

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

## Information About a New Class Added to the Preferred Drug List

This *Wisconsin Medicaid and BadgerCare Update* provides information about the cytokine and cell adhesion molecule antagonist drug class that will be added to the Wisconsin Medicaid Preferred Drug List.

### **Cytokine and Cell Adhesion Molecule Antagonist Drugs**

Drugs in the cytokine and cell adhesion molecule (CAM) antagonist drug class will be added to the Wisconsin Medicaid Preferred Drug List (PDL) on October 1, 2005.

Effective for dates of service on and after October 1, 2005, preferred *and* non-preferred drugs in the cytokine and CAM antagonist drug class will require prior authorization (PA). This is a new PA requirement for this drug class. Providers may begin submitting PA requests to Wisconsin Medicaid for drugs in this class on and after September 16, 2005.

The clinical criteria for PA approval is the same for preferred and non-preferred drugs in the cytokine and CAM antagonist drug class; however, a recipient must try and fail a preferred drug before a non-preferred drug may be prescribed.

Preferred drugs in the cytokine and CAM antagonist drug class include:

- Enbrel.
- Humira.
- Kineret.
- Raptiva.

Amevive is the non-preferred cytokine and CAM antagonist drug.

### *Documentation Requirements*

Prescribers are required to provide clinical documentation on the Prior Authorization/ Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs form, HCF 11094 (08/05), so that pharmacy providers can submit PA requests to Wisconsin Medicaid for drugs in this class. Prescribers may submit the PA/PDL for Cytokine and CAM Antagonist Drugs form to pharmacy providers for preferred *and* non-preferred drugs in this class on and after September 16, 2005.

Refer to Attachments 2 and 3 of this *Wisconsin Medicaid and BadgerCare Update* for the completion instructions and PA/PDL for Cytokine and CAM Antagonist Drugs form.

## Requirements for the Preferred Drug List

Prescribers and pharmacy providers should review the Wisconsin Medicaid Preferred Drug List Quick Reference in Attachment 1 for a current 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. Providers should note that most preferred drugs do not require PA, although they may have other restrictions (e.g., age, diagnosis). If a recipient presents a prescription to a pharmacy provider for a non-preferred drug, the pharmacy provider should contact the prescriber to discuss preferred drug options.

### *Non-preferred Drugs*

If a non-preferred drug is medically necessary for a recipient, the prescriber is required to complete the appropriate PA/PDL form and submit it to a pharmacy provider. The prescriber is required to attest on the form that the recipient meets the clinical criteria for PA approval. Prescribers *and* pharmacy providers are required to retain a completed copy of the PA/PDL form. Refer to the “Available Prior Authorization/Preferred Drug List Forms” section of this *Update* for a list of PA/PDL forms.

## Submitting Prior Authorization Requests

Prescribers and pharmacy providers have their own responsibilities regarding the submission of PA/PDL forms or PA requests.

### *Instructions for Prescribers*

Prescribers should *not* submit PA/PDL forms to Wisconsin Medicaid. Instead, prescribers should send signed and completed PA/PDL forms to a pharmacy provider. These forms may be faxed or mailed to the pharmacy provider, or the recipient may carry the form,

along with the prescription, to the pharmacy provider.

### *Instructions for Pharmacy Providers*

Pharmacy providers may begin submitting PA requests to Wisconsin Medicaid for drugs in these classes using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or the paper PA process on and after September 16, 2005.

Pharmacy providers may submit PA requests through the STAT-PA system by calling (800) 947-1197 or (608) 221-2096. Pharmacy providers also have the option of submitting PA requests on paper by mail or fax. Paper PA requests may be faxed to Wisconsin Medicaid at (608) 221-8616 or mailed to the following address:

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

As a reminder to pharmacy providers, PA requests for preferred and non-preferred drugs may be submitted to Wisconsin Medicaid with a days' supply of up to 365 days. A new PA/PDL form, completed by the prescriber, is required for each new PA request.

Prior authorization requests for drugs, including requests for preferred and non-preferred drugs, may be granted for up to 365 days regardless of the length of the prescription. This includes drugs, such as controlled substances, for which a new prescription is required each month.

## Available Prior Authorization/Preferred Drug List Forms

The PA/PDL forms and completion instructions are available on the Forms page of the Medicaid Web site at

If a non-preferred drug is medically necessary for a recipient, the prescriber is required to complete the appropriate PA/PDL form and submit it to a pharmacy provider.

[dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/). These forms are also available on the Pharmacy page of the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/pharmacy/](http://dhfs.wisconsin.gov/medicaid/pharmacy/).

The following PA/PDL forms are available for drugs that do not require step therapy:

- The PA/PDL for Cytokine and CAM Antagonist Drugs.
- The Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request form, HCF 11075 (Dated 09/04).
- The Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs, HCF 11092 (Dated 06/05).
- The Prior Authorization/Preferred Drug List (PA/PDL) for Nonsedating Antihistamine Drugs, HCF 11082 (Dated 03/05).

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 Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs, HCF 11078 (Rev. 05/05).

### **Emergency Medication Dispensing**

An emergency medication supply may be dispensed in situations where it is medically necessary.

When drugs are dispensed in an emergency situation, 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. Medications dispensed in emergency situations do not require PA.

### **SeniorCare**

Providers are reminded that Wisconsin SeniorCare does not cover over-the-counter drugs. Also, SeniorCare does not cover drugs that do not have a signed manufacturer rebate agreement between the manufacturer and Wisconsin SeniorCare for SeniorCare participants in levels 2b and 3. For a current list of covered drugs, refer to the drug search tool on the SeniorCare Web site at [dhfs.wisconsin.gov/seniorcare/](http://dhfs.wisconsin.gov/seniorcare/). The drug search tool is located on the Information for Providers page of the SeniorCare Web site.

### **For More Information**

Changes to the PDL and the PDL implementation schedule are posted on the Pharmacy page of the Medicaid Web site. The PDL may be revised as changes occur. Providers should refer to the Pharmacy page of the Medicaid Web site for the most current PDL information.

Pharmacy providers should refer to the following *Updates* for additional information:

- The September 2004 *Update* (2004-76), titled “Dispensing Provider Information on the Wisconsin Medicaid Preferred Drug List.”
- The December 2004 *Update* (2004-93), titled “Preferred Drug List Information for Dispensing Providers.”
- The March 2005 *Update* (2005-17), titled “New Preferred Drug List Information for Dispensing Providers.”

The PDL may be revised as changes occur. Providers should refer to the Pharmacy page of the Medicaid Web site for the most current PDL information.

- The June 2005 *Update* (2005-31), titled “Expanded Preferred Drug List Information for Pharmacy Providers.”

Prescribers should refer to the following *Updates* for additional information:

- The September 2004 *Update* (2004-77), titled “Prescriber Information on the Wisconsin Medicaid Preferred Drug List.”
- The December 2004 *Update* (2004-92), titled “Preferred Drug List Information for Prescribers.”
- The March 2005 *Update* (2005-18), titled “New Preferred Drug List Information for Prescribers.”
- The June 2005 *Update* (2005-32), titled “Expanded Preferred Drug List Information for Prescribers.”

Providers can also refer to the Epocrates Web site at [www2.epocrates.com/](http://www2.epocrates.com/) to access and download the Wisconsin Medicaid and SeniorCare PDLs to their personal digital assistants (PDAs). Providers may call Provider Services at (800) 947-9627 or (608) 221-9883 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/).

PHC 1250

# ATTACHMENT 1

## Preferred Drug List Quick Reference

The following table includes the current and new therapeutic classes, effective September 16, 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 a “PA.” Drugs with an “\*” are diagnosis restricted by Wisconsin Medicaid. In addition, lowercase drug names are generic drugs while capitalized drug names are brand name drugs.

Providers are reminded that Wisconsin SeniorCare does not cover over-the-counter drugs. Wisconsin SeniorCare also 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. Refer to the SeniorCare drug search tool at [dhfs.wisconsin.gov/seniorcare/](http://dhfs.wisconsin.gov/seniorcare/) for a complete list of covered drugs.

