

Wisconsin Medicaid and BadgerCare update

September 2007 • No. 2007-66

Wisconsin Medicaid and BadgerCare Information for Providers

To:

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

Fall 2007 Preferred Drug List Review

This *Wisconsin Medicaid and BadgerCare Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List. Changes are effective for dates of service on and after October 1, 2007.

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 reviewed class. Changes apply to Wisconsin Medicaid and BadgerCare recipients and Wisconsin SeniorCare participants.

As a reminder, prior authorization (PA) is always required for non-preferred drugs and future refills of new non-preferred drugs. Pharmacy providers should submit PA requests using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system, if possible. If a PA request for a non-preferred drug must be submitted on paper,

prescribers are reminded to complete, sign, and date the appropriate Prior Authorization/Preferred Drug List (PA/PDL) form and submit it, along with any supporting documentation, to the pharmacy where the prescription will be filled. The pharmacy provider is required to complete, sign, and submit a Prior Authorization Request Form (PA/RF), HCF 11018 (10/03), and information from the PA/PDL form to Wisconsin Medicaid.

Wisconsin Medicaid and SeniorCare Preferred Drug Lists Available on ePocrates

Wisconsin Medicaid and SeniorCare providers may access the PDL using their personal digital assistants (PDAs) or personal computers through ePocrates. ePocrates' products provide clinical reference information specifically for health care providers to use at the point of care. Prescribers and pharmacy providers who use PDAs may also subscribe and download the PDL by accessing the ePocrates Web site at www.epocrates.com/.

New Classes Added to the Preferred Drug List

Wisconsin Medicaid will add the following drug classes and preferred drugs to the PDL effective for dates of service (DOS) on and after October 1, 2007:

Hepatitis B Agents
Baraclude
Epivir HBV
Hepsera
Tyzeka

Ophthalmics, NSAIDs
Acular, LS, PF
diclofenac
flurbiprofen
Nevanac
Xibrom

Wisconsin Medicaid will begin accepting PA requests for non-preferred drugs in these classes beginning September 13, 2007.

Reviewed Classes on the Preferred Drug List

Wisconsin Medicaid has reviewed the following existing PDL drug classes, and the preferred drugs are listed below. Changes to the PDL are effective for DOS on and after October 1, 2007. Current, approved PA requests will be honored until their expiration date or until services have been exhausted.

Alzheimer's Agents
Aricept, ODT
Exelon capsules, solution
Namenda

Androgenic Agents
Androderm
Androgel

Angiotensin Modulators
benazepril, HCTZ
captopril, HCTZ
enalapril, HCTZ
fosinopril, HCTZ
lisinopril, HCTZ

Antidepressants, SSRIs
citalopram
fluoxetine
fluvoxamine
paroxetine
sertraline

Antiemetics
Emend
ondansetron

Antifungals, Oral
clotrimazole
fluconazole
griseofulvin suspension
Gris-Peg
itraconazole
ketoconazole
nystatin
terbinafine
Vfend

Antifungals, Topical
clotrimazole/betamethasone
econazole
ketoconazole, shampoo
nystatin
nystatin/triamcinolone

Antivirals, Influenza
amantadine
Relenza
rimantadine
Tamiflu

Antivirals, Other
acyclovir
Valtrex

Atypical Antipsychotics
clozapine
Geodon
Risperdal
Seroquel

Bronchodilators, Anticholinergic
Atrovent, HFA
Combivent
ipratropium
Spiriva

Bronchodilators, Beta Agonists
albuterol
Maxair
metaproterenol oral
Proventil HFA
Serevent
terbutaline
Ventolin HFA
Xopenex HFA

Cephalosporins and Related Agents
amoxicillin/clavulanate
amox tr-potassium clavulanate 600
Cedax
cefdinir
cefaclor
cefadroxil
cefepodoxime
cefprozil
cefuroxime
cephalexin
Spectracef
Suprax

Cytokine and Cell Adhesion Molecule Antagonists
Enbrel [†]
Humira [†]
Kineret [†]
Raptiva [†]
[†] Preferred drugs that require clinical PA.

Fluoroquinolones
Avelox
ciprofloxacin
Levaquin
ofloxacin

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

Hypoglycemics, Incretin Mimetics/Enhancers
Byetta [†]
Janumet [†]
Januvia [†]
Symlin [†]
[†] Preferred drugs that require clinical PA.

