

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

Pharmacy Consolidation for Wisconsin Medicaid and BadgerCare Plus Managed Care Members

Currently, HMOs and special managed care programs are responsible for managing health services, including pharmacy services, for their members. As a result of the Department of Health and Family Services pharmacy consolidation, effective for dates of service on and after February 1, 2008, pharmacy services and some drug-related supplies for managed care members will be reimbursed by fee-for-service.

Background

As part of the state budget, the legislature directed the Department of Health and Family Services (DHFS) to save money on pharmacy services for members enrolled in Wisconsin Medicaid and BadgerCare Plus. To meet this directive, changes will be made to pharmacy services for members enrolled in Wisconsin Medicaid HMOs (now known as BadgerCare Plus HMOs), SSI HMOs, and most special managed care programs.

Currently, HMOs and special managed care programs are responsible for managing health services, including pharmacy services, for their members. As a result of the DHFS pharmacy consolidation, effective for dates of service (DOS) on and after February 1, 2008, pharmacy services and some drug-related supplies for managed care members will be reimbursed by fee-for-service.

The following are exceptions to this policy change:

- Prescription drugs and related services for members enrolled in the Program of All-Inclusive Care for the

Elderly (PACE) and the Family Care Partnership (formerly the Wisconsin Partnership Program) will continue to be provided by the special managed care program.

- Physician-administered drugs will also continue to be managed by the member's HMO or special managed care program.

Transition Period

From February 1, 2008, to April 1, 2008, a continuity of care transition period will be provided in an effort to ensure no interruption in service for members. Providers are encouraged to begin working with members enrolled in BadgerCare Plus in order to minimize any problems that may occur after April 1, 2008.

During the transition period, drug prior authorization (PA) and diagnosis restrictions will *not* apply to prescriptions for managed care members transitioning to fee-for-service.

BadgerCare Plus has advised members to talk with their physicians and pharmacy providers about drugs they are taking. During the transition period, prescribers may receive an increase in call volume from members and pharmacy providers to change a prescription to a drug covered by BadgerCare Plus or to complete the appropriate PA request form and submit it to the pharmacy provider.

Pharmacy providers may need to increase the frequency of contact with prescribers to change members' prescriptions to drugs covered by BadgerCare Plus or to request the appropriate completed PA request form. Requests may also include providing noncovered services or over-the-counter (OTC) drugs.

Members are required to receive prescriptions from a Wisconsin Medicaid-certified pharmacy. Members who receive prescriptions from specialty or mail-order pharmacies that are not Wisconsin Medicaid certified will not be able to continue to receive services from these pharmacies beginning February 1, 2008. Pharmacy providers may need to contact the specialty or mail-order pharmacy to transfer prescriptions.

Pharmacy Policies That Now Apply

Effective for DOS on and after February 1, 2008, the following fee-for-service policies and procedures will apply for pharmacy services provided to members enrolled in managed care programs:

- Age restrictions.
- Claim submission for Medicare Part D.
- Gender restrictions.
- Member Lock-in.
- Noncovered services.
- Over-the-counter drugs.
- Prospective Drug Utilization Review.
- Pharmaceutical Care.

Note: If age- and gender-restricted drugs are prescribed outside the current BadgerCare Plus policy and the drugs are medically necessary, claims must be submitted on the Noncompound Drug Claim, HCF 13072 (06/03), along with the Pharmacy Special Handling Request form, HCF 13074 (06/06). Providers should include supporting documentation with each claim submission. Providers may refer to all-provider and pharmacy publications for more detailed information about the fee-for-service policies.

Prior Authorization

During the transition period (February 1, 2008, to April 1, 2008), PA is *not* required for prescriptions for managed care members transitioning to fee-for-service. However, effective for DOS on and after April 2, 2008, all fee-for-service policies and procedures will apply, including the PA and diagnosis restriction policies.

Preferred Drug List Prior Authorization

If a member is taking a non-preferred drug, the pharmacy provider should contact the prescriber to switch the member's prescription to a preferred drug.

If it is medically necessary for a member to remain on a non-preferred drug, a PA request must be submitted. Prescribers are required to complete the appropriate Prior Authorization/Preferred Drug List (PA/PDL) form and submit it to the pharmacy provider where the prescription will be filled. Pharmacy providers may begin submitting PA requests to fee-for-service (not the HMO or special managed care program) for non-preferred drugs on and after January 3, 2008. Prior authorization is required for non-preferred drugs with DOS on and after April 2, 2008.

