wisconsin Medicaid update
and BadgerCare
September 2005 ● No. 2005-60
Wisconsin Medicaid and BadgerCare Information for Providers

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

Wisconsin Medicaid Enters Multi-State Preferred Drug List and Supplemental Rebate Program

This *Wisconsin Medicaid and BadgerCare Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List (PDL) and information about the multi-state PDL.

Multi-State Preferred Drug List

Wisconsin, along with several other states, has joined a multi-state Preferred Drug List (PDL). Beginning October 1, 2005, the Division of Health Care Financing is expanding and modifying the PDL and supplemental rebate program for Wisconsin Medicaid, BadgerCare, and SeniorCare.

Preferred Drug List recommendations are made to the Wisconsin Medicaid Pharmacy Prior Authorization (PA) Advisory Committee based on the therapeutic significance of individual drugs and the cost-effectiveness and supplemental rebates with drug manufacturers. Drugs included on the PDL are recommended to the PA Advisory Committee based on research from peer-reviewed medical literature, drug studies and trials, and clinical information prepared by clinical pharmacists.

Preferred Drug List Changes

Wisconsin Medicaid has added new classes to the PDL and made changes to previously reviewed classes. The tables on the following pages contain the preferred drugs in each class.

If a drug in a previously reviewed class has changed from a preferred drug to a non-preferred drug, PA is required for future refills of the non-preferred drug. Current, approved PAs for drugs that remain non-preferred will be honored until their expiration date or until services have been exhausted.

Pharmacy providers may continue to submit PA requests to Wisconsin Medicaid for previously reviewed classes. For non-preferred drugs in the classes listed below, PA requests may be submitted to Wisconsin Medicaid on and after September 16, 2005:

- Hypoglycemics, metformins.
- Platelet aggregation inhibitors.
- Stimulants and related agents.

Prescriber and pharmacy provider responsibilities for the PDL remain unchanged.

New Preferred Drug List Classes

The following are new drug classes and preferred drugs that will be added to the PDL on October 3, 2005.

Angiotensin Converting Enzyme (ACE) Inhibitors
benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ
lisinopril/HCTZ
quinapril/HCTZ

Hypoglycemics, Metformins
Avandamet
glyburide-metformin
metformin ER, IR

Platelet Aggregation Inhibitors
Aggrenox
dipyridamole
Plavix
ticlopidine

Stimulants and Related Agents
Adderall XR
amphetamine salt combination
Concerta
dextroamphetamine
Focalin, XR
Metadate CD
methylphenidate ER, IR
Ritalin LA

Previously Reviewed Preferred Drug List Classes

The following drug classes have been previously reviewed by Wisconsin Medicaid, and preferred drugs are listed.

Alzheimer's Agents
Aricept
Exelon
Namenda
Reminyl/Razadyne, ER

Antiemetics, Oral
Emend
Zofran, ODT

Antifungals, Oral
clotrimazole
fluconazole
griseofulvin
Gris-Peg
itraconazole
ketoconazole
Lamisil
Mycostatin
nystatin
Vfend

Antifungals, Topical
ciclopirox cream, suspension
clotrimazole
clotrimazole/betamethasone
econazole nitrate
Exelderm
ketoconazole
Loprox gel, shampoo
nystatin
nystatin/triamcinolone

Antiparkinson's Agents
benztropine
carbidopa/levodopa
Comtan
Kemadrin
Mirapex
pergolide
Requip
selegiline
Stalevo
trihexyphenidyl

Antivirals, Influenza
amantadine
rimantadine

Antivirals, Other
acyclovir
ganciclovir
Valcyte
Valtrex

Bone Resorption Suppression and Related Agents
Actonel
Fosamax, Plus D
Miacalcin

Bronchodilators, Anticholinergic
Atrovent, HFA
Combivent
ipratropium
Spiriva

Bronchodilators, Beta Agonists
albuterol
Maxair
metaproterenol
Serevent
terbutaline

Cephalosporins and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)
amox tr-potassium clavulanate 600
amoxicillin/clavulanate
Cedax
cefaclor
cefadroxil
cefpodoxime
cefuroxime
Cefzil
cephalexin
Omnicef
Spectracef
Suprax

Fluoroquinolones
Avelox
ciprofloxacin
Levaquin
ofloxacin

Glucocorticoids, Inhaled
Advair Diskus
Aerobid, Aerobid-M
Azmacort
Flovent
Pulmicort Respules
Qvar