Hypoglycemics, Insulin and Related Agents
Humalog
Humalog Mix
Humulin
Lantus
Levemir

Leukotriene Modifiers
Accolate
Singulair

Macrolides/Ketolides
azithromycin
clarithromycin
erythromycin

Non-Steroidal Anti-Inflammatory Drugs
Celebrex [†]
diclofenac, potassium, XL
flurbiprofen
ibuprofen
indomethacin, SR
ketoprofen
ketorolac
meclofenamate
meloxicam
nabumetone
naproxen
naproxen sodium, DS
piroxicam
[†] Preferred drug that requires clinical PA.

Ophthalmics, Fluoroquinolones
ciprofloxacin solution
ofloxacin
Vigamox
Zymar

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

Platelet Aggregation Inhibitors
Aggrenox
dipyridamole
Plavix
ticlopidine

Sedative Hypnotics
chloral hydrate
estazolam
flurazepam
Rozerem
temazepam
triazolam
zolpidem

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

Future Changes

Additional changes to certain drug classes will be effective for DOS on and after January 1, 2008.

Providers will be notified in a future *Wisconsin Medicaid and BadgerCare Update* about changes to the following drug classes.

Anti-Parkinson's Agents
benztropine
carbidopa/levodopa
Comtan
Kemadrin
Mirapex
Requip
selegiline
Stalevo
trihexyphenidyl

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

Intranasal Rhinitis Agents
Astelin
Flonase
flunisolide
ipratropium
Nasacort AQ
Nasonex

Ophthalmics, Allergic Conjunctivitis
Alaway*
Alrex
cromolyn sodium
Elestat
ketotifen
Pataday
Patanol
Zaditor OTC*
*Over-the-counter drug covered effective for DOS on and after October 1, 2007.

Drug Class Changes

Sedative Hypnotics

Effective for DOS on and after October 1, 2007, Ambien CR™ and Lunesta® are non-preferred drugs. Recipients currently taking Ambien CR™ and Lunesta® will *not* be grandfathered. A provider may change a recipient to a preferred sedative hypnotic drug or submit a PA request to Wisconsin Medicaid for a non-preferred drug using the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request form, HCF 11075 (12/06).

The preferred and non-preferred status of all other drugs in the sedative hypnotics drug class remains unchanged.

Emergency Medication Dispensing

Wisconsin Medicaid encourages pharmacy providers to dispense a 14-day emergency supply of a medication when they determine it is medically necessary or an emergency. An emergency medication supply may be dispensed if a recipient receives a prescription for a drug with any type of restriction and the physician cannot be reached to obtain the appropriate documentation to override the restriction. The emergency medication dispensing policy overrides drug restriction policies and all PA policies including the PDL, brand medically necessary, and diagnosis restriction policies; however, other policies, such as recipient eligibility and noncovered services still apply. Medications dispensed in an emergency do not require PA.

When drugs are dispensed in an emergency situation, providers are required to submit a Noncompound

Drug Claim form, HCF 13072 (06/03), with a Pharmacy Special Handling Request form, HCF 13074 (06/06), indicating the nature of the emergency. Providers should mail completed Noncompound Drug Claim and Pharmacy Special Handling Request forms to the address on the Pharmacy Special Handling Request form. Providers may also fax these forms to Wisconsin Medicaid at (608) 221-8616.

Providers may refer to the February 2007 *Update* (2007-14), titled “Emergency Medication Dispensing,” for additional information.

New Prior Authorization/Preferred Drug List Form

Effective for DOS on and after October 1, 2007, Elidel® and Protopic® are non-preferred drugs. Recipients currently taking Elidel® or Protopic® will *not* be grandfathered. Prescribers may switch a recipient to a topical corticosteroid if clinically appropriate or complete the Prior Authorization/Preferred Drug List for Elidel® and Protopic®, HCF 11303 (09/07), to request PA for these drugs. Wisconsin Medicaid will approve a PA request for these drugs only for a days’ supply of 183 days.

Specific PA criteria for prescribing Elidel® and Protopic® include the following:

- The prescription is written by a dermatologist.
- The recipient is over two years of age. (Protopic® Ointment .1% is not covered for recipients younger than 16 years of age.)
- The recipient is not immunocompromised.

- The recipient has not taken an antiretroviral or antineoplastic drug in the past two years.
- The recipient has experienced a treatment failure or a clinically significant adverse drug reaction to a topical corticosteroid in the past 90 days.

The following are allowable diagnosis codes and descriptions that may be indicated on PA requests for Elidel[®] and Protopic[®]:

- 6910 — Diaper or napkin rash.
- 6918 — Other atopic dermatitis and related conditions.

A PA request submitted without a diagnosis code will be returned to the provider.