Prior authorization requests may be submitted using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system for DOS on and after January 3, 2008. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Refer to Attachment 1 of this *Update* for the current PDL. The Pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/index.htm also contains the most current PDL. Providers should refer to the Pharmacy page as the PDL may change monthly.

Members currently taking non-preferred drugs in the PDL classes listed below may remain on the drug indefinitely without PA (i.e., grandfathering). If it is medically necessary for a prescriber to change a member

to another non-preferred drug in a grandfathered class, PA is required.

Grandfathering occurs in the following classes as designated on the PDL:

- Alzheimer's agents.
- Antidepressants, Other.
- Antidepressants, SSRI.
- Anti-Parkinson agents.
- Anticonvulsants.
- Atypical antipsychotics.
- Stimulants and related agents.

Wisconsin BadgerCare Plus 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 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/.

Brand Medically Necessary Prior Authorization

Fee-for-service requires PA for brand medically necessary prescription drugs on the Maximum Allowable Cost (MAC) list. Prescribers are required to handwrite "Brand Medically Necessary" on these prescriptions. Brand medically necessary PA requests must be submitted on the paper Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), HCF 11083 (03/05). Pharmacy providers are required to complete the Prior Authorization Request Form (PA/RF), HCF 11018 (06/03), and submit it with a completed and signed PA/BMNA from the prescriber, along with any supporting documentation, to BadgerCare Plus.

Pharmacy providers are required to indicate the appropriate one-digit National Council for Prescription Drug Programs (NCPDP) Dispense as Written (DAW) code on each claim for a brand medically necessary drug.

Providers should refer to the data tables on the Pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid4/pharmacy/data_tables/index.htm for a list of brand medically necessary drugs that require PA.

Explanation of Benefits

From February 1, 2008, to April 1, 2008, pharmacy providers will receive informational Explanation of Benefit (EOB) messages as a reminder about the upcoming policy changes that result from the pharmacy consolidation.

During the transition period, pharmacy providers will receive the following informational EOB messages when submitting claims for members moving to fee-for-service from managed care:

- 434 — "Non-preferred drug is being dispensed to an HMO member. Effective 04/02/08, FFS PA is required. Please refer to the PDL."
- 459 — "BMN drug is being dispensed to an HMO member. Effective 04/02/08, FFS PA is required. Please refer to Medicaid Update 2005-24."

Additional Fee-for-Service Policies

Copayments

Effective for DOS on and after February 1, 2008, with the implementation of BadgerCare Plus, most members will be required to pay a copayment. The following copayments will apply to Wisconsin Medicaid and BadgerCare Plus Standard Plan members:

- \$3.00 for each brand name drug.
- \$1.00 for each generic or compound drug.
- \$0.50 for each OTC drug.

There is a copayment maximum of \$12.00 per member, per month, per pharmacy for legend drugs. There is no monthly maximum on the copayment amount for OTC drugs.

Providers are prohibited from collecting copayments from the following Standard Plan members:

- Nursing home residents.
- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.
- Members under 18 years of age with incomes at or below 100 percent of the Federal Poverty Level.

Federal law permits states to charge members a copayment for certain covered services. Providers are required to request copayments from members; however, they may not deny services to a member who fails to make a copayment.

Chapter 49.45(18), Wis. Stats., requires providers to make a reasonable attempt to collect copayment from the member unless the provider determines that the cost of collecting the copayment exceeds the amount to be collected. Pharmacy providers are required to dispense drugs even if members are unable to pay their copayments; however, providers may bill members for the copayment later.

Providers should verify that they are collecting the correct copayment for services as some services have monthly or annual copayment limits. Providers may not collect member copayments in amounts that exceed Standard Plan copayment limits.

Drug-Related Supplies

As a result of drugs being reimbursed on a fee-for-service basis, some drug-related supplies will also be reimbursed on a fee-for-service basis. Refer to Attachment 2 for a list of reimbursable drug-related supplies. Only drug-related supplies listed in the attachment are reimbursable by fee-for-service. This attachment is also available in the data tables on the Pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid4/pharmacy/data_tables/index.htm. Providers should refer to the data tables often, as changes may occur frequently.

