxin	P
Tequin	P
Factive	PA
Maxaquin	PA
Ofloxacin (Floxin)	PA

\*P = preferred drug.

\*\*PA = non-preferred drug, prior authorization (PA) required.

<b>Glucocorticoids, Inhaled</b>	
Advair Diskus	P*
Aerobid	P
Azmacort	P
Flovent	P
Pulmicort Respules	P
Qvar	P
Pulmicort Turbuhaler	PA**

<b>Hypoglycemics, Thiazolidinediones</b>	
Actos	P
Avandia	P

<b>Leukotriene Modifiers</b>	
Accolate	P
Singulair	P

<b>Lipotropics, Statins</b>	
Altoprev	P
Crestor	P
Lescol	P
Lipitor	P
Lovastatin	P
Vytorin	P
Zocor	P
Caduet	PA
Pravachol	PA
Pravigard PAC	PA

<b>Lipotropics, Other</b>	
Advicor	P
Cholestyramine	P
Colestid	P
Gemfibrozil	P
Lofibra	P
Niacin	P
Niaspan	P
Zetia	P
Tricor	PA
Welchol	PA

\*P = preferred drug.

\*\*PA = non-preferred drug, prior authorization (PA) required.

<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	
Diclofenac	P
Etodolac	P
Fenoprofen	P
Fluriprofen	P
Ibuprofen	P
Indomethacin	P
Ketoprofen	P
Ketorolac	P
Meclofenamate	P
Nabumetone	P
Naproxen	P
Oxaprozin	P
Piroxicam	P
Sulindac	P
Tolmetin	P
Arthrotec	PA
Bextra	PA
Celebrex	PA
Mobic	PA
Ponstel	PA
Prevacid NapraPAC	PA

<b>Otics, Antibiotics</b>	
Ciprodex	P
Coly-mycin S	P
Floxin	P
Neomycin/polymixin/hydrocortisone	P
Cipro HC	PA
Cortisporin-TC	PA

<b>Proton Pump Inhibitor (PPI) Drugs</b>	
Prilosec OTC	P
Aciphex	PA
Nexium	PA
Omeprazole (Prilosec)	PA
Prevacid	PA
Protonix	PA
Zegerid	PA

# ATTACHMENT 2

## Step Therapy Instructions for Proton Pump Inhibitor Drugs

Proton Pump Inhibitor (PPI) drugs on the Wisconsin Medicaid Preferred Drug List (PDL) require step therapy. Step therapy requires a recipient to try and fail one or more preferred drugs before obtaining prior authorization (PA) for a non-preferred drug. The preferred PPI drug is Prilosec OTC<sup>®</sup>.

Prescribers may begin submitting the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078 (Dated 12/04), to dispensing providers for non-preferred PPI drugs on and after January 19, 2005. Current, approved PAs will be honored until their expiration date.

Dispensing providers should not submit PA requests for non-preferred PPI drugs for a SeniorCare participant until the participant has tried and failed Prilosec OTC<sup>®</sup>. The cost of a 30-day supply of Prilosec OTC<sup>®</sup> is comparable to the cost of a SeniorCare participant's copayment for a brand name drug.

Clinical criteria for approval of a non-preferred PPI drug includes the following:

- The trial and failure of, or adverse reaction to, a preferred PPI drug.
- If the recipient is a child weighing less than 20 kilograms.
- If the recipient is a pregnant woman.

Providers may refer to Attachments 3 and 4 of this *Wisconsin Medicaid and BadgerCare Update* for the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions, HCF 11078A (Dated 12/04), and a copy of the PA/PDL for PPI Drugs form.

# ATTACHMENT 3

## Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Proton Pump Inhibitor [PPI] Drugs Completion Instructions" is located on the following pages.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR PROTON PUMP INHIBITOR (PPI) DRUGS  
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid, BadgerCare, or SeniorCare to make a reasonable judgment about the case. Prescribers and dispensing physicians are required to retain a completed copy of the form.

Prescribers are required to complete and sign the the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs. Dispensing providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for PPI Drugs to request PA by using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request.

Providers may submit PA requests on a PA/PDL form in one of the following ways:

- For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.
- For paper PA requests by fax, dispensing providers may fax the forms to Wisconsin Medicaid at (608) 221-8616.
- For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and the appropriate PA/PDL form to the following address:

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

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

**SECTION I — RECIPIENT INFORMATION**

**Element 1 — Name — Recipient**

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

**Element 2 — Date of Birth — Recipient**

Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

**Element 3 — Recipient Medicaid Identification Number**

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

**SECTION II — PRESCRIPTION INFORMATION**

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

**Element 4 — Drug Name**

Enter the drug name.

**Element 5 — Strength**

Enter the strength of the drug listed in Element 4.

**Element 6 — Date Prescription Written**

Enter the date the prescription was written.

