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

New 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 April 1, 2005.

New Drug Classes

The Preferred Drug List (PDL) will be expanded for Wisconsin Medicaid and BadgerCare fee-for-service and Wisconsin SeniorCare on April 1, 2005. Providers should refer to the following tables for the preferred drugs in the new therapeutic classes that will be added to the PDL.

Analgesics, Narcotics
APAP/Codeine
Aspirin/Codeine
Butalbital Compound/Codeine
Codeine
Fentanyl Transdermal
Hydrocodone/APAP
Hydrocodone/Ibuprofen
Hydromorphone
Kadian
Levorphanol
Methadone
Morphine Sulfate
Oxycodone/APAP
Oxycodone/Aspirin
Oxycodone IR
Pentazocine/APAP
Pentazocine/Naloxone
Propoxyphene
Propoxyphene/APAP
Propoxyphene Compound
Tramadol

Antiemetic Drugs
Anzemet
Emend
Zofran
Zofran ODT

Antifungals, Topical
Ciclopirox Cream
Ciclopirox Suspension
Clotrimazole
Clotrimazole/Betamethasone
Econazole
Exelderm
Ketoconazole
Loprox
Loprox Shampoo
Naftin
Nystatin
Nystatin/Triamcinolone

Antihistamines, Nonsedating
Loratadine

Benign Prostatic Hyperplasia (BPH) Agents
Avodart
Doxazosin
Flomax
Terazosin
Uroxatral

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Anti-Incontinence Agents)
Detrol
Detrol LA
Enablex
Oxybutynin
Oxytrol
Sanctura

Bronchodilators, Anticholinergic
Atrovent
Combivent
Ipratropium Nebulizer
Spiriva

Bronchodilators, Beta Agonist
Albuterol
Metaproterenol
Serevent
Terbutaline

Hypoglycemics, Insulins
Humalog
Humalog Mix 75/25
Humulin
Lantus

Ophthalmics, Allergic Conjunctivitis
Acular
Alrex
Cromolyn Sodium
Elestat
Patanol
Zaditor

Ophthalmics, Antibiotics
Bacitracin
Bacitracin/Polymixin
Ciprofloxacin Solution
Erythromycin
Gentamicin
Ofloxacin
Tobramycin
Vigamox
Zymar

Ophthalmics, Glaucoma Agents
Alphagan P
Azopt
Betaxolol
Betimol
Betoptic S
Brimonidine
Carteolol
Cosopt
Dipivefrin
Levobunolol
Lumigan
Metipranolol
Pilocarpine
Timolol
Travatan
Trusopt
Xalatan

Phosphate Binders and Related Agents
Phoslo
Renagel

Ulcerative Colitis
Asacol
Canasa
Dipentum
Mesalamine
Pentasa
Sulfasalazine

Providers should note that Wisconsin SeniorCare does not cover over-the-counter drugs.

On and after April 1, 2005, Caduet will be a preferred drug while Antara and Astelin will be non-preferred drugs.

Providers should note that Wisconsin SeniorCare does not cover over-the-counter drugs. In addition, SeniorCare does not cover drugs that do not have a signed rebate agreement between the manufacturer and Wisconsin SeniorCare for SeniorCare participants in levels 2b and 3. Providers should refer to the SeniorCare drug search tool at *dhfs.wisconsin.gov/seniorcare/* for a complete list of covered drugs.

Prescriber Requirements for the Preferred Drug List

Prescribers should review the Wisconsin Medicaid Preferred Drug List Quick Reference in Attachment 1 of this *Wisconsin Medicaid*

The appropriate PA/PDL form must be submitted to the dispensing provider where the prescription will be filled.

and BadgerCare Update for a complete list of preferred and non-preferred drugs. If medically appropriate for a recipient, prescribers are encouraged to try more than one preferred drug before a non-preferred drug is prescribed. Preferred drugs do not require prior authorization (PA), although these drugs may have other restrictions (e.g., age, diagnosis).

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. The appropriate PA/PDL form must be submitted to the dispensing provider where the prescription will be filled. Prescribers *and* dispensing providers are required to retain a completed copy of the appropriate PA/PDL form.

Beginning March 17, 2005, prescribers may begin submitting the appropriate PA/PDL form to dispensing providers for non-preferred drugs in the new therapeutic classes listed in this *Update*, except for nonsedating antihistamine drugs. Dispensing providers may begin submitting PA requests for non-preferred drugs in the new therapeutic classes listed in this *Update*, except for nonsedating antihistamine drugs, beginning March 17, 2005.