Claims for drug-related supplies should be submitted with the appropriate Healthcare Common Procedure Coding System procedure code indicated. Copayments for drug-related supplies are required to be applied as appropriate.

Providers may also refer to the Disposable Medical Supply (DMS) Index and publications on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for information about policies and procedures for DMS.

HealthCheck “Other Services”

Certain OTC drugs that are not covered by fee-for-service may be covered by HealthCheck “Other Services” for members under 21 years of age. Refer to the HealthCheck “Other Services” Covered by Wisconsin Medicaid Without Prior Authorization data table on the Pharmacy page of the Medicaid Web site for a list of HealthCheck “Other Services” drugs that do not require PA. Prior authorization is required for all other noncovered OTC drugs.

Providers may refer to the Pharmacy Handbook for more information about HealthCheck “Other Services.”

Emergency Medication Dispensing

The emergency medication dispensing policy allows providers to dispense up to a 14-day supply of a drug in situations where the pharmacy provider or prescriber deem it medically necessary. Medications dispensed in emergency situations do not require PA.

This policy overrides drug restriction policies and all PA policies including the PDL, brand medically necessary, and diagnosis restriction policies; however, other policies still apply, such as member eligibility and noncovered services policies still apply.

When subsequent refills are dispensed, all current drug restriction and PA policies still apply. BadgerCare Plus encourages pharmacy providers to dispense an emergency supply of a medication when they determine it is medically necessary or an emergency. An emergency

medication supply may be dispensed if a member receives a prescription for a drug with any type of restriction, including diagnosis restriction, PA requirement, age, or sex restrictions, and the physician cannot be reached to obtain the appropriate documentation to override the restriction.

The February 2007 *Update* (2007-14), titled “Emergency Medication Dispensing,” contains more information about claim submission procedures for medications dispensed in an emergency.

For More Information

Providers may send questions about the pharmacy consolidation via e-mail to pharmacyconsolidation@dhfs.state.wi.us.

Providers may also refer to the following for more information about the pharmacy consolidation:

- The Pharmacy Consolidation page on the Medicaid Web site at dhfs.wisconsin.gov/medicaid4/pharmacy/consolidation/index.htm.
- The SeniorCare Drug Search Tool on the BadgerCare Plus Web site at wisconsinedi.org/SeniorCareDrugInquiry/.
- Provider Services at (800) 947-9627 or (608) 221-9883.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, 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

Preferred Drug List

(A copy of the Preferred Drug List is located on the following pages.)

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 01/02/08)

