

Wisconsin Medicaid and BadgerCare update

March 2006 • No. 2006-32

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

Spring 2006 Preferred Drug List Review

This *Wisconsin Medicaid and BadgerCare Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List. Effective dates for these changes are outlined in this *Update*.

Preferred Drug List Changes

Wisconsin Medicaid has added new classes to the Preferred Drug List (PDL) and made changes to previously reviewed classes. The tables on the following pages contain the preferred drugs in each new and re-reviewed class.

As a reminder, most preferred drugs listed on the PDL do not require prior authorization (PA). Prior authorization is required for non-preferred drugs and future refills of new non-preferred drugs. Current, approved PA requests for drugs that remain non-preferred will be honored until their expiration date or until services have been exhausted.

Note: Prescriber and pharmacy provider responsibilities for the PDL *remain unchanged*.

New Classes Available on the Preferred Drug List

Wisconsin Medicaid has reviewed the following new drug classes and will add them to the PDL **effective for dates of service (DOS) on and after April 3, 2006**. Wisconsin Medicaid will

begin accepting PA requests for non-preferred drugs in these classes beginning March 17, 2006.

Acne Agents, Topical
benzoyl peroxide
clindamycin
erythromycin
erythromycin-benzoyl peroxide
tretinoin
Akne-Mycin
Azelex
Nuox
Retin-A Micro
Tazorac

Anticonvulsants
carbamazepine
clonazepam
ethosuximide
gabapentin
phenobarbital
phenytoin
primidone
valproic acid
zonisamide
Carbatrol
Celontin
Depakote, ER, sprinkle
Diastat
Equetro
Felbatol
Gabitril
Keppra
Lamictal
Mebaral
Peganone
Topamax
Trileptal

Antidepressants, Other
bupropion, SR
mirtazapine
trazodone
Effexor, XR

Hypoglycemics, Meglitinides
Starlix

Multiple Sclerosis Agents
Avonex
Betaseron
Copaxone
Rebif

Re-Reviewed Classes on the Preferred Drug List

Wisconsin Medicaid has re-reviewed the following drug classes and will add the revised preferred and non-preferred drugs to the PDL effective for DOS on and after April 3, 2006. Wisconsin Medicaid will begin accepting PA requests for non-preferred drugs in these classes beginning March 17, 2006.

ACE Inhibitors/Calcium Channel Blocker Combinations
Lotrel
Tarka

Analgesics, Narcotics
acetaminophen/codeine
aspirin/codeine
butalbital/apap/codeine
butalbital/apap/codeine/caffeine
codeine
fentanyl
hydrocodone/apap
hydrocodone/ibuprofen
hydromorphone
levorphanol
methadone
morphine sulfate
oxycodone ER
oxycodone/apap, aspirin
propoxyphene HCl, apap
tramadol
tramadol/apap
Kadian
Xodol

Angiotensin Receptor Blockers
Avapro, Avalide
Benicar, HCT
Cozaar, Hyzaar
Diovan, HCT
Micardis, HCT

Anticoagulants, Injectables
Arixtra
Fragmin
Lovenox

Antihistamines, Nonsedating
loratadine tablet, syrup, loratadine-D

Antimigraine, Triptans
Axert
Imitrex (oral, nasal & subq)
Maxalt, MLT

Agents for Benign Prostatic Hyperplasia (BPH)
doxazosin
terazosin
Avodart
Flomax
Uroxatral

Beta Blockers (Alpha/Beta Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)
acebutolol
atenolol
betaxolol
bisoprolol
labetalol
metoprolol
nadolol
pindolol
propranolol
sotalol
timolol
Coreg
Toprol XL

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

Calcium Channel Blocking Agents
Diltiazem, ER
felodipine ER
nicardipine
nifedipine, ER
Verapamil, SR
Cardizem LA
Norvasc
Sular
Verelan PM

Erythropoiesis Stimulating Proteins
Aranesp
Procrit

Fluoroquinolones
ciprofloxacin
ofloxacin
Avelox
Levaquin

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

Hepatitis C Agents
ribavirin
Copegus
Pegasys
Peg-Intron, Redipen
Rebetol

Hypoglycemics, Thiazolidinediones
Actos
Avandamet
Avandia

Otics, Antibiotics (Anti-Inflammatory-Antibiotics)
neomycin/polymyxin/HC
Ciprodex
Coly-Mycin S
Floxin (singles and drops)

Phosphate Binders and Related Agents
Phoslo
Renagel

Sedative Hypnotics
chloral hydrate
estazolam
flurazepam
temazepam
triazolam
Ambien
Lunesta
Rozerem

Ulcerative Colitis
mesalamine
sulfasalazine
Asacol
Canasa
Dipentum
Pentasa

Wisconsin Medicaid has re-reviewed the following drug classes and will add them to the PDL **effective for DOS on and after April 3, 2006**. Wisconsin Medicaid will begin accepting PA requests for non-preferred drugs in these classes on and after **April 3, 2006**. Prior authorization criteria for these classes have been revised. Refer to the Revised Prior Authorization Criteria section of this *Wisconsin Medicaid and BadgerCare Update* for more information.