Wisconsin Medicaid should not receive PA/PDL forms unless the dispensing provider submits a PA request on paper. Prescribers should submit PA/PDL forms to the dispensing provider where the prescription will be filled.

Providers should refer to the "Available Prior Authorization/Preferred Drug List Forms" section of this *Update* for a list of PA/PDL forms that are available for providers' use.

Nonsedating Antihistamine Drugs

Beginning April 7, 2005, prescribers are required to complete the Prior Authorization/ Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs form, HCF 11082 (Dated 03/05), for non-preferred antihistamine drugs.

Clinical criteria for approval of a non-preferred nonsedating antihistamine drug includes the following:
* The trial and failure of, or adverse reaction to, a preferred nonsedating antihistamine drug.
* If the recipient is a child between six months and two years of age.

Refer to Attachments 2 and 3 for the Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs Completion Instructions, HCF 11082A (Dated 03/05) and form.

Current, approved PAs for nonsedating antihistamine drugs will be honored until their expiration date.

Clinical Criteria Requirements for Prior Authorization Approval

Providers are reminded that 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 a preferred drug(s).
* An intolerable side effect experienced while a recipient is taking a preferred drug(s).

Revised Clinical Criteria Requirements for Proton Pump Inhibitor Drugs

The clinical criteria requirements for Proton Pump Inhibitor (PPI) drugs have been revised. Refer to Attachments 4 and 5 for the revised Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions, HCF 11078A (Rev. 03/05) and form, HCF 11078 (Rev. 03/05).

Emergency Medication Dispensing

An emergency medication supply may be dispensed in situations where the dispensing provider deems it is necessary.

When drugs are dispensed in an emergency situation, dispensing providers are required to 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. Dispensing providers should mail completed Noncompound Drug Claim forms and Pharmacy Special Handling Request forms to the address indicated on the Pharmacy Special Handling Request form. Medications dispensed in emergency situations do not require PA.

Available Prior Authorization/Preferred Drug List Forms

Prescribers are required to complete the PA/PDL for Nonsedating Antihistamine Drugs or the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request form, HCF 11075 (Dated 09/04), for non-preferred drugs that do not require step therapy.

The following PA/PDL forms are available for drugs that require step therapy:

*   The Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), HCF 11077 (Dated 12/04).
*   The PA/PDL for PPI Drugs.

The PA/PDL forms and completion instructions are available on the Forms page of the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/* or by calling Provider Services at (800) 947-9627 or (608) 221-9883.

For More Information

Changes to the PDL and the PDL implementation schedule will be posted to the Physician page of the Medicaid Web site. Providers may also refer to the September 2004 *Update* (2004-77)*,* titled "Prescriber Information on the Wisconsin Medicaid Preferred Drug List," for additional information.

Providers can also refer to the ePocrates Web site at *www.epocrates2.com/* to access and 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.

ATTACHMENT 1
Preferred Drug List Quick Reference

The following table includes the current and new therapeutic classes, effective April 1, 2005, on the Wisconsin Medicaid Preferred Drug List (PDL). Preferred drugs are indicated with a "P." Non-preferred drugs require prior authorization (PA) and are indicated with "PA."

Analgesics, Narcotics	
APAP/Codeine	P
Aspirin/Codeine	P
Butalbital Compound/Codeine	P
Codeine	P
Fentanyl Transdermal	P
Hydrocodone/APAP	P
Hydrocodone/Ibuprofen	P
Hydromorphone	P
Kadian	P
Levorphanol	P
Methadone	P
Morphine Sulfate	P
Oxycodone/APAP	P
Oxycodone/Aspirin	P
Oxycodone IR	P
Pentazocine/APAP	P
Pentazocine/Naloxone	P
Propoxyphene	P
Propoxyphene/APAP	P
Propoxyphene Compound	P
Tramadol	P
Actiq	PA
Avinza	PA
Darvon-N	PA
Meperidine	PA
Oxycodone ER	PA
Oxycontin	PA
Palladone	PA
Panlor DC/SS	PA
Synalgos-DC	PA
Ultracet	PA

Angiotensin Converting Enzyme (ACE) Inhibitor and Calcium Channel Blocker Drugs	
Lexxel	P
Lotrel	P
Tarka	P