Refer to Attachments 1 and 2 of this *Update* for a copy of the PA/PDL for Elidel[®] and Protopic[®] completion instructions and form.

Revised Prior Authorization/Preferred Drug List Form

The Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, HCF 11077 (09/07), has been revised. Non-steroidal anti-inflammatory drugs, including cyclo-oxygenase (COX-2) inhibitors, have specific PA approval criteria. Wisconsin Medicaid may approve a PA request for a non-preferred NSAID if at least one of the following applies:

- The recipient has tried and failed two preferred generic NSAIDs and experienced a treatment failure(s) or clinically significant adverse drug reaction(s).

- The recipient has at least one of the following risk factors:
 - ✓ Is over 60 years of age.
 - ✓ Is currently taking anti-coagulants.
 - ✓ Has a history of gastrointestinal (GI) ulcers or bleeding.

Prescribers are required to complete the existing PA/PDL for NSAIDs, Including Cyclo-oxygenase Inhibitors form to submit PA requests for NSAIDs, including cyclo-oxygenase inhibitors, for DOS through September 30, 2007. Effective for DOS on and after October 1, 2007, prescribers are required to use the revised form to submit PA requests for those drugs. Refer to Attachments 3 and 4 for copies of the revised completion instructions and form.

Diagnosis-Restricted Drugs

Drugs that are diagnosis restricted continue to be diagnosis restricted even if they are listed as preferred drugs on the PDL. Pharmacy providers should continue to indicate diagnosis codes on claims for preferred diagnosis-restricted drugs. If a drug is diagnosis-restricted *and* non-preferred, the pharmacy provider is required to indicate the appropriate diagnosis code on the PA request regardless of whether the request is submitted through the STAT-PA system or on paper. Refer to the 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.

Antifungals, Oral

Effective for dates of process on and after October 1, 2007, Wisconsin Medicaid will add itraconazole and terbinafine to the list of diagnosis-restricted drugs.

The following are allowable diagnosis codes for these drugs.

Itraconazole	
Diagnosis Code	Description
1120	Candidiasis of mouth (thrush)
11284	Candidial esophagitis
1150-1159	Histoplasmosis infection
1160-1162	Blastomycotic infection
1172	Chromoblastomycosis
1173	Aspergillosis
22804	Hemangioma, of intra-abdominal structures
	Peritoneum
	Retorperitoneal tissue

Terbinafine	
Diagnosis Code	Description
1101	Dermatophytosis of nail (onychomycosis)
1104	Dermatophytosis of foot (tinea pedis)

Anti-Parkinson's Agents

Claims submitted for Mirapex® and Requip® require a diagnosis code for dates of process on and after October 1, 2007. The following diagnosis codes and descriptions are allowable for Parkinson's disease and restless leg syndrome:

- 3320 — Paralysis agitans, Parkinsonism or Parkinson's disease.
- 3321— Secondary Parkinsonism.
- 33394 — Restless legs syndrome (RLS).

Reminders

The following are reminders for providers about Wisconsin Medicaid and Wisconsin SeniorCare policies.

Brand Medically Necessary Exclusions

When some generic drugs become available, they initially may be more costly for Wisconsin Medicaid than their brand counterparts due to federal and supplemental rebates. For this reason, certain PDL drugs are excluded from the brand medically necessary drug requirements published in the August 2004 *Update* (2004-62), titled "Pharmacy Information on Prior Authorization Requirements for Brand Medically Necessary Drugs." Currently, Lotrel® and Flonase® are preferred drugs that are excluded from the brand medically necessary policy. Their generics, amlodipine/benazepril and fluticasone, are non-preferred drugs that require PA.

Effective for DOS on and after September 13, 2007, pharmacy providers may indicate National Council for Prescription Drug Programs Dispense as Written (DAW) code "6" on claims for Lotrel® and Flonase®. Providers may only submit claims with DAW code "6" for these drugs.

For drugs excluded from brand medically necessary requirements, the following guidelines apply:

- The prescriber is not required to indicate "Brand Medically Necessary" on the prescription.
- The pharmacy provider is not required to obtain PA for the brand name drug.
- The pharmacy provider should dispense the brand name drug.
- Medicaid recipients and SeniorCare participants will pay the generic drug copayment, *not* the brand-name copayment.
- The generic equivalent requires PA. If the pharmacy provider attempts to dispense and

submit a claim for the generic equivalent, he or she will receive a message that PA is required.

Quantity Limits

Providers may refer to the data tables on the Pharmacy page of the Medicaid Web site for more information about drugs and drug classes for which Wisconsin Medicaid applies quantity limits.