Growth Hormone
Norditropin
Nutropin AQ
Saizen
Tev-Tropin

Proton Pump Inhibitors
Nexium
Prevacid (caps, SoluTab, susp)

Wisconsin Medicaid has re-reviewed the following drug classes and will add them to the PDL **effective for DOS on and after May 1, 2006**, to allow time for prescribers to change prescriptions.

Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agents)
oxybutynin
Ditropan XL
Enablex
Oxytrol
Sanctura
VesiCare

Lipotropics, Other
cholestyramine
gemfibrozil
niacin
Colestid
Lofibra
Niaspan
Tricor

Lipotropics, Statins
lovastatin
Advicor
Altoprev
Crestor
Lescol, XL
Vytorin
Zocor

Grandfathering

Effective for DOS on and after April 3, 2006, Wisconsin Medicaid will grandfather prescriptions for recipients who are currently taking non-preferred drugs in the following classes. Specific drugs that will be grandfathered are listed:

- *Antidepressants, Other* — Cymbalta, nefazodone, and Wellbutrin XL. (Prior authorization is not required for Wellbutrin XL for recipients 18 years old and younger.)
- *Analgesics, Narcotics* — pentazocine.
- *Anticonvulsants* — Phenytek, Lyrica, and Tegretol XR.

Recipients currently taking these drugs 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 will be required.

Revised Prior Authorization Criteria

Growth Hormone Drugs

Effective for DOS on and after April 3, 2006, the PA criteria for growth hormone drugs will be revised. Prescribers are required to use the existing Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs form, HCF 11092 (Dated 06/05), through April 2, 2006. Effective for DOS on and after April 3, 2006, prescribers will be required to use the revised form. The revised completion instructions and PA/PDL for Growth Hormone Drugs form, HCF 11092 (Rev. 03/06), are located in Attachments 1 and 2 of this *Update*.

Current, approved PA requests for growth hormone drugs will be honored until their expiration date.

Proton Pump Inhibitors

Effective for DOS on and after April 3, 2006, Wisconsin Medicaid will no longer cover Prilosec® OTC. Recipients will be required to try and fail both Prevacid® and Nexium® before a non-preferred Proton Pump Inhibitor (PPI) drug can be prescribed. Prescribers are required to use the existing Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078 (Rev. 05/05), through April 2, 2006. Effective for DOS on and after April 3, 2006, prescribers are required to use the revised form. The revised completion instructions and PA/PDL for PPI Drugs form, HCF 11078 (Rev. 03/06), are located in Attachments 3 and 4.

Current, approved PA requests for non-preferred drugs in the PPI class *except* Prilosec® OTC will be honored until their expiration date.

Diagnosis-Restricted Drugs

Drugs that are diagnosis restricted continue to be diagnosis restricted even if they are listed as a preferred drug on the PDL. 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 preferred diagnosis-restricted drugs.

If a drug is non-preferred, pharmacy providers are required to enter the appropriate diagnosis code on the PA request submitted to Specialized Transmission Approval Technology Prior Authorization.

Effective for DOS on and after April 3, 2006, Wisconsin Medicaid will no longer cover Prilosec® OTC. Recipients will be required to try and fail both Prevacid® and Nexium® before a non-preferred Proton Pump Inhibitor (PPI) drug can be prescribed.

Drugs Excluded from Coverage by Medicare Part D

Prior authorization requests and claims for Medicare Part D-covered drugs for dual eligibles must be submitted to the appropriate Medicare Part D Prescription Drug Plan (PDP).

Medicaid Recipients Enrolled in Medicare Part D

Providers are reminded that they may continue to submit claims to Wisconsin Medicaid for drugs that are covered by Wisconsin Medicaid but are excluded from coverage by Medicare Part D. Refer to the January 2006 *Update* (2006-04), titled “Coordination of Benefits for Medicare Part D Dual Eligibles,” for more information.

SeniorCare Participants Enrolled in Medicare Part D

Providers are reminded that Wisconsin SeniorCare will continue to cover Medicare Part D excluded drugs and accept PA requests for drugs for SeniorCare participants in all levels of participation who are enrolled in a Medicare Part D PDP. Refer to the January 2006 *Update* (2006-05), titled “Coordination of Benefits for SeniorCare Participants Enrolled in Medicare Part D,” for more information.