Antihypertensives	Analgesics, Narcotics (cont.)	Antiemetics, Oral (cont.)	Antivirals, Influenza (cont.)
benazepril, HCTZ P	Darvon-N SCN NP	Cesamet (Oral) NP	rimantadine P
captopril, HCTZ P	Fentora NP	Kytril NP	Relenza P
enalapril, HCTZ P	Lynox SCN NP	Marinol (Oral) NP	Tamiflu P
fosinopril, HCTZ P	Opana NP	Antifungals, Oral	Antivirals, Other
lisinopril, HCTZ P	Panlor DC, SS NP	clotrimazole P	acyclovir P
moexipril, HCTZ (Univasc/Uniretic) NP	Synalgos-DC NP	fluconazole P	famciclovir P
quinapril, HCTZ NP	Androgenic Agents	griseofulvin P	Valtrex P
trandolapril (Mavik) NP	Androderm P	itraconazole DR P	Agents for BPH
Aceon NP	Androgel P	ketocanazole P	doxazosin P
Altace NP	Testim NP	nystatin P	finasteride P
Tekturra NP	Angiotensin Receptor Blockers	terbinafine DR P	terazosin P
Angiotensin Modulators/CGB Comb.	Avapro, Avalide P	Gris-Peg P	Avodart P
amlodipine/benazepril P	Benicar, HCT P	Mycostatin P	Fiomax P
Tarka P	Cozaar, Hyzaar P	Vfend P	Uroxatral SCN P
Azor NP	Diovan, HCT P	Ancobon NP	Cardura XL NP
Exforge NP	Micardis, HCT P	Grifulvin V Tablets NP	Beta Blockers
Lexxel NP	Atacand, HCT NP	Noxafil NP	acebutolol P
Acne Agents	Teveten, HCT NP	Sporanox (liquid) NP	atenolol P
benprox P	Anticoagulants, Injectables	Antifungals, Topical	betaxolol P
benzoyl peroxide P	Arixtra P	clotrimazole/betamethasone P	bisoprolol P
clindamycin P	Fragmin P	ciclopirox (gel, liquid) P	carvedilol P
erythromycin P	Lovenox SCN P	econazole nitrate P	labetalol P
tretinoin P	Innohep NP	ketocanazole P	metoprolol, succinate P
Akne-mycin P	Anticonvulsants	nystatin, nystatin/triamcinolone P	nadolol P
Azelex P	carbamazepine P	ciclopirox cream, suspension NP	pindolol P
Clinac BPO P	clonazepam P	Ertaczo NP	propranolol, LA P
Retin-A micro, Pump P	ethosuximide P	Exelderm NP	sotalol P
Tazorac P	gabapentin P	Exlina NP	timolol P
erythromycin, benzoyl peroxide NP	mephobarbital P	Loprox (shampoo) SCN NP	Cartrol NP
Atralia NP	oxcarbazepine P	Mentax NP	Coreg CR NP
Benzaclin Gel SCN NP	phenobarbital P	Naftin NP	Innopran XL NP
Benzamycinpak SCN NP	phenytoin P	Oxistat NP	Levatol NP
Clindagel SCN NP	primidone P	Vusion NP	Bladder Relaxant Preparations
Differin SCN NP	valproic acid P	Xolegel NP	oxybutynin, ER P
Duac CS NP	zonisamide P	Antihistamines, Nonsedating	Enablex P
Evoclin NP	Carbatrol P	loratadine tab, syrup, -D, child P	Oxytrol P
Inova NP	Celontin P	fexofenadine (Allegra, susp, -D) NP	Sanctura P
Klaron SCN NP	Depakote, ER, sprinkle P	Clarinet, Clarinet Syrup SCN NP	VesiCare P
Neobenz Micro NP	Diastat P	Semprex-D NP	Detrol, LA NP
Nuox SCN NP	Equetro P	Zyrtec tab, syrup, -D NP	Sanctura XR NP
Triaz SCN NP	Felbatol P	Antimigraine, Triptans	Bone Resorption Suppression
Zaclir NP	Gabitril P	Amerge QL P	Fosamax, Plus D P
Ziana NP	Keppra P	Axert QL P	Miacalcin P
Alzheimer's Agents	Lamictal P	Imitrex QL P	Actonel, with Calcium NP
Aricept, ODT P	Lyrica P	Maxalt, MLT QL P	Boniva NP
Exelon P	Mebaral SCN P	Frova QL NP	Didronel NP
Namenda P	Peganone P	Relpax QL NP	Evista NP
Cognex NP	Topamax P	Zomig, Nasal, ZMT QL NP	Fortical NP
Exelon patch NP	lamotrigine dispertabs NP	QL - Quantity Limits apply each month: 18 tablets, 6 sprays, 8 injections.	Bronchodilators, Anticholinergic
Razadyne, ER NP	Phenytek NP	Antiparkinson's Agents	ipratropium/albuterol P
Analgesics, Narcotics-Long-Acting	Tegretol XR NP	benztropine P	Atrovent, HFA P
fentanyl transdermal P	Antidepressants, Other	carbidopa/levodopa P	Combivent P
methadone P	budeprion XL 300 mg P	selegiline P	Spiriva P
morphine ER P	bupropion, SR P	trihexphenidyl P	Bronchodilators, Beta Agonists
oxycodone ER P	mirtazapine P	Kemadrin P	albuterol, sulfate ER P
Kadian P	trazodone P	Requip DR P	metaproterenol (oral) P
Avinza NP	venlafaxine P	Stalevo P	terbutaline P
Opana ER NP	Effexor XR P	Azilect NP	Maxair P
Oxycontin NP	nefazodone NP	Comtan NP	Proventil HFA SCN P
Ultram ER NP	Cymbalta NP	Mirapex DR NP	Serevent P
Analgesics, Narcotics-Short-Acting	Emsam SCN NP	Neupro NP	Ventolin HFA P
apap/codeine, asp/codeine P	Wellbutrin XL* NP	Parcopa NP	Xopenex HFA P
butalbital/apap/codeine P	* Prior authorization is not required for recipients 18 and younger.	Tasmar NP	metaproterenol (inhalation) NP
codeine P	Antidepressants, SSRI	Zelapar NP	Alupent NP
dihydrocodeine/apap/caff P	citalopram P	Antipsychotics, Atypical	Brovana NP
hydromorphone P	fluoxetine P	clozapine P	Foradil NP
hydrocodone/apap/ibup P	fluvoxamine P	Geodon P	ProAir HFA NP
ibuprofen/oxycodone P	paroxetine P	Risperdal P	Xopenex NP
levorphanol P	sertraline P	Seroquel P	Calcium Channel Blocking Agents
morphine P	Lexapro NP	Abilify NP	amlodipine P
oxycodone/apap/asa P	Paxil CR NP	Fazaclo SCN NP	diltiazem, ER P
propoxyphene HCL, apap P	Pexeva NP	Invega NP	felodipine ER P
tramadol P	Prozac Weekly NP	Seroquel XR NP	nicardipine P
fentanyl buccal. NP	Antiemetics, Oral	Symbyax NP	nifedipine, ER P
meperidine NP	ondansetron, oral, solution P	Zyprexa NP	nimodipine P
pentazocine/apap, naloxone NP	Emend P	Antivirals, Influenza	verapamil, ER, SR P
tramadol/apap NP	Anzemet NP	amantadine P	Cardizem LA P
			Cardene SR NP