<b>Alzheimer's Agents</b>	
Aricept	P
Exelon	P
Namenda	P
Reminyl/Razadyne, ER	P
Cognex	PA

<b>Angiotensin Converting Enzyme (ACE) Inhibitor/ Calcium Channel Blocker Drugs</b>	
Lexxel	P
Lotrel	P
Tarka	P

<b>Antifungals, Oral</b>	
clotrimazole	P
fluconazole	P
Grifulvin V Suspension	P
griseofulvin	P
itraconazole	P
ketoconazole	P
Lamisil	P
nystatin	P
Ancobon	PA
Mycostatin	PA
Sporanox (liquid)	PA
Vfend	PA

<b>Analgesics, Narcotics</b>	
acetaminophen/codeine	P
aspirin/codeine	P
butalbital/apap/codeine	P
butalbital/apap/codeine/ caffeine	P
codeine	P
fentanyl	P
hydrocodone/apap	P
hydrocodone/ibuprofen	P
hydromorphone	P
Kadian	P
levorphanol	P
methadone	P
morphine sulfate	P
oxycodone	P
oxycodone/apap	P
oxycodone/aspirin	P
pentazocine/apap	P
pentazocine/naloxone	P
propoxyphene	P
propoxyphene HCl/apap	P
tramadol	P
tramadol/acetaminophen	P
Actiq	PA
Avinza	PA
Darvon-N	PA
meperidine	PA
oxycodone ER, SA	PA
Oxycontin	PA
Palladone	PA
Panlor DC, SS	PA
Synalgos-DC	PA

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

<b>Antifungals, Topical</b>	
Ciclopirox cream, suspension	P
clotrimazole	P
clotrimazole/betamethasone	P
econazole nitrate	P
Exelderm	P
ketoconazole	P
Loprox gel	P
Loprox shampoo	P
Naftin	P
nystatin	P
nystatin/triamcinolone	P
Ertaczo	PA
Mentax	PA
Oxistat	PA
Penlac	PA

<b>Anticoagulants, Injectables</b>	
Lovenox	P
Arixtra	PA
Fragmin	PA
Innohep	PA

<b>Antiemetics, Oral</b>	
Anzemet	P
Emend	P
Zofran, ODT	P
Kytril	PA

<b>Antihistamines, Nonsedating</b>	
loratadine tablet	P
loratadine-D	P
loratadine syrup	P
Allegra	PA
Allegra-D	PA
Clarinet	PA
Clarinet syrup	PA
Zyrtec tablet	PA
Zyrtec-D	PA
Zyrtec syrup	PA

<b>Antimigraine, Triptans</b>	
Amerge	P
Axert	P
Imitrex (oral, nasal, subcutaneous)	P
Frova	PA
Maxalt, MLT	PA
Relpax	PA
Zomig (nasal, ZMT)	PA

<b>Antiparkinson's Agents</b>	
benztropine	P
carbidopa/levodopa	P
Comtan	P
Mirapex	P
pergolide	P
selegiline	P
Stalevo	P
trihexyphenidyl	P
Kemadrin	PA
Parcopa	PA
Requip	PA
Tasmar	PA

<b>Antivirals, Influenza</b>	
amantadine	P
rimantadine	P
Tamiflu	P
Relenza	PA

<b>Antivirals, Other</b>	
acyclovir	P
Valcyte	P
Valtrex	P
Famvir	PA
ganciclovir (Cytovene)	PA

<b>Agents for Benign Prostatic Hyperplasia (BPH)</b>	
Avodart	P
doxazosin	P
Flomax	P
terazosin	P
Uroxatral	P
Proscar	PA

<b>Beta Blockers (Alpha/Beta Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)</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
Levatul	PA

<b>Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Anti-incontinence Agents)</b>	
Detrol, LA	P
Enablex	P
oxybutynin	P
Oxytrol	P
Sanctura	P
Ditropan XL	PA
Vesicare	PA

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

<b>Bronchodilators, Anticholinergic</b>	
Atrovent, HFA	P
Combivent	P
ipratropium	P
Spiriva	P
Duoneb	PA

<b>Bronchodilators, Beta Agonists</b>	
albuterol	P
metaproterenol	P
Serevent	P
terbutaline	P
Accuneb	PA
Alupent	PA
Foradil	PA
Maxair	PA
Vospire ER	PA
Xopenex	PA

<b>Calcium Channel Blocking Agents</b>	
Cardizem LA	P
diltiazem, ER, SR	P
Dynacirc, CR	P
felodipine ER	P
nicardipine	P
nifedipine, ER	P
Norvasc	P
Sular	P
verapamil, SR	P
Cardene SR	PA
Covera-HS	PA
Nimotop	PA
Verelan PM	PA