**Element 7 — Directions for Use**

Enter the directions for use of the drug.

**Element 8 — Diagnosis — Primary Code and/or Description**

Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The ICD-9-CM diagnosis code must match the ICD-9-CM description. The diagnosis code for PPIs must be one of the PPI-approved codes.

**Element 9 — Name — Prescriber**

Enter the name of the prescriber.

**Element 10 — Drug Enforcement Agency Number**

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These default codes must *not* be used for prescriptions for controlled substances.

**Element 11 — Address — Prescriber**

Enter the complete address of the prescriber's practice location, including the street, city, state, and zip code.

**Element 12 — Telephone Number — Prescriber**

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

**SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX**

Include diagnostic, as well as clinical information, explaining the need for the product requested. In Elements 13 and 14, check "yes" to all that apply.

**Element 13**

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with Prilosec OTC<sup>®</sup>. If yes, indicate the failed drug(s) or adverse reaction that can be directly attributed to Prilosec OTC<sup>®</sup> and the dates the drug(s) was taken.

**Element 14**

Check the appropriate box to indicate if the recipient is a pregnant woman or a child who weighs less than 20 kilograms. If yes, indicate which condition the recipient has.

**SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPIs**

**Element 15**

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with Prilosec OTC<sup>®</sup> and Protonix<sup>®</sup>. If yes, indicate the failed drug(s) or adverse reaction that can be directly attributed to Prilosec OTC<sup>®</sup> and Protonix<sup>®</sup> and the dates the drug(s) was taken.

**Element 16 — Signature — Prescriber**

**The prescriber is required to complete and sign this form.**

**Element 17 — Date Signed**

Enter the month, day, and year the PA/PDL for PPI Drugs was signed (in MM/DD/YYYY format).

**SECTION IV — DISPENSING PROVIDERS USING STAT-PA**

**Element 18 — National Drug Code**

Enter the appropriate 11-digit National Drug Code (NDC) for each drug or biologic.

**Element 19 — Days' Supply Requested**

Enter the requested days' supply.

**Element 20 — Wisconsin Medicaid Provider Number**

Enter the provider's eight-digit Wisconsin Medicaid provider number.

**Element 21 — Date of Service**

Enter the requested first date of service (DOS) for the drug or biologic. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

**Element 22 — Place of Service**

Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
00	Not specified
01	Home
04	Long Term/Extended care
07	Skilled Care Facility
10	Outpatient

**Element 23 — Assigned Prior Authorization Number**

Indicate the seven-digit PA number assigned by the STAT-PA system.

**Element 24 — Grant Date**

Indicate the date the PA was approved by the STAT-PA system.

**Element 25 — Expiration Date**

Indicate the date the PA expires as assigned by the STAT-PA system.

**Element 26 — Number of Days Approved**

Indicate the number of days for which the STAT-PA request was approved by the STAT-PA system.

**SECTION V — ADDITIONAL INFORMATION**

**Element 27**

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.

**ATTACHMENT 4**  
**Prior Authorization/Preferred Drug List (PA/PDL) for**  
**Proton Pump Inhibitor (PPI) Drugs**

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Proton Pump Inhibitor [PPI] Drugs" is located on the following pages.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR PROTON PUMP INHIBITOR (PPI) DRUGS**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions (HCF 11078A).

Dispensing providers are required to have a completed PA/PDL for PPI Drugs form signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request.

**SECTION I — RECIPIENT INFORMATION**

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient
3. Recipient Medicaid Identification Number	

**SECTION II — PRESCRIPTION INFORMATION**

4. Drug Name	5. Strength
6. Date Prescription Written	7. Directions for Use
8. Diagnosis — Primary Code and/or Description (The diagnosis code must be one of the PPI-approved codes.*)	
9. Name — Prescriber	10. Drug Enforcement Agency Number
11. Address — Prescriber (Street, City, State, Zip Code)	
12. Telephone Number — Prescriber	

**SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX**

13. Has the recipient tried and failed Prilosec OTC<sup>®</sup> or had an adverse drug reaction?  Yes  No  
If yes, what adverse reaction has the recipient experienced that can be directly attributed to Prilosec OTC<sup>®</sup>?

14. Is the recipient a pregnant woman or a child who weighs less than 20 kilograms?  Yes  No

**SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPIs**

15. Has the recipient tried and failed Prilosec OTC<sup>®</sup> and Protonix<sup>®</sup> or had an adverse drug reaction?  Yes  No  
If yes, what adverse reactions did the recipient experience that can be directly attributed to Prilosec OTC<sup>®</sup> and Protonix<sup>®</sup>?