Hypoglycemics, Insulins
Humulin
Humalog
Humalog Mix
Lantus

Intranasal Rhinitis Agents
Flonase
flunisolide
ipratropium
Nasacort AQ
Nasonex

Leukotriene Modifiers
Accolate
Singulair

Macrolides/Ketolides
Biaxin XL
clarithromycin
erythromycin
Zithromax

Nonsteroidal Anti-Inflammatory Agents
diclofenac potassium
diclofenac sodium, XL
etodolac, XL
fenoprofen
flurbiprofen
ibuprofen
indomethacin, SR
ketoprofen
ketorolac
meclofenamate
nabumetone
naproxen
naproxen sodium, DS
oxaprozin
piroxicam
sulindac
tolmetin, DS

Ophthalmics, Allergic Conjunctivitis
Acular
Alrex
cromolyn
Elestat
Patanol

Ophthalmics, Antibiotics
bacitracin/polymyxin
ciprofloxacin solution
erythromycin
gentamicin
ofloxacin
polymyxin/trimethoprim
sulfacetamide
tobramycin
triple antibiotic
Zymar

Ophthalmics, Glaucoma Agents
Alphagan P
Azopt
betaxolol
Betimol
Betopic S
brimonidine
carteolol
Cosopt
dipivefrin
levobunolol
Lumigan
metipranolol
pilocarpine
timolol
Travatan
Trusopt

Sedative Hypnotics
Ambien
chloral hydrate
estazolam
flurazepam
temazepam
triazolam

Topical Immunomodulators
Elidel
Protopic

Grandfathering

Effective on and after October 3, 2005, Wisconsin Medicaid will grandfather recipients who are currently taking non-preferred drugs in the following classes:

- Angiotensin Converting Enzyme (ACE) inhibitors.
- Ophthalmics, glaucoma agents.
- Stimulants and related agents.

Recipients currently taking a non-preferred ACE inhibitor may remain on the drug until January 1, 2006, without PA. Recipients currently using a non-preferred drug in the ophthalmics, glaucoma agent class may remain on the drug for one year without PA. Recipients currently taking a non-preferred stimulant or related agent may remain on the drug indefinitely without PA.

If it is medically necessary for a prescriber to change a recipient to another non-preferred drug in a grandfathered drug class, PA is required.

Angiotensin Converting Enzyme Inhibitors

Effective on and after October 3, 2005, ACE inhibitors will be added to the PDL.

Pharmacy providers should *discontinue* using the STAT-PA Drug Worksheet for Brand Name ACE Inhibitors, HCF 11057. Effective on and after October 3, 2005, prescribers should complete the Prior Authorization/ Preferred Drug List (PA/PDL) Exemption Request form, HCF 11075 (09/04), and submit the form to pharmacy providers for non-preferred ACE inhibitors.

Current, approved PAs for ACE inhibitors will be honored until their expiration date.

Current, approved PAs for ACE inhibitors will be honored until their expiration date.

Non-Steroidal Anti-Inflammatory Drugs

Effective on and after October 3, 2005, Wisconsin Medicaid will remove the step-therapy restrictions for drugs in the Non-Steroidal Anti-Inflammatory Drug (NSAID) class. However, recipients will now be required to try and fail two preferred NSAIDs before a non-preferred NSAID can be prescribed. The revised completion instructions and Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) form, HCF 11077 (Rev. 09/05), are located in Attachments 1 and 2 of this *Wisconsin Medicaid and BadgerCare Update* and may also be downloaded and printed from the Medicaid Web site.

Current, approved PAs for NSAIDs will be honored until their expiration date.

Stimulants and Related Agents

Effective on and after October 3, 2005, stimulants and related agents will be added to the PDL. Agents in this drug class will remain diagnosis restricted.

For non-preferred drugs in this class, prescribers should indicate a stimulant-approved diagnosis code on the Wisconsin Medicaid Prior Authorization/Preferred Drug List (PA/PDL) for Stimulants and Related Agents form, HCF 11097 (09/05). The completion instructions and PA/PDL for Stimulants and Related Agents

form are located in Attachments 3 and 4 of this *Update* for photocopying and may also be downloaded and printed from the Medicaid Web site.

Strattera Approval Criteria

For approval of a PA request for Strattera, a recipient must meet one of the following criteria:

- A diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) *and* Tourette's Syndrome or a history of tics.
- A diagnosis of ADD or ADHD *and* obsessive compulsive disorder.
- A medical history of substance abuse or misuse.
- A history or serious risk of diversion (e.g., someone living in the home with a history of substance abuse or misuse).
- A trial and failure of or adverse reaction to a preferred stimulant or related agent.

A PA request for a non-preferred stimulant or related agent will be approved if one of the previously listed criteria is met.