<b>Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)</b>	
amox tr-potassium clavulanate 600	P
amoxicillin/clavulanate	P
Augmentin XR	P
cefaclor	P
cefadroxil	P
cefepodoxime	P
cefuroxime	P
cephalexin	P
Omnicef	P
Spectracef	P
Cedax	PA
Cefzil	PA
Lorabid	PA
Panixine	PA
Raniclor	PA
Suprax	PA

<b>Cytokine and Cell Adhesion Molecule (CAM) Antagonists</b>	
Enbrel <sup>†</sup>	P
Humira <sup>†</sup>	P
Kineret <sup>†</sup>	P
Raptiva <sup>†</sup>	P
Amevive	PA
<sup>†</sup> Preferred drugs that require clinical PA.	

<b>Erythropoiesis Stimulating Proteins*</b>	
Procrit	P
Aranesp	PA
Epogen	PA

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

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

<b>Growth Hormones</b>	
Nutropin <sup>†</sup>	P
Nutropin AQ <sup>†</sup>	P
Saizen <sup>†</sup>	P
Genotropin	PA
Humatrope	PA
Norditropin	PA
Serostim	PA
Tev-Tropin	PA
<sup>†</sup> Preferred drugs that require clinical PA.	

<b>Hepatitis C Agents*</b>	
Copegus	P
Pegasys	P
Peg-Intron	P
Peg-Intron Redipen	P
Rebetol	P
ribavirin	P
Infergen	PA

<b>Hypoglycemics, Insulins</b>	
Humalog	P
Humalog Mix	P
Humulin	P
Lantus	P
Novolin	PA
Novolog	PA
Novolog Mix	PA

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

<b>Intranasal Rhinitis Agents</b>	
Flonase	P
flunisolide	P
ipratropium	P
Nasarel	P
Nasonex	P
Astelin	PA
Beconase AQ	PA
Nasacort AQ	PA
Rhinocort Aqua	PA

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

<b>Lipotropics, Other</b>	
Advicor	P
cholestyramine	P
Colestid	P
gemfibrozil	P
Lofibra	P
niacin	P
Niaspan	P
Zetia	P
Antara	PA
Tricor	PA
Welchol	PA

<b>Lipotropics, Statins</b>	
Altprev (formerly known as Altacor)	P
Caduet	P
Crestor	P
Lescol, XL	P
Lipitor	P
lovastatin	P
Vytorin	P
Zocor	P
Pravachol	PA
Pravigard PAC	PA

<b>Macrolides/Ketolides</b>	
clarithromycin	P
erythromycin	P
Zithromax	P
Biaxin XL	PA
Ketek	PA

<b>Nonsteroidal Anti-Inflammatory Agents (This class requires step therapy.)</b>	
diclofenac potassium	P
diclofenac sodium, XL	P
etodolac, XL	P
fenoprofen	P
flurbiprofen	P
ibuprofen	P
indomethacin, SR	P
ketoprofen	P
ketorolac	P
meclofenamate	P
nabumetone	P
naproxen	P
naproxen sodium, DS	P
oxaprozin	P
piroxicam	P
sulindac	P
tolmetin, DS	P
Arthrotec	PA
Celebrex	PA
Mobic	PA
Ponstel	PA
Prevacid Naprapac	PA

<b>Ophthalmics, Allergic Conjunctivitis</b>	
Acular	P
Alrex	P
cromolyn	P
Elestat	P
Patanol	P
Zaditor	P
Alamast	PA
Alocril	PA
Alomide	PA
Emadine	PA
Optivar	PA

<b>Ophthalmics, Antibiotics</b>	
bacitracin	P
ciprofloxacin solution	P
erythromycin	P
gentamicin	P
ofloxacin	P
tobramycin	P
Vigamox	P
Zymar	P
Ciloxan ointment	PA
Quixin	PA

<b>Ophthalmics, Glaucoma Agents</b>	
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

<b>Otics, Antibiotics (Ear Preparations, Antibiotics; Otic Preparations, Anti-Inflammatory Antibiotics)</b>	
Ciprodex	P
Coly-Mycin S	P
Floxin	P
neomycin/polymixin/hydrocortisone	P
Cipro HC	PA
Cortisporin-TC	PA