16. SIGNATURE — Prescriber	17. Date Signed
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**SECTION IV — DISPENSING PROVIDERS USING STAT-PA**

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18. National Drug Code (11 digits)	19. Days' Supply Requested**
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20. Wisconsin Medicaid Provider Number (Eight digits)

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21. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

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22. 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])

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23. Assigned Prior Authorization Number (Seven digits)

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24. Grant Date	25. Expiration Date	26. Number of Days Approved
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- \*PPI-approved codes are:  
E9356 NSAID induced gastric ulcer  
NSAID induced duodenal ulcer  
4186 H. Pylori infection  
2515 Zollinger-Ellison syndrome  
53019 Erosive esophagitis  
53081 Gastroesophageal reflux (GERD)  
5368 Gastric hypersecretory conditions
- 

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

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**SECTION V — ADDITIONAL INFORMATION**

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27. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.

# ATTACHMENT 5

## Step Therapy Instructions for Non-Steroidal Anti-Inflammatory Drugs

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) on the Wisconsin Medicaid Preferred Drug List (PDL) require the use of step therapy. Step therapy requires a recipient to try and fail one or more preferred drugs before obtaining prior authorization (PA) for a non-preferred drug.

Preferred drugs in the NSAID therapeutic class include the following:

- Diclofenac.
- Etodolac.
- Fenoprofen.
- Fluriprofen.
- Ibuprofen.
- Indomethacin.
- Ketoprofen.
- Ketorolac.
- Meclofenamate.
- Nabumetone.
- Naproxen.
- Oxaprozin.
- Piroxicam.
- Sulindac.
- Tolmetin.

Clinical criteria for approval of a non-preferred NSAID include the following:

- The trial and failure of, or an adverse reaction to, a preferred NSAID.
- Risk factors, including:
  - ✓ If the recipient is over 65 years of age.
  - ✓ If the recipient has a history of ulcers or gastrointestinal (GI) bleeding.
  - ✓ If the recipient is currently taking anti-coagulants.
- If the recipient is receiving treatment for a chronic condition.

Prescribers are required to complete and submit to the dispensing provider a Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) form, HCF 11077 (Dated 12/04), for non-preferred NSAIDs. Prescribers may refer to Attachments 6 and 7 of this *Wisconsin Medicaid and BadgerCare Update* for the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Completion Instructions, HCF 11077A (Dated 12/04), and a copy of the PA/PDL for NSAIDs form.

# ATTACHMENT 6

## Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs [NSAIDs] Completion Instructions" is located on the following pages.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)  
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid, BadgerCare, or SeniorCare to make a reasonable judgment about the case. Prescribers and dispensing physicians are required to retain a completed copy of the form.

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Dispensing providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for NSAIDs form to request PA by using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request.

Providers may submit PA requests on a PA/PDL form in one of the following ways:

- For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.
- For paper PA requests by fax, dispensing providers may fax the forms to Wisconsin Medicaid at (608) 221-8616.
- For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and the appropriate PA/PDL form to the following address:

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

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

**SECTION I — RECIPIENT INFORMATION**

**Element 1 — Name — Recipient**

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

**Element 2 — Date of Birth — Recipient**

Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

**Element 3 — Recipient Medicaid Identification Number**

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

**SECTION II — PRESCRIPTION INFORMATION**

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

**Element 4 — Drug Name**

Enter the drug name.

**Element 5 — Strength**

Enter the strength of the drug listed in Element 4.

**Element 6 — Date Prescription Written**

Enter the date the prescription was written.

**Element 7 — Directions for Use**

Enter the directions for use of the drug.

**Element 8 — Diagnosis — Primary Code and/or Description**

Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The ICD-9-CM diagnosis code must match the ICD-9-CM description.

**Element 9 — Name — Prescriber**

Enter the name of the prescriber.

**Element 10 — Drug Enforcement Agency Number**

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These default codes must *not* be used for prescriptions for controlled substances.

**Element 11 — Address — Prescriber**

Enter the complete address of the prescriber's practice location, including the street, city, state, and zip code.

**Element 12 — Telephone Number — Prescriber**

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

**SECTION IIIA — CLINICAL INFORMATION FOR NSAID COX-2**

Include diagnostic, as well as clinical information, explaining the need for the product requested. In Elements 13 through 15, check "yes" to all that apply.

**Element 13**

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with a preferred generic NSAID. If yes, indicate the failed drug(s) or adverse reaction and the dates the drug(s) was taken.

**Element 14**

Check the appropriate box to indicate if the recipient has a chronic non-acute condition(s). If yes, indicate the condition(s) the NSAID is prescribed to treat.

**Element 15**

Check the appropriate box to indicate if the recipient has any of the following risk factors: age over 65, a history of ulcer or gastrointestinal (GI) bleeding, or currently taking anti-coagulants. If yes, indicate the risk factor below.