Angiotensin Receptor Blockers	
Cozaar	P
Diovan	P
Hyzaar	P
Micardis	P
Atacand	PA
Avalide	PA
Avapro	PA
Benicar	PA
Teveten	PA

Antiemetic Drugs	
Anzemet	P
Emend	P
Zofran	P
Zofran ODT	P
Kytril	PA

Antifungals, Oral	
Clotrimazole	P
Fluconazole	P
Grifulvin V Suspension	P
Griseofulvin	P
Itraconazole	P
Ketoconazole	P
Lamisil	P
Nystatin	P
Ancobon	PA
Mycostatin	PA
Vfend	PA

Antifungals, Topical	
Ciclopirox Cream	P
Ciclopirox Suspension	P
Clotrimazole	P
Clotrimazole/Betamethasone	P
Econazole	P
Exelderm	P
Ketoconazole	P
Loprox	P
Loprox Shampoo	P
Naftin	P
Nystatin	P
Nystatin/Triamcinolone	P
Ertaczo	PA
Mentax	PA
Oxistat	PA
Penlac	PA

Antihistamines, Nonsedating	
Loratadine	P
Allegra	PA
Allegra-D	PA
Clarinex	PA
Clarinex Syrup	PA
Zyrtec	PA
Zyrtec Chewable	PA
Zyrtec-D	PA
Zyrtec Syrup	PA

Antimigraine, Triptans	
Amerge	P
Axert	P
Imitrex	P
Frova	PA
Maxalt	PA
Relpax	PA
Zomig	PA

Antivirals, Influenza	
Amantadine	P
Rimantadine HCl	P
Tamiflu	P
Relenza	PA

Antivirals, Other	
Acyclovir	P
Valcyte	P
Valtrex	P
Famvir	PA
Ganciclovir (Cytovene)	PA

Benign Prostatic Hyperplasia (BPH) Agents	
Avodart	P
Doxazosin	P
Flomax	P
Terazosin	P
Uroxatral	P
Proscar	PA

Beta Blockers (Alpha/Beta Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)	
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
Levatol	PA

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/ Anti-Incontinence Agents)	
Detrol	P
Detrol LA	P
Enablex	P
Oxybutynin	P
Oxytrol	P
Sanctura	P
Ditropan XL	PA
Vesicare	PA

Bone Resorption, Suppression, and Related Agents	
Actonel	P
Fosamax	P
Miacalcin	P
Didronel	PA
Evista	PA

Bronchodilators, Anticholinergic	
Atrovent	P
Combivent	P
Ipratropium Nebulizer	P
Spiriva	P
Duoneb	PA

Bronchodilators, Beta Agonist	
Albuterol	P
Metaproterenol	P
Serevent	P
Terbutaline	P
Accuneb	PA
Alupent Inhaler	PA
Foradil	PA
Maxair Autohaler	PA
Vospire ER	PA
Xopenex	PA

Calcium Channel Blocking Agents	
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

Cephalosporins and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)	
Amox TR-Clavulanate Potassium	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

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

Glucocorticoids, Inhaled	
Advair Diskus	P
Aerobid	P
Azmacort	P
Flovent	P
Pulmicort Respules	P
Qvar	P
Pulmicort Turbuhaler	PA

Hypoglycemics, Insulins	
Humalog	P
Humalog Mix 75/25	P
Humulin	P
Lantus	P
Novolin	PA
Novolog	PA
Novolog Mix 70/30	PA

Hypoglycemics, Thiazolidinediones	
Actos	P
Avandia	P

Intranasal Rhinitis Agents	
Flonase	P
Flunisolide	P
Ipratropium	P
Nasarel	P
Nasonex	P
Astelin	PA
Beconase AQ	PA
Nasacort AQ	PA
Rhinocort Aqua	PA

Leukotriene Modifiers	
Accolate	P
Singulair	P

Lipotropics, Other	
Advicor	P
Cholestyramine	P
Colestid	P
Gemfibrozil	P
Lofibra	P
Niacin	P
Niaspan	P
Zetia	P
Antara	PA
Tricor	PA
Welchol	PA

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

Macrolides and Ketolides	
Erythromycin	P
Zithromax	P
Biaxin	PA
Ketek	PA

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (This class requires step therapy.)	
Diclofenac	P
Etodolac	P
Fenoprofen	P
Flurbiprofen	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