Changes to the PDL are also posted on the Pharmacy page of the Medicaid Web site.

Preferred Diagnosis-Restricted Drugs

As a reminder, pharmacy providers should continue to submit diagnosis codes on claims for preferred diagnosis-restricted drugs. Refer to the Pharmacy Data Tables on the Pharmacy page of the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/pharmacy/* for a list of diagnosis codes for all diagnosis-restricted drugs.

For More Information

Providers should refer to the PDL page of the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/pharmacy/pdl/index.htm* for the most current PDL.

The PDL may be revised as changes occur. Changes to the PDL are posted on the Pharmacy page of the Medicaid Web site.

Providers can also refer to the Epocrates Web site at *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/*.

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ATTACHMENT 1
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.)

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 11077A (Rev. 09/05)

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.

INSTRUCTIONS
Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) form, HCF 11077. Pharmacy 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:

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 Medicaid 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 submit a copy of the prescription.

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 the description most relevant to the drug or biologic 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 NSAIDs form was signed (in MM/DD/YYYY format).

SECTION III — CLINICAL INFORMATION FOR NON-PREFERRED NSAIDs

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

Element 15
Check the appropriate box to indicate if the recipient has experienced a treatment failure or an adverse reaction to two preferred generic NSAIDs. If yes, circle the failed drugs *or* indicate the adverse reaction experienced by the recipient.

Element 16
Check the appropriate box to indicate if the recipient has a chronic non-acute condition(s). If yes, indicate in the space provided the condition(s) the NSAID is prescribed to treat.

Element 17
Check the appropriate box to indicate if the recipient has one of the following risk factors: the recipient is over age 65 *and* a has history of ulcer or gastrointestinal (GI) bleeding, or the recipient is currently taking anti-coagulants.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 18 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC) for each drug.

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. 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 2
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]" form is located on the following pages.)

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 11077 (Rev. 09/05)

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.

Pharmacy 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	
13. **SIGNATURE** — Prescriber	14. Date Signed

SECTION III — CLINICAL INFORMATION FOR NON-PREFERRED NSAIDs

15. Has the recipient tried and failed two preferred generic NSAIDs or had an adverse drug reaction? ❑ Yes ❑ No
If yes, circle the two failed, preferred generic NSAIDs **or** list the adverse reaction experienced.

Preferred drugs
diclofenac etodolac fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen ketorolac meclofenamate nabumetone naproxen oxaprozin piroxicam sulindac tolmetin

Adverse reaction

16. Is the non-preferred NSAID being prescribed for a chronic, non-acute condition? ❑ Yes ❑ No
If yes, what condition is the non-preferred NSAID being prescribed to treat?

17. Indicate whether or not the recipient has either of the following risk factors.
A. Is he or she over 65 years of age with a history of ulcer or gastrointestinal (GI) bleeding? ❑ Yes ❑ No
B. Is he or she currently taking anti-coagulants? ❑ Yes ❑ No

SECTION IV — FOR 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 and / 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 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 3
Prior Authorization/Preferred Drug List (PA/PDL) for Stimulants and Related Agents Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Stimulants and Related Agents Completion Instructions" is located on the following pages.)

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WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR STIMULANTS AND RELATED AGENTS 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.

INSTRUCTIONS
Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Stimulants and Related Agents form, HCF 11097. Pharmacy providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for Stimulants and Related Agents 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:

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 Medicaid 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 submit a copy of the prescription.

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 the description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description. The diagnosis for stimulants must be one of the approved stimulant diagnosis 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.

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 Stimulants and Related Agents was signed (in MM/DD/YYYY format).

SECTION IIIA — CLINICAL INFORMATION FOR STRATTERA

Include diagnostic and clinical information explaining the need for the drug requested. In Elements 15 through 19, check "yes" to all that apply.

Element 15
Check the appropriate box to indicate if the recipient has a diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) *and* Tourette's Syndrome or a history of tics.

Element 16
Check the appropriate box to indicate if the recipient has a diagnosis of ADD or ADHD *and* obsessive compulsive disorder.

Element 17
Check the appropriate box to indicate if the recipient has a medical history of substance abuse or misuse. If yes, explain in the space provided.

Element 18
Check the appropriate box to indicate if the recipient has a serious risk of diversion. If yes, explain in the space provided.

Element 19
Check the appropriate box to indicate if the recipient has tried and failed or had an adverse drug reaction to a preferred stimulant. If yes, indicate in the space provided the failed drug(s) or the adverse reaction experienced.