**SECTION IIIB — CLINICAL INFORMATION FOR NSAID NON-COX-2**

**Element 16**

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with a preferred generic NSAID. If yes, indicate the failed drug(s) or adverse reaction and the dates the drug(s) was taken.

**SECTION IIIC — CLINICAL INFORMATION FOR NON-PREFERRED NSAIDS**

**Element 17**

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with the preferred generic NSAID(s) and either a COX-2, Mobic<sup>®</sup>, or Ponstel<sup>®</sup>. If yes, indicate the failed drug(s) or adverse reaction and the dates the drug(s) was taken.

**Element 18 — Signature — Prescriber**

The prescriber is required to complete and sign this form.

**Element 19 — Date Signed**

Enter the month, day, and year the PA/PDL for NSAIDs form was signed (in MM/DD/YYYY format).

**SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA**

**Element 20 — National Drug Code**

Enter the appropriate 11-digit National Drug Code (NDC) for each drug or biologic.

**Element 21 — Days' Supply Requested**

Enter the requested days' supply.

**Element 22 — Wisconsin Medicaid Provider Number**

Enter the provider's eight-digit Wisconsin Medicaid provider number.

**Element 23 — Date of Service**

Enter the requested first date of service (DOS) for the drug or biologic. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

**Element 24 — Place of Service**

Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
00	Not specified
01	Home
04	Long Term/Extended care
07	Skilled Care Facility
10	Outpatient

**Element 25 — Assigned Prior Authorization Number**

Indicate the seven-digit PA number assigned by the STAT-PA system.

**Element 26 — Grant Date**

Indicate the date the PA was approved by the STAT-PA system.

**Element 27 — Expiration Date**

Indicate the date the PA expires as assigned by the STAT-PA system.

**Element 28 — Number of Days Approved**

Indicate the number of days for which the STAT-PA request was approved by the STAT-PA system.

**SECTION V — ADDITIONAL INFORMATION**

**Element 29**

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.

## ATTACHMENT 7

# Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs [NSAIDs]" is located on the following pages.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Completion Instructions (HCF 11077A).

Dispensing providers are required to have a completed PA/PDL for NSAIDs form signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request.

**SECTION I — RECIPIENT INFORMATION**

- |   |                              |
|---|------------------------------|
| 1. Name — Recipient (Last, First, Middle Initial) | 2. Date of Birth — Recipient |
| 3. Recipient Medicaid Identification Number       |                              |

**SECTION II — PRESCRIPTION INFORMATION**

- |  |                                    |
|--|------------------------------------|
| 4. Drug Name   | 5. Strength                        |
| 6. Date Prescription Written                             | 7. Directions for Use              |
| 8. Diagnosis — Primary Code and/or Description           |                                    |
| 9. Name — Prescriber                                     | 10. Drug Enforcement Agency Number |
| 11. Address — Prescriber (Street, City, State, Zip Code) |                                    |
| 12. Telephone Number — Prescriber                        |                                    |

**SECTION IIIA — CLINICAL INFORMATION FOR NSAID COX-2**

13. Has the recipient tried and failed on a preferred generic NSAID or had an adverse drug reaction?  Yes  No  
If yes, what preferred generic NSAID(s) has failed or what adverse reaction has the recipient experienced?
- 
14. Is the NSAID being prescribed for a chronic, non-acute condition?  Yes  No  
What condition is the NSAID being prescribed to treat?
- 
15. Does the recipient have any of the following risk factors: age over 65, a history of ulcer or gastrointestinal (GI) bleeding, or currently taking anti-coagulants?  Yes  No  
If yes, indicate the risk factor below.

**SECTION IIIB — CLINICAL INFORMATION FOR NSAID NON-COX-2**

16. Has the recipient tried and failed on a preferred generic NSAID or had an adverse drug reaction?  Yes  No  
If yes, what preferred generic NSAID(s) has failed or what adverse reaction has the recipient experienced?

---

**SECTION IIIC — CLINICAL INFORMATION FOR NON-PREFERRED NSAID**

---

17. Has the recipient tried and failed on or had an adverse reaction to a preferred generic NSAID and either a COX-2, Mobic<sup>®</sup>, or Ponstel<sup>®</sup>?  Yes  No  
If yes, what preferred generic NSAID and COX-2, Mobic<sup>®</sup>, or Ponstel<sup>®</sup> have failed or what adverse reaction has the recipient experienced?

---

18. **SIGNATURE** — Prescriber

19. Date Signed

---

**SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA**

---

20. National Drug Code (11 digits)

21. Days' Supply Requested\*

---

22. Wisconsin Medicaid Provider Number (Eight digits)

---

23. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

---

24. 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])

---

25. Assigned Prior Authorization Number (Seven digits)

---

26. Grant Date

27. Expiration Date

28. Number of Days Approved

---

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

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**SECTION V — ADDITIONAL INFORMATION**

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29. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.