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. Both preferred and non-preferred drugs are included on the 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/.

PHC 1250

Prior authorization requests and claims for Medicare Part D-covered drugs for dual eligibles must be submitted to the appropriate Medicare Part D Prescription Drug Plan (PDP).

ATTACHMENT 1

Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs Completion Instructions

(Effective on and After April 3, 2006)

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

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR GROWTH HORMONE 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 Growth Hormone Drugs form, HCF 11092. Pharmacy providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for Growth Hormone Drugs 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/PDL forms 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 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 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

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 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:

- XX555555 — Prescriber's DEA number cannot be obtained.
- XX999999 — 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 Growth Hormone Drugs form was signed (in MM/DD/YYYY format).

SECTION IIIA — CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS

Include diagnostic and clinical information explaining the need for the drug requested. In Elements 15 through 21, check "yes" to all that apply.

Element 15

Has the recipient tried and failed a preferred growth hormone drug? Preferred growth hormone drugs include Norditropin, Nutropin AQ, Saizen, and Tev-Tropin.

Element 16

Check the box to indicate whether or not the recipient's chronological age is under 20 years.

Element 17

Check the box to indicate whether or not the recipient's skeletal age is documented to be under 18 years.

Element 18

Check the box to indicate whether or not the prescription was written by an endocrinologist. The prescription must be written by an endocrinologist for the recipient to begin treatment with a growth hormone drug.

Element 19

Check the box to indicate whether or not the recipient has a diagnosis of growth deficiency. The recipient must have a diagnosis of growth deficiency to begin treatment with a growth hormone drug.

Element 20

Check the box to indicate whether or not the recipient has a diagnosis of Prader Willi or Turner's Syndrome. If the recipient has a diagnosis of Prader Willi or Turner's Syndrome, a stimulated growth hormone test is **not** required.

Element 21

Check the box to indicate whether or not the recipient had a recent stimulated growth hormone test that demonstrated a clear abnormality. Indicate the test result and normal range.

SECTION IIIB — CLINICAL INFORMATION FOR SEROSTIM FOR AIDS WASTING DISEASE OR CACHEXIA

In Elements 22 through 25, prescribers should indicate “1” if the response to the question is yes. Indicate “2” if the response is no.

Element 22 — Diagnosis

The recipient must be at least 18 years of age and have a diagnosis of Human Immunodeficiency Virus (HIV) to begin treatment with a growth hormone drug.

Element 23 — Recipient’s Current Medical Condition

Indicate the recipient’s current medical condition by responding to the clinical information listed in this section.

Element 24 — Evidence of Wasting Syndrome

The recipient must have either an unintentional weight loss of at least 10 percent or a gastrointestinal (GI) obstruction or malabsorption to qualify for treatment with a growth hormone drug.

Element 25

All of the clinical information listed must be tried and failed before a recipient may begin a course of therapy with a growth hormone drug.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 26 — National Drug Code

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

Element 27 — Days’ Supply Requested

Enter the requested days’ supply.

Element 28 — Wisconsin Medicaid Provider Number

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

Element 29 — Date of Service

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

Element 30 — Place of Service

Enter the appropriate National Council for Prescription Drug Programs 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 31 — Assigned Prior Authorization Number

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

Element 32 — Grant Date

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

Element 33 — Expiration Date

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

Element 34 — Number of Days Approved

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

Element 35

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

ATTACHMENT 2
**Prior Authorization/Preferred Drug List (PA/PDL) for Growth
Hormone Drugs**

(Effective on and After April 3, 2006)

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

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR GROWTH HORMONE DRUGS**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs Completion Instructions, HCF 11092A. If a growth hormone drug is prescribed for a Wisconsin Medicaid recipient, prescribers are required to complete this form and submit it to the pharmacy where the prescription will be filled.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List for Growth Hormone 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. **SIGNATURE** — Prescriber

14. Date Signed

SECTION IIIA — CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS

15. Has the recipient tried and failed a preferred growth hormone drug? Preferred growth hormone drugs include Norditropin, Nutropin AQ, Saizen, and Tev-Tropin. Yes No

16. Is the recipient's chronological age under 20 years? Yes No

17. If the recipient's chronological age is 20 years or older, is the skeletal age of the recipient documented to be 18 years of age or younger? Yes No