Key:

All lowercase letters = generic product

Leading capital letter = brand name product

P = Preferred product

NP = Non-preferred product (requires PA)

QL = Quantity Limits

DR = Diagnosis Restriction

SCN = Wisconsin SeniorCare does not cover OTC drugs and also, for Levels 2b and 3, does not cover drugs that do not have a signed SeniorCare rebate agreement between the manufacturer and the DHFS. Providers should reference the SeniorCare Drug Search Tool for a complete listing of covered drugs at dhfs.wisconsin.gov/seniorcare or via hand held devices using ePocrates (www.ePocrates.com)

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 01/02/08)

Calcium Channel Blocking (cont.)	Hepatitis C Agents	Macrolides/Ketolides	Ophthalmics, Glaucoma Agents (con't.)
Sular P	ribavirin DR P	azithromycin P	Lumigan P
Isradipine (Dynacirc, CR) NP	Pegasys DR P	clarithromycin P	Travatan, Z P
Cardene SR NP	Peg-Intron, Redipen DR SCN P	erythromycin P	Trusopt P
Covera-HS NP	Infergen DR SCN NP	Biaxin XL NP	Xalatan P
Cephalosporin and Related Agents	Hypoglycemics, Adjunct Therapy	Ketek SCN NP	Combigan NP
amoxicillin/clavulanate P	Byetta [†] P	Zmax NP	Ophthalmics, NSAIDs
amox tr-potassium clav 600 P	Janumet [†] QL P	Multiple Sclerosis Agents	diclofenac P
cefaclor P	Januvia [†] QL P	Avonex DR SCN P	flurbiprofen P
cefadroxil P	Symlin[†], pen[†] P	Betaseron DR P	Acular, LS, PF P
cefdinir P	[†] Preferred agents that require clinical prior authorization.	Copaxone DR SCN P	Nevanac P
cefpodoxime P	QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet.	Rebif DR P	Xibrom P
cephalexin P	Hypoglycemics, Insulins	NSAIDs	Otics, Fluoroquinolones
cefprozil P	Humulin P	diclofenac, potassium, XL P	ofloxacin (drops) P
cefuroxime P	Humalog P	flurbiprofen P	Ciprodex P
Cedax P	Humalog Mix P	ibuprofen P	Floxin (singles) P
Spectracef P	Lantus SCN P	indomethacin, SR P	Cipro HC NP
Suprax P	Levemir P	ketoprofen P	Phosphate Binders
Augmentin XR NP	Apidra SCN P	ketorolac P	Phoslo SCN P
Lorabid NP	Novolin NP	meclofenamate P	Renagel P
Panixine NP	Novolog NP	meloxicam P	Fosrenol P
Raniclор NP	Novolog Mix NP	nabumetone P	Platelet Aggregation Inhibitors
Cytokine and CAM Antagonists	*Exubera requires clinical prior authorization	naproxen P	dipyridamole P
Enbrel [†] SCN P	Hypoglycemics, Meglitinides	naproxen sodium, DS P	ticlopidine P
Humira [†] P	Starlix P	piroxicam P	Aggrenox P
Kineret [†] P	Prandin NP	Celebrex [*] P	Plavix P
Raptiva [†] SCN P	Hypoglycemics, Thiazolidinediones	etodolac, XL NP	Proton Pump Inhibitors
[†] Preferred agents that require clinical prior authorization.	Actos P	fenoprofen (Nalfon) NP	Nexium DR P
Erythropoiesis Stimulating Proteins	Avandamet P	mefenamic acid (Ponstel) NP	Prevacid (caps, SoluTab, si) DR P
Aranesp DR P	Avandaryl P	oxaprozin NP	omeprazole* DR NP
