wisconsin Medicaid update
and BadgerCare
April 2005 ● No. 2005-24
Wisconsin Medicaid and BadgerCare Information for Providers

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

Expanded Brand Medically Necessary Prior Authorization Criteria

This *Wisconsin Medicaid and BadgerCare Update* informs providers about the following:

- A new prior authorization (PA) attachment for brand medically necessary drugs that replaces the MedWatch Voluntary Reporting form.
- An expanded list of generic selective serotonin reuptake inhibitor drugs that do not require PA.
- Documentation requirements and expanded approval criteria for narrow therapeutic index drugs.

Providers are reminded that generic drugs on the Maximum Allowed Cost list do not require PA.

New Prior Authorization Form for Brand Medically Necessary Drugs

Effective on and after April 1, 2005, prescribers are required to complete the new Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), HCF 11083 (Dated 03/05), for brand medically necessary drugs. Providers are required to *discontinue* using the federal MedWatch Voluntary Reporting form. Prior authorization requests submitted to Wisconsin Medicaid with a MedWatch Voluntary Reporting form will be returned to the provider. Clinical criteria for prescribing brand medically necessary drugs must be documented by the prescriber on the PA/BMNA.

The *prescriber* is required to submit completed PA/BMNAs *to the dispensing provider* where the prescription will be filled. Dispensing providers are required to attach the completed PA/BMNA to a Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03), and submit the forms and a copy of the prescription to Wisconsin Medicaid.

Providers are reminded that generic drugs on the Maximum Allowed Cost list do not require PA.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) Completion Instructions, HCF 11083A (Dated 03/05). Attachment 2 is a copy of the PA/BMNA.

Selective Serotonin Reuptake Inhibitor Drugs

The following generic selective serotonin reuptake inhibitor (SSRI) drugs do not require PA:

- Citalopram.
- Fluoxetine.
- Paroxetine.

Prior authorization is required for brand name SSRI drugs.

Titration of Brand Medically Necessary Drugs

Prescribers who titrate a brand medically necessary drug for a recipient may request more than one strength of the drug on the PA/BMNA. Prescribers should include a prescription for each strength of the titrated brand medically necessary drug with the PA/BMNA. Dispensing providers should include the National Drug Codes (NDCs) of all requested strengths of the drug on the PA/RF.

Approval Criteria Expansion for Narrow Therapeutic Index Drugs

The clinical criteria for approval of a PA request for narrow therapeutic index (NTI) drugs has been expanded. The criteria now include an *anticipated* therapeutic failure of one of the following generic NTI drugs:

- Clozaril.
- Coumadin.
- Dilantin.
- Neoral.
- Tegretol.

Refer to the August 2004 *Update* (2004-62), titled "Pharmacy Information on Prior Authorization Requirements for Brand Medically Necessary Drugs," for the brand medically necessary PA approval criteria for brand name drugs.

Documentation Requirements for Brand Medically Necessary Narrow Therapeutic Index Drugs

A PA request for a brand name NTI drug may be approved if the prescriber documents an *anticipated* therapeutic failure with a switch to a generic drug for the recipient. Documentation on the PA/BMNA must include the prescriber's belief that switching the recipient to a generic drug is likely to cause an adverse reaction.

Emergency Medication Dispensing Reminder

Dispensing providers are reminded that 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.

The clinical criteria for approval of a PA request for narrow therapeutic index (NTI) drugs has been expanded.

For More Information

Dispensing providers may refer to *Update* 2004-62 for additional information on submitting PA requests for brand medically necessary drugs. Prescribers may refer to the August 2004 *Update* (2004-63), titled "Prescriber Information on Prior Authorization Requirements for Brand Medically Necessary Drugs," for more information about their brand medically necessary PA requirements.

Dispensing providers and prescribers may also contact Provider Services at (800) 947-9627 or (608) 221-9883 with questions about Wisconsin Medicaid brand medically necessary drug coverage.

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/*.

PHC 1250

ATTACHMENT 1
Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) Completion Instructions

(A copy of the "Prior Authorization/Brand Medically Necessary Attachment [PA/BMNA] Completion Instructions" is located on the following pages.)