SECTION IIIB — CLINICAL INFORMATION FOR PROVIGIL

Include diagnostic and clinical information explaining the need for the drug requested. In Element 20, check "yes" to all that apply.

Element 20

Check the appropriate box to indicate if the recipient has a diagnosis of narcolepsy or idiopathic hypersomnolence, obstructive sleep apnea/hypopnea syndrome (OSAHS), or shift work sleep disorder (SWSD). Indicate the diagnosis in the space provided.

SECTION IIIC — CLINICAL INFORMATION FOR NON-PREFERRED STIMULANTS AND RELATED AGENTS

Include diagnostic and clinical information explaining the need for the drug requested. In Elements 21 and 22, check "yes" to all that apply.

Element 21

Check the appropriate box to indicate if the recipient has a diagnosis of ADD or ADHD.

Element 22

Check the appropriate box to indicate if the recipient has tried and failed or had an adverse reaction to a preferred stimulant. If yes, indicate in the space provided the failed drug(s) or the adverse reaction experienced.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 23 — National Drug Code

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

Element 24 — Days' Supply Requested

Enter the requested days' supply.

Element 25 — Wisconsin Medicaid Provider Number

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

Element 26 — 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 27 — 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 28 — Assigned Prior Authorization Number

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

Element 29 — Grant Date

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

Element 30 — Expiration Date

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

Element 31 — 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 32

Check the box to indicate if additional information is necessary. Submit additional information on a separate sheet.

ATTACHMENT 4
Prior Authorization/Preferred Drug List (PA/PDL) for Stimulants and Related Agents

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Stimulants and Related Agents" form is located on the following pages.)

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 11097 (09/05)

WISCONSIN MEDICAID

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR STIMULANTS AND RELATED AGENTS

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Stimulants and Related Agents Completion Instructions, HCF 11097A.

Pharmacy providers are required to have a completed PA/PDL for Stimulants and Related Agents 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 stimulant-approved diagnosis codes.*)	
9. Name — Prescriber	10. Drug Enforcement Agency Number
11. Address — Prescriber (Street, City, State, Zip Code)	
12. Telephone Number — Prescriber	
13. **SIGNATURE** — Prescriber	14. Date Signed

SECTION IIIA — CLINICAL INFORMATION FOR STRATTERA

15. Does the recipient have a diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD) **and** Tourette's Syndrome or a history of tics? ❑ Yes ❑ No

16. Does the recipient have a diagnosis of ADD or ADHD **and** obsessive compulsive disorder? ❑ Yes ❑ No

17. Does the recipient have a medical history of substance abuse or misuse? ❑ Yes ❑ No
If yes, explain in the space provided.

18. Does the recipient have a serious risk of diversion? ❑ Yes ❑ No
If yes, explain in the space provided.

19. Has the recipient tried and failed or had an adverse reaction to a preferred stimulant? ❑ Yes ❑ No
If yes, indicate in the space provided the failed drug(s) or the adverse reaction experienced.

SECTION IIIB — CLINICAL INFORMATION FOR PROVIGIL

20. Does the recipient have a diagnosis of narcolepsy or idiopathic hypersomnolence, obstructive sleep apnea / hypopnea syndrome (OSAHS), or shift work sleep disorder (SWSD)? ❑ Yes ❑ No
If yes, indicate the diagnosis in the space provided.

SECTION IIIC — CLINICAL INFORMATION FOR NON-PREFERRED STIMULANTS AND RELATED AGENTS

21. Does the recipient have a diagnosis of ADD or ADHD? ❑ Yes ❑ No

22. Has the recipient tried and failed or had an adverse reaction to a preferred stimulant? ❑ Yes ❑ No
If yes, indicate in the space provided the failed drug(s) or the adverse reaction experienced.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

23. National Drug Code (11 digits)	24. Days' Supply Requested**

25. Wisconsin Medicaid Provider Number (Eight digits)

26. 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.)

27. 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].)

28. Assigned Prior Authorization Number (Seven digits)

29. Grant Date	30. Expiration Date	31. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

32. ❑ Check this box to indicate if additional information is necessary. Submit additional information on a separate sheet.

*The following are stimulant-approved diagnosis codes for the drugs listed.

Strattera (atomoxetine HCl) Cylert (pemoline) Desoxyn (methamphetamine)	
31400	Attention Deficit Disorder without mention of hyperactivity
31401	Attention Deficit Disorder with hyperactivity
314-3140	Hyperkinetic syndrome of childhood — Attention Deficit Disorder

Provigil (modafinil)	
34700	Narcolepsy, without cataplexy
34701	Narcolepsy, with cataplexy
78057	Other and unspecified sleep apnea

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