Procrit DR P	Avandia P	sulindac NP	Aciphex* DR NP
Epoen DR NP	Actoplus MET NP	tolmetin, DS NP	Arthrotec NP
Fluoroquinolones	Duetact NP	Prevacid Naprapac NP	*Celebrex requires clinical prior authorization
ciprofloxacin P	Intranasal Rhinitis Agents	Ophthalmics, Allergic Conjunctivitis	[*] Requires the prior use and failure of Nexium and Prevacid.
ofloxacin P	flunisolide P	Alaway P	Sedative Hypnotics
Avelox SCN P	ipratropium P	cromolyn P	chloral hydrate P
Levaquin P	Astelin P	Zaditor OTC P	estazolam P
ciprofloxacin ER NP	fluticasone P	ketotifen NP	flurazepam P
Cipro suspension NP	Nasacort AQ SCN P	Alamast NP	temazepam P
Factive SCN NP	Beconase AQ NP	Alocril NP	triazolam P
Maxaquin NP	Nasarel NP	Alomide NP	zolpidem P
Noroxin NP	Nasonex SCN NP	Alex NP	Rozereem P
Proquin XR SCN NP	Rhinocort Aqua NP	Elestat NP	Ambien CR SCN NP
Tequin NP	Veramyst NP	Emadine NP	Doral NP
Glucocorticoids, Inhaled	Leukotriene Modifiers	Patanol NP	Lunesta NP
Advair, HFA P	Accolate P	Pataday NP	Restoril NP
Aerobid, Aerobid-M SCN P	Singularair P	Optivar NP	Sonata NP
Asmanex SCN P	Zyflo NP	Ophthalmics, Fluoroquinolones	Stimulants and Related Agents
Azmacort SCN P	Lipotropics, Bile Acid Sequestrants	bacitracin/polymyxin P	amphetamine salt combo DR P
Flovent, HFA P	cholestyramine P	ciprofloxacin solution P	dextroamphetamine DR P
Pulmicort Respules P	colestipol P	erythromycin P	methyphenidate, ER DR P
Qvar P	Welchol NP	gentamicin P	Adderall XR DR P
Pulmicort Flexhaler NP	Lipotropics, Fibric Acids	ofloxacin P	Concerta DR P
Symbicort NP	fenofibrate P	polymyxin/trimethoprim P	Focalin, XR DR P
Growth Hormone	gemfibrozil P	sulfacetamide P	Metadate CD DR P
Genotropin [†] P	Tricor P	tobramycin P	permoline (Cylert) DR NP
Nutropin AQ [†] SCN P	Antara NP	triple antibiotic P	Daytrana DR NP
Saizen [†] P	Triglide NP	Vigamox P	Desoxyn DR SCN NP
Tev-Tropin [†] P	Lipotropics, Other	Zymar P	Provigil DR NP
Humatrope NP	Niaspan P	Ciloxan Ointment NP	Ritalin LA DR NP
Norditropin NP	Lovaza (Omacor) NP	Iquix NP	Strattera* DR NP
Nutropin SCN NP	Zetia NP	Quixin NP	Vyvanse DR NP
Omnitrope NP	Lipotropics, Statins	Ophthalmics, Glaucoma Agents	[*] Prior authorization is not required for recipients 18 and older.
Serostim NP	lovastatin P	betaxolol P	Topical Immunomodulators
Zorbtive NP	simvastatin P	brimonidine P	Elidel NP
[†] Preferred agents that require clinical prior authorization.	Advicor P	carteolol P	Protopic SCN NP
Hepatitis B Agents	Lescol, XL P	dipivefrin P	Ulcerative Colitis
Baraclude P	Lipitor P	levobunolol P	mesalamine P
Epivir HBV P	Vytorin P	metipranolol P	sulfasalazine P
Hepsera P	pravastatin NP	pilocarpine P	Asacol P
Tyzeka P	Altoprev NP	timolol P	Canasa P
	Caduet NP	Alphagan P P	Colazal SCN P
	Crestor NP	Azopt P	Dipentum NP
		Betimol P	Lialda NP
		Betopic S P	Pentasa NP
		Cosopt P	
		Istalol P	