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 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

ATTACHMENT 1

Prior Authorization/Preferred Drug List for Elidel[®] and Protopic[®] Completion Instructions

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

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR ELIDEL[®] AND PROTOPIC[®] 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 of 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 determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Elidel[®] and Protopic[®], HCF 11303. Pharmacy providers are required to use the PA/PDL for Elidel[®] and Protopic[®] to request PA using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request. Prescribers and pharmacy providers are required to retain a completed copy of the form.

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 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 include a copy of the prescription documentation used to dispense the product requested.

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 — Name — Prescriber

Enter the name of the prescriber.

Element 9 — 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 10 — Address and Telephone Number — Prescriber

Enter the complete address of the prescriber's practice location, including the street, city, state, and ZIP code, as well as the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

SECTION III — CLINICAL INFORMATION FOR ELIDEL[®] AND PROTOPIC[®]

Include diagnostic and clinical information explaining the need for the product requested. In Elements 11 through 16, check "yes" to all that apply.

Element 11 — 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 and must be one of the approved diagnosis codes for Elidel[®] or Protopic[®]. Allowable diagnosis codes for Elidel[®] and Protopic[®] are 691.0 (diaper or napkin rash) or 691.8 (other atopic dermatitis and related conditions).

Element 12

Check the appropriate box to indicate whether or not the prescription for Elidel[®] or Protopic[®] was written by a dermatologist.

Element 13

Check the appropriate box to indicate whether or not the recipient is over two years of age.

Note: Elidel[®] Cream .1% is not indicated for use on children younger than two years of age. Protopic Ointment is not indicated for use on children younger than two years of age. Protopic 0.03% Ointment is indicated for use on children two to fifteen years of age.

Element 14

Check the appropriate box to indicate whether or not the recipient is immunocompromised.

Element 15

Check the appropriate box to indicate whether or not the recipient has taken an antiretroviral or antineoplastic agent within the past two years.

Element 16

Check the appropriate box to indicate whether or not the recipient has experienced a treatment failure or a clinically significant adverse drug reaction with a topical corticosteroid in the past 90 days. If yes, indicate in the space provided the topical corticosteroid that the recipient experienced a treatment failure(s) on, the specific details about the treatment failure(s), and the approximate date(s) the topical corticosteroid was taken.

Element 17 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 18 — Date Signed

Enter the month, day, and year the PA/PDL for Elidel[®] and Protopic[®] was signed (in MM/DD/YYYY format).

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 19 — National Drug Code

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

Element 20 — Days' Supply Requested

Enter the requested days' supply.

Note: Wisconsin Medicaid will not approve a days' supply greater than 183 days.

Element 21 — Wisconsin Medicaid Provider Number

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

Element 22 — Date of Service

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

Element 23 — 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 24 — Assigned PA Number

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

Element 25 — Grant Date

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

Element 26 — Expiration Date

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

Element 27 — Number of Days Approved

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

SECTION V — ADDITIONAL INFORMATION

Element 28

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

ATTACHMENT 2
Prior Authorization/Preferred Drug List (PA/PDL) for
Elidel[®] and Protopic[®]

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Elidel[®] and Protopic[®]" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR ELIDEL[®] AND PROTOPIC[®]**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Elidel[®] and Protopic[®] Completion Instructions, HCF 11303A.

Pharmacy providers are required to have a completed PA/PDL for Elidel[®] and Protopic[®] signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request. Providers may call Provider Services at (800) 947-9627 or (608) 221-9883 with questions.

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. Name — Prescriber	9. Drug Enforcement Agency Number
10. Address and Telephone Number — Prescriber (Street, City, State, ZIP Code, and Telephone Number)	

SECTION III — CLINICAL INFORMATION FOR ELIDEL[®] AND PROTOPIC[®]

11. Diagnosis — Primary Code and / or Description		
12. Is the prescription for Elidel [®] or Protopic [®] written by a dermatologist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is the recipient over two years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is the recipient immunocompromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Has the recipient taken an antiretroviral or antineoplastic agent within the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Has the recipient experienced a treatment failure or a clinically significant adverse drug reaction to a topical corticosteroid in the past 90 days? If "yes," list the topical corticosteroid and the approximate dates taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. SIGNATURE — Prescriber	18. Date Signed	

Continued

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

19. National Drug Code (11 Digits)		20. Days' Supply Requested (Up to 183 Days)	
21. Wisconsin Medicaid Provider Number (Eight Digits)			
22. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)			
23. Place of Service (Patient Location) (Use patient location code "00" [Not Specified], "01" [Home], "04" [Long Term / Extended Care], "07" [Skilled Care Facility], or "10" [Outpatient].)			
24. Assigned PA Number (Seven Digits)			
25. Grant Date		26. Expiration Date	27. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

28. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

ATTACHMENT 3

Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs, Including Cyclo-Oxygenase Inhibitors Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs, Including Cyclo-Oxygenase Inhibitors Completion Instructions" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), INCLUDING
CYCLO-OXYGENASE INHIBITORS, COMPLETION INSTRUCTIONS**

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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).