<b>Phosphate Binders and Related Agents</b>	
Phoslo	P
Renagel	P
Fosrenol	PA
Magnebind	PA

<b>Proton Pump Inhibitors (PPIs)*</b> (This class requires step therapy.)	
Prilosec OTC	P
Aciphex	PA
Nexium	PA
omeprazole (Prilosec)	PA
Prevacid	PA
Prilosec	PA
Protonix	PA
Zegerid	PA

<b>Sedative Hypnotics</b>	
Ambien	P
chloral hydrate	P
estazolam	P
flurazepam	P
temazepam	P
triazolam	P
Doral	PA
Lunesta	PA
Restoril 7.5 mg	PA
Sonata	PA

<b>Topical Immunomodulators (Dermatitis)</b>	
Elidel	P
Protopic	P

<b>Ulcerative Colitis</b>	
Asacol	P
Canasa	P
Dipentum	P
mesalamine	P
Pentasa	P
sulfasalazine	P
Colazal	PA



## ATTACHMENT 2

# Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Cytokine and Cell Adhesion Molecule [CAM] Antagonist Drugs Completion Instructions" is located on the following pages.)

(This page was intentionally left blank.)

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR CYTOKINE AND CELL ADHESION MOLECULE (CAM) ANTAGONIST 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 pharmacy providers are required to retain a completed copy of the form.

**INSTRUCTIONS**

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs form, HCF 11094. Pharmacy providers are required to use the PA/PDL for Cytokine and CAM Antagonist Drugs form to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or when submitting a paper PA request.

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

- 1) For STAT-PA requests, pharmacy providers should call (800) 947-1197 or (608) 221-2096.
- 2) For paper PA requests by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), HCF 11018, and the appropriate PA/PDL form by fax to Wisconsin Medicaid at (608) 221-8616.
- 3) For paper PA requests by mail, pharmacy providers should submit a 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

### 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 Revision, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with 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.

### Element 13 — Signature — Prescriber

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

### Element 14 — Date Signed

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

## SECTION III — CLINICAL INFORMATION FOR CYTOKINE AND CELL ADHESION MOLECULE (CAM) ANTAGONIST DRUGS

Include diagnostic and clinical information explaining the need for the drug requested. In Elements 15 through 17, check "yes" to all that apply.

### Element 15

Indicate if the recipient has tried and failed or had an adverse reaction to a preferred cytokine or CAM antagonist drug. If the recipient has tried and failed or had an adverse reaction to a preferred cytokine or CAM antagonist drug, indicate the failed preferred drug name or the adverse reaction experienced by the recipient in the space provided. Prescribers are required to complete this element only if PA for a non-preferred drug is being requested.

### Element 16 — Psoriasis

Complete these questions if requesting PA for treatment of psoriasis.

- A. Indicate if the recipient has a diagnosis of moderate to severe plaque psoriasis (greater than or equal to 10 percent of body surface area) *and* significant functional disability. The recipient must have a diagnosis of moderate to severe plaque psoriasis with significant functional disability *or* a diagnosis of debilitating palmar/plantar psoriasis to begin treatment with a cytokine or CAM antagonist drug.
- B. Indicate if the recipient has a diagnosis of debilitating palmar/plantar psoriasis. The recipient must have a diagnosis of moderate to severe plaque psoriasis with significant functional disability *or* a diagnosis of debilitating palmar/plantar psoriasis to begin treatment with a cytokine or CAM antagonist drug.

- C. Indicate if the prescription was written by a dermatologist. The prescription must be written by a dermatologist for the recipient to begin treatment.
- D. Indicate if the recipient has tried and failed or had an adverse reaction to methotrexate at a minimum dose of 15 mg per week, or if the recipient has tried and failed or had an adverse reaction to Soriatane. If one drug is contraindicated, the other drug must be tried before the recipient can begin treatment.
- E. If phototherapy is not contraindicated for this recipient, indicate if the recipient has tried and failed a minimum of 15 sessions of phototherapy. Prescribers may also indicate that phototherapy is contraindicated for the recipient by checking “yes” or “no.”

**Element 17 — Rheumatoid Arthritis**

Complete these questions if requesting PA for treatment of rheumatoid arthritis.