18. Is the prescription for the growth hormone drug written by an endocrinologist? Yes No

19. Does the recipient have a diagnosis of growth deficiency? Yes No

20. Does the recipient have a diagnosis of Prader Willi or Turner's Syndrome? Yes No

21. Does the recipient have a recent stimulated response growth hormone test demonstrating a clear abnormality? Yes No

Indicate the test result. _____

Indicate the normal range. _____

Continued

SECTION IIIB — CLINICAL INFORMATION FOR SEROSTIM FOR AIDS WASTING DISEASE OR CACHEXIA

22. Diagnosis **Response (Indicate "1" for yes or "2" for no.)**

- A) The recipient is 18 years of age or older. _____
- B) The recipient has Human Immunodeficiency Virus (HIV) with serum antibodies to HIV. _____
- C) The recipient is female and pregnant or lactating. _____

23. Recipient's Current Medical Condition

- D) The recipient has signs or symptoms of Acquired Immune Deficiency Syndrome (AIDS) or associated illnesses. _____
- E) The recipient has untreated or suspected serious systemic infection. _____
- F) The recipient has an active malignancy other than Kaposi's sarcoma. _____
- G) The recipient is on approved anti-retroviral therapy. _____
- H) The recipient has documented hypogonadism and is taking gonadal steroids. _____

24. Evidence of Wasting Syndrome

- I) The recipient has unintentional weight loss of at least 10 percent from baseline. _____
- J) The recipient has a gastrointestinal (GI) obstruction or malabsorption to account for weight loss. _____

Indicate the recipient's height (in inches). _____

Indicate the recipient's usual weight (in pounds) prior to diagnosis of HIV. _____

Indicate the recipient's current weight (in pounds). _____

25. All of the following must be tried before beginning a course of therapy with a growth hormone drug.

- K) The recipient is receiving at least 100 percent of estimated caloric requirement on current regimen. _____
- L) The recipient has tried and failed a previous trial with megestrol acetate and / or dronabinal. _____
- M) The recipient has completed a course of therapy of at least 24 weeks of protease inhibitors alone or with nucleosides. _____
- N) The recipient has completed a course of therapy using dihydrotestosterone (when appropriate). _____

NEED LEVEL

Enter all 14 digits for this section in the following spaces. Do not include the measurements for the recipient's height, usual weight, or current weight.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

26. National Drug Code (11 digits)	27. Days' Supply Requested*	
28. Wisconsin Medicaid Provider Number (Eight digits)		
29. 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.)		
30. 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].)		
31. Assigned Prior Authorization Number (Seven digits)		
32. Grant Date	33. Expiration Date	34. Number of Days Approved
35. <input type="checkbox"/> Check this box to indicate if additional information is necessary. Submit additional information on a separate sheet.		

ATTACHMENT 3
Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions
(Effective on and After April 3, 2006)

(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 form 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 by fax, dispensing providers may submit a Prior Authorization Request Form (PA/RF), HCF 11018, and a PA/PDL for PPI Drugs form by fax to Wisconsin Medicaid at (608) 221-8616.
- 3) For paper PA requests by mail, dispensing providers should submit a PA/RF and a PA/PDL for PPI Drugs 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

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 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 III — CLINICAL INFORMATION FOR NON-PREFERRED PROTON PUMP INHIBITOR DRUGS

Include diagnostic and clinical information explaining the need for the product requested.

Element 13

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

Element 14 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 15 — Date Signed

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

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

Element 16 — National Drug Code

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

Element 17 — Days' Supply Requested

Enter the requested days' supply.

Element 18 — Wisconsin Medicaid Provider Number

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

Element 19 — 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 20 — 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 21 — Assigned PA Number

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

Element 22 — Grant Date

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

Element 23 — Expiration Date

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

Element 24 — 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 25

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

ATTACHMENT 4
Prior Authorization/Preferred Drug List (PA/PDL) for Proton
Pump Inhibitor (PPI) Drugs
(Effective on and After April 3, 2006)

(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 Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (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 approved PPI codes.*) | |
| 9. Name — Prescriber | 10. Drug Enforcement Agency Number |
| 11. Address — Prescriber (Street, City, State, Zip Code) | |
| 12. Telephone Number — Prescriber | |

SECTION III — CLINICAL INFORMATION FOR NON-PREFERRED PROTON PUMP INHIBITOR DRUGS

13. Has the recipient tried and failed or had an adverse drug reaction to Prevacid[®] and Nexium[®]? Yes No

If yes, what adverse reactions did the recipient experience that is attributed to both Prevacid[®] and Nexium[®]?

- | | |
|----------------------------|-----------------|
| 14. SIGNATURE — Prescriber | 15. Date Signed |
|----------------------------|-----------------|

Continued

*The PPI-approved codes are any of the following:

- 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

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

16. National Drug Code (11 digits)		17. Days' Supply Requested**
18. Wisconsin Medicaid Provider Number (Eight digits)		
19. 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.)		
20. 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].)		
21. Assigned PA Number (Seven digits)		
22. Grant Date	23. Expiration Date	24. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

25. 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."