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / BRAND MEDICALLY NECESSARY ATTACHMENT (PA/BMNA) 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/Brand Medically Necessary Attachment (PA/BMNA) and send it to the dispensing provider where the prescription will be filled. Dispensing providers are required to attach the completed PA/BMNA to a Prior Authorization Request Form (PA/RF) and a copy of the prescription and send the forms to Wisconsin Medicaid. Prescribers and dispensing providers are required to retain a completed copy of the form.

Dispensing providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Dispensing providers who wish to submit PA requests by mail may submit them 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(s)
Enter the strength(s) of the drug listed in Element 4.

Element 6 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC).

Element 7 — Date Prescription Written
Enter the date the prescription was written.

Element 8 — Directions for Use
Enter the directions for use of the drug.

Element 9 — Start Date Requested
Enter the start date requested for PA.

Element 10 — 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 11 — Name — Prescriber
Enter the name of the prescriber.

Element 12 — 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 13 — Address — Prescriber
Enter the complete address of the prescriber's practice location, including the street, city, state, and zip code.

Element 14 — Telephone Number — Prescriber
Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

Element 15
Indicate if "Brand Medically Necessary" is handwritten by the prescriber on the prescription order.

SECTION III — CLINICAL INFORMATION

Include diagnostic and clinical information explaining the need for the product requested. Documentation must indicate how the brand name drug will prevent recurrence of an adverse or allergic reaction, or a therapeutic failure, with the generic drug. In Elements 16 through 19, check "yes" to all that apply.

Element 16
Check the appropriate box to indicate if the recipient has experienced an adverse reaction to the generic drug. If yes, indicate the adverse reaction that can be directly attributable to the generic drug and the dates the drug(s) was taken.

Element 17
Check the appropriate box to indicate if the recipient has experienced an allergic reaction to the generic drug. If yes, indicate the allergic reaction.

Element 18
Check the appropriate box to indicate if the recipient has experienced an actual therapeutic failure of the generic drug. If yes, indicate the actual therapeutic failure.

Element 19 — For the following drugs only: Clozaril, Coumadin, Dilantin, Neoral, or Tegretol
Check the appropriate box to indicate if the recipient may experience an anticipated therapeutic failure. If yes, indicate the anticipated therapeutic failure and reaction.

Element 20 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 21 — Date Signed
Enter the month, day, and year the PA/BMNA was signed (in MM/DD/YYYY format).

SECTION IV — ADDITIONAL INFORMATION

Element 22
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 2
Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA)

(A copy of the "Prior Authorization/Brand Medically Necessary Attachment [PA/BMNA]" is located on the following pages.)

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DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 11083 (03/05)

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / BRAND MEDICALLY NECESSARY ATTACHMENT (PA/BMNA)

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) Completion Instructions (HCF 11083A).

Prescribers are required to submit this completed form to the dispensing provider where the prescription will be filled.

Dispensing providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

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(s)
6. National Drug Code (NDC)	7. Date Prescription Written
8. Directions for Use	9. Start Date Requested
10. Diagnosis — Primary Code and / or Description	
11. Name — Prescriber	12. Drug Enforcement Agency Number
13. Address — Prescriber (Street, City, State, Zip Code)	
14. Telephone Number — Prescriber	

15. Is “Brand Medically Necessary” handwritten by the prescriber on the prescription? ❑ Yes ❑ No

SECTION III — CLINICAL INFORMATION

16. Has the recipient experienced an adverse reaction to the generic drug? ❑ Yes ❑ No
If yes, indicate the adverse reaction that can be directly attributed to the generic drug in the space provided.

17. Has the recipient experienced an allergic reaction to the generic drug? ❑ Yes ❑ No
If yes, indicate the allergic reaction in the space provided.

18. Has the recipient experienced an actual therapeutic failure of the generic drug? ❑ Yes ❑ No
If yes, indicate the actual therapeutic failure in the space provided.

Continued

SECTION III — CLINICAL INFORMATION (Continued)

19. For the following drugs only: Clozaril, Coumadin, Dilantin, Neoral, or Tegretol
    Is there an anticipated therapeutic failure of the generic drug? ❑ Yes ❑ No
    If yes, indicate the anticipated failure in the space provided.

20. SIGNATURE — Prescriber	21. Date Signed

SECTION IV — ADDITIONAL INFORMATION

22. 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.