- A. Indicate if the recipient has a diagnosis of moderate to severe rheumatoid arthritis.
- B. Indicate if the recipient has a diagnosis of polyarticular juvenile rheumatoid arthritis, ankylosing spondylitis, or psoriatic arthritis. If the provider responds “yes” to any of these, indicate the diagnosis in the space provided on the form.
- C. Indicate if the recipient has tried and failed or had an adverse reaction to a methotrexate dose greater than or equal to 20 mg per week.
- D. Indicate if the recipient has tried and failed one of the following: Arava, Cuprimine, hydroxychloroquine, cyclosporine, gold, azathioprine, or sulfasalazine.

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

**Element 18 — National Drug Code**

Enter the appropriate 11-digit National Drug Code for each drug.

**Element 19 — Days’ Supply Requested**

Enter the requested days’ supply. Days’ supply requested equals the total number of days requested on the PA. For example, for a one-year PA, providers should enter “365.”

**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. 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 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 23 — Assigned Prior Authorization Number**

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

**Element 24 — Grant Date**

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

**Element 25 — Expiration Date**

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

**Element 26 — 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 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 3

## Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Cytokine and Cell Adhesion Molecule [CAM] Antagonist Drugs" is located on the following pages.)

(This page was intentionally left blank.)



**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR CYTOKINE AND CELL ADHESION MOLECULE (CAM) ANTAGONIST DRUGS**

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs Completion Instructions, HCF 11094A.

Pharmacy providers are required to have a completed PA/PDL for Cytokine and CAM Antagonist 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	
13. <b>SIGNATURE</b> — Prescriber	14. Date Signed

**SECTION III — CLINICAL INFORMATION FOR CYTOKINE AND CELL ADHESION MOLECULE (CAM) ANTAGONIST DRUGS**

15. Prescribers are required to complete this element **only** if PA for a non-preferred drug is being requested.

Has the recipient tried and failed on a preferred cytokine or CAM antagonist drug or had an adverse drug reaction to a cytokine or CAM antagonist drug?  Yes  No

If yes, indicate the failed preferred cytokine or CAM antagonist drug or the adverse drug reaction experienced by the recipient.

**16. Psoriasis**

- A. Does the recipient have a diagnosis of moderate to severe plaque psoriasis (greater than or equal to 10 percent of body surface area) **and** significant functional disability?  Yes  No
- B. Does the recipient have a diagnosis of debilitating palmar/plantar psoriasis?  Yes  No
- C. Did a dermatologist write the prescription?  Yes  No
- D. Has the recipient tried and failed or had an adverse reaction to a methotrexate dose greater than or equal to 15 mg per week, or has the recipient tried and failed or had an adverse reaction to Soriatane?  Yes  No
- E. If phototherapy is not contraindicated for this recipient, has the recipient tried and failed a minimum of 15 sessions of phototherapy?  Yes  No

---

**SECTION III — CLINICAL INFORMATION FOR CYTOKINE AND CELL ADHESION MOLECULE (CAM) ANTAGONIST DRUGS  
(Continued)**

---

**17. Rheumatoid Arthritis**

- A. Does the recipient have a diagnosis of moderate to severe rheumatoid arthritis?  Yes  No
- B. Does the recipient have a diagnosis of polyarticular juvenile rheumatoid arthritis, ankylosing spondylitis, or psoriatic arthritis? If yes, indicate the diagnosis in the space provided.  Yes  No
- C. Has the recipient tried and failed or had an adverse reaction to a methotrexate dose greater than or equal to 20 mg per week?  Yes  No
- D. Check the appropriate boxes to indicate which of the following drugs the recipient has tried and failed.
- |                                |                                       |   |                                       |
|--------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Arava | <input type="checkbox"/> Cuprimine    | <input type="checkbox"/> hydroxychloroquine | <input type="checkbox"/> cyclosporine |
| <input type="checkbox"/> gold  | <input type="checkbox"/> azathioprine | <input type="checkbox"/> sulfasalazine      |                                       |

---

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

---

18. National Drug Code (11 digits)		19. Days' Supply Requested*
20. Wisconsin Medicaid Provider Number (Eight digits)		
21. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future or up to 14 days in the past.)		
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].)		
23. Assigned Prior Authorization Number (Seven digits)		
24. Grant Date	25. Expiration Date	26. Number of Days Approved

---

**SECTION V — ADDITIONAL INFORMATION**

---

27. Include any additional information in the following space.

---

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