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The use of this form is voluntary and providers may develop their own form as long as it includes all of 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 determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, form, HCF 11077. Pharmacy providers are required to use the PA/PDL for NSAIDs, Including Cyclo-oxygenase Inhibitors, form to request PA by using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request. Prescribers and pharmacy providers are required to retain a completed copy of the form.

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 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 include a copy of the prescription documentation used to dispense the product requested.

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 — Name — Prescriber

Enter the name of the prescriber.

Element 9 — 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 10 — Address and Telephone Number — Prescriber

Enter the complete address of the prescriber's practice location, including the street, city, state, and ZIP code, as well as the telephone number.

SECTION III — CLINICAL INFORMATION FOR NON-PREFERRED NSAIDS

Include diagnostic and clinical information explaining the need for the product requested. In Elements 11 through 13, check "yes" to all that apply.

Element 11 — 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 12

Check the appropriate box to indicate whether or not the recipient has tried *two* preferred generic NSAIDs and experienced treatment failure(s) or clinically significant adverse drug reaction(s). If yes, circle the two failed, preferred generic NSAIDs and indicate in the space provided the specific details of the treatment failure(s) or clinically significant adverse drug reaction(s) and the approximate date(s) the preferred generic NSAIDs were taken.

Element 13

Check the appropriate box to indicate if the recipient has at least one of the following risk factors: he or she is over 60 years of age, is currently taking anti-coagulants, or has a history of gastrointestinal (GI) ulcers or bleeding.

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 NSAIDs, Including Cyclo-oxygenase Inhibitors, form was signed (in MM/DD/YYYY format).

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 16 — National Drug Code

Enter the appropriate 11-digit National Drug Code (NDC) 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 14 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 provided/performed/dispensed.

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

Element 21 — Assigned PA Number

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

Element 22 — Grant Date

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

Element 23 — Expiration Date

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

Element 24 — 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 25

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

ATTACHMENT 4
Prior Authorization/Preferred Drug List (PA/PDL) for
Non-Steroidal Anti-Inflammatory Drugs, Including
Cyclo-Oxygenase Inhibitors

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs, Including Cyclo-Oxygenase Inhibitors" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), INCLUDING
CYCLO-OXYGENASE INHIBITORS**

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), Including Cyclo-oxygenase Inhibitors, Completion Instructions, HCF 11077A.

Pharmacy providers are required to have a completed PA/PDL for NSAIDs, Including Cyclo-oxygenase Inhibitors, signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request. Providers may call Provider Services at (800) 947-9627 or (608) 221-9883 with questions.

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. Name — Prescriber	9. Drug Enforcement Agency Number
10. Address and Telephone Number — Prescriber (Street, City, State, ZIP Code, and Telephone Number)	

SECTION III — CLINICAL INFORMATION FOR NON-PREFERRED NSAIDS

11. Diagnosis — Primary Code and / or Description

12. Has the recipient tried *two* preferred generic NSAIDs and experienced treatment failure(s) or clinically significant adverse drug reaction(s)? If yes, circle the *two* failed, preferred generic NSAIDs that were taken. Yes No

Preferred drugs:

diclofenac	etodolac	flurbiprofen	ibuprofen	indomethacin	ketoprofen
ketorolac	meclofenamate	nabumetone	naproxen	piroxicam	

List in the space provided the specific details of the treatment failure(s) or clinically significant adverse drug reaction(s) and the approximate dates the preferred generic NSAIDs were taken.

SECTION III— CLINICAL INFORMATION FOR NON-PREFERRED NSAIDs (Continued)

13. Indicate whether or not the recipient has at least one of the following risk factors.
- | | | |
|---|------------------------------|-----------------------------|
| A. Is he or she over 60 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Is he or she currently taking anti-coagulants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Does the recipient have a history of gastrointestinal (GI) ulcers or bleeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. **SIGNATURE** — Prescriber

15. Date Signed

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

16. National Drug Code (11 Digits)

17. Days' Supply Requested (Up to 365 Days)

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 14 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. Additional diagnostic and clinical information explaining the need for the product requested may be included here.