Ophthalmics, Allergic Conjunctivitis	
Acular	P
Alrex	P
Cromolyn Sodium	P
Elestat	P
Patanol	P
Zaditor	P
Alamast	PA
Alocril	PA
Alomide	PA
Emadine	PA
Optivar	PA

Ophthalmics, Antibiotics	
Bacitracin	P
Bacitracin/Polymixin	P
Ciprofloxacin Solution	P
Erythromycin	P
Gentamicin	P
Ofloxacin	P
Tobramycin	P
Vigamox	P
Zymar	P
Ciloxan Ointment	PA
Quixin	PA

Ophthalmics, Glaucoma Agents	
Alphagan P	P
Azopt	P
Betaxolol	P
Betimol	P
Betoptic S	P
Brimonidine	P
Carteolol	P
Cosopt	P
Dipivefrin	P
Levobunolol	P
Lumigan	P
Metipranolol	P
Pilocarpine	P
Timolol	P
Travatan	P
Trusopt	P
Xalatan	P
Istalol	PA

Otics, Antibiotics (Ear Preparations; Otic Preparations, Anti-Inflammatory Antibiotics)	
Ciprodex	P
Coly-mycin S	P
Floxin	P
Neomycin/Polymixin/ Hydrocortisone	P
Cipro HC	PA
Cortisporin-TC	PA

Phosphate Binders and Related Agents	
Phoslo	P
Renagel	P
Fosrenol	PA
Magnebind 400 RX	PA

Proton Pump Inhibitor (PPI) Drugs (This class requires step therapy.)	
Prilosec OTC	P
Aciphex	PA
Nexium	PA
Omeprazole (Prilosec)	PA
Prevacid	PA
Protonix	PA
Zegerid	PA

Topical Immunomodulators (Dermatitis)	
Elidel	P
Protopic	P

Ulcerative Colitis	
Asacol	P
Canasa	P
Dipentum	P
Mesalamine	P
Pentasa	P
Sulfasalazine	P
Colazal	PA

Note: Wisconsin SeniorCare does not cover over-the-counter drugs. In addition, SeniorCare does not cover drugs that do not have a signed rebate agreement between the manufacturer and Wisconsin SeniorCare for SeniorCare participants in levels 2b and 3. Providers should refer to the SeniorCare drug search tool at *dhfs.wisconsin.gov/seniorcare/* for a complete list of covered drugs.

ATTACHMENT 2
Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs Completion Instructions

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

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NONSEDATING ANTIHISTAMINE 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 are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs form, HCF 11082. Dispensing providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for Nonsedating Antihistamine Drugs to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or to submit a paper PA request. Prescribers and dispensing providers are required to retain a completed copy of the form.

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

1) For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.

2) For paper PA requests, dispensing providers may fax to Wisconsin Medicaid at (608) 221-8616.

3) For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and a PA/PDL for Nonsedating Antihistamine Drugs 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

Element 4 — Drug Name
Enter the drug name.

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR NONSEDATING ANTIHISTAMINE DRUGS COMPLETION INSTRUCTIONS
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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 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 III — CLINICAL INFORMATION
Include diagnostic and 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 a treatment failure or had an adverse reaction to loratadine or loratadine products with pseudoephedrine. If "yes" is checked, indicate the failed drug(s) or adverse reaction that is attributed to loratadine or loratadine products with pseudoephedrine and the dates the drug(s) was taken.

Element 14
Check the appropriate box to indicate if the recipient is a child between six months and two years of age.

Element 15 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 16 — Date Signed
Enter the month, day, and year the PA/PDL for Nonsedating Antihistamine Drugs was signed (in MM/DD/YYYY format).

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

Element 17 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC) code for each drug.

Element 18 — Days' Supply Requested
Enter the requested days' supply.

Element 19 — Wisconsin Medicaid Provider Identification Number
Enter the provider's eight-digit Wisconsin Medicaid provider identification number.

Element 20 — Date of Service
Enter the requested first date of service (DOS) for the drug. For STAT-PA requests, the DOS may be up to 31 days in the future or up to fourteen days in the past.

Element 21 — Place of Service

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

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

Element 22 — Assigned Prior Authorization Number

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

Element 23 — Grant Date

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

Element 24 — Expiration Date

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

Element 25 — Number of Days Approved

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

SECTION V — ADDITIONAL INFORMATION

Element 26

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 3
Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs

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

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NONSEDATING ANTIHISTAMINE DRUGS

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs Completion Instructions (HCF 11082A).

Dispensing providers are required to have a completed PA/PDL for Nonsedating Antihistamine Drugs form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system 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 III — CLINICAL INFORMATION

13. Has the recipient tried and failed loratadine (including loratadine products with or without pseudoephedrine) or had an adverse drug reaction? ❑ Yes ❑ No
If yes, what adverse reaction has the recipient experienced that can be directly attributed to loratadine?

14. Is the recipient between six months and two years of age? ❑ Yes ❑ No

15. SIGNATURE — Prescriber	16. Date Signed

Continued

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

17. National Drug Code (11 digits)	18. Days' Supply Requested*

19. Wisconsin Medicaid Provider Identification Number (Eight digits)

20. 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 fourteen days in the past.)

21. 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])

22. Assigned PA Number (Seven digits)

23. Grant Date	24. Expiration Date	25. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

26.   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.

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

ATTACHMENT 4
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.)

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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 are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078. 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 using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or to submit a paper PA request. Prescribers and dispensing providers are required to retain a completed copy of the form.

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

1) For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.

2) For paper PA requests, dispensing providers may fax to Wisconsin Medicaid at (608) 221-8616.

3) For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and a PA/PDL for PPI Drugs 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

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 and clinical information explaining the need for the product requested. In Elements 13 through 16, check "yes" to all that apply.

Element 13
Check the appropriate box to indicate if the recipient has experienced a treatment failure or had an adverse reaction to Prilosec OTC®. If "yes" is checked, indicate the failed drug(s) or adverse reaction that is attributed to Prilosec OTC® and the dates the drug(s) was taken.

Element 14
Check the box to indicate if the recipient is a pregnant woman.

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPI DRUGS

Element 15
Check the appropriate box to indicate if the recipient has experienced a treatment failure or had an adverse reaction with Prilosec OTC® and Protonix®. If "yes" is checked, indicate the failed drug(s) or adverse reaction that is attributed to Prilosec OTC® and Protonix® and the dates the drug(s) was taken.

Element 16
Check the box to indicate if the recipient is a child who weighs less than 20 kilograms.

Element 17 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 18 — Date Signed
Enter the month, day, and year the PA/PDL for PPI Drugs was signed (in MM/DD/YYYY format).

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

Element 19 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC) code for each drug.

Element 20 — Days' Supply Requested
Enter the requested days' supply.

Element 21 — Wisconsin Medicaid Provider Identification Number
Enter the provider's eight-digit Wisconsin Medicaid provider identification number.

Element 22 — Date of Service
Enter the requested first date of service (DOS) for the drug. For STAT-PA requests, the DOS may be up to 31 days in the future or up to fourteen days in the past.

Element 23 — Place of Service
Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be dispensed.

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

Element 24 — Assigned Prior Authorization Number
Record the seven-digit PA number assigned by the STAT-PA system.

Element 25 — Grant Date
Record the date the PA was approved by the STAT-PA system.

Element 26 — Expiration Date
Record the date the PA expires as assigned by the STAT-PA system.

Element 27 — Number of Days Approved
Record the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — ADDITIONAL INFORMATION

Element 28
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 5
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 the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system 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 or had an adverse drug reaction to Prilosec OTC®? ❏ Yes ❏ No
   If yes, what adverse reaction has the recipient experienced that is attributed to Prilosec OTC®?

14. Is the recipient a pregnant woman? ❏ Yes ❏ No

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPI DRUGS

15. Has the recipient tried and failed or had an adverse drug reaction to Prilosec OTC® and ❏ Yes ❏ No
   Protonix®?
   If yes, what adverse reactions did the recipient experience that is attributed to Prilosec OTC® and Protonix®?

16. Is the recipient a child who weighs less than 20 kilograms? ❏ Yes ❏ No

17. SIGNATURE — Prescriber	18. Date Signed

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

19. National Drug Code (11 digits)	20. Days' Supply Requested**

21. Wisconsin Medicaid Provider Identification Number (Eight digits)

22. 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 fourteen days in the past.)

23. 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])

24. Assigned PA Number (Seven digits)

25. Grant Date	26. Expiration Date	27. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

28. 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.

**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."