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dhfs.wisconsin.gov/seniorcare or via hand held devices using ePocrates (www.ePocrates.com)

ATTACHMENT 2

BadgerCare Plus-Covered Drug-Related Supplies

(A list of the BadgerCare Plus-Covered Drug-Related Supplies is located on the following pages.)

The following is a list of procedure codes, modifiers, and descriptions for BadgerCare Plus-covered drug-related supplies.

Procedure Code	Modifier	Description
A4206		Syringe with needle; sterile 1cc, each
A4207		sterile 2cc, each
A4208		sterile 3cc, each
A4209		sterile 5cc or greater, each
A4213		Syringe, sterile, 20cc or greater, each
A4215		Needle, sterile, any size, each
A4215	22	Insulin pen needles
A4215	59	Huber needles
A4233		Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234		Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235		Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4244		Alcohol or peroxide, per pint
A4250		Urine test or reagent strips or tablets (100 tablets or strips)
A4253	KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips, TYPE II Diabetics
A4253	KX	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips, TYPE I Diabetics
A4256		Normal, low and high calibrator solution/chips
A4258		Spring Powered Device for lancet, each
A4258	22	Insulin pen
A4259	KS	Lancets, per box of 100, Type II Diabetics
A4259	KX	Lancets, per box of 100, Type I Diabetics
A4261		Cervical cap for contraceptive use
A4266		Diaphragm for contraceptive use
A4267		Contraceptive supply, condom, male, each
A4268		Contraceptive supply, condom, female, each
A4269		Contraceptive supply, spermicide (e.g., foam, gel), each
A4614		Peak expiratory flow rate meter, hand held
A4627		Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A7003		Administration set, with small volume non-filtered pneumatic nebulizer, disposable

Procedure Code	Modifier	Description
A7004		Small volume nonfiltered pneumatic nebulizer, disposable
A7005		Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006		Administration set, with small volume filtered pneumatic nebulizer
A7015		Aerosol mask, used with DME nebulizer
A7016		Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7018		Water, distilled, used with large volume nebulizer, 1000 ml
A7018	22	Sterile water irrigation solution, 1000 ml
A7018	59	Sterile saline irrigation solution, 1000 ml
E0570		Nebulizer; With Compressor e.g., Devilbiss Pulmo-Aid
E0570	RR	Nebulizer; With Compressor e.g., Devilbiss Pulmo-Aid
E0571		Aerosol Compressor, Battery Powered, For Use With Small Volume Nebulizer
E0571	RR	Aerosol Compressor, Battery Powered, For Use With Small Volume Nebulizer
E0575		Nebulizer, Ultrasonic, Large Volume
E0575	RR	Nebulizer, Ultrasonic, Large Volume
E0580		Nebulizer, With Compressor, Durable, Glass Or Autoclavable Plastic, Bottle Type, For Use With Regulator Or Flowmeter
E0585		Nebulizer; With Compressor And Heater
E0585	RR	Nebulizer; With Compressor And Heater
E0607		Home blood glucose monitor
E1372		Immersion External Heater For Nebulizer
E1372	RR	Immersion External Heater For Nebulizer
E2100		Blood glucose monitor with integrated voice synthesizer
E2101		Blood glucose monitor with integrated lancing/blood sample
S5000	U1-U5	Prescription drug, generic
S5001	U1-U5	Prescription drug, brand name
S8101		Holding chamber or spacer for use with an inhaler or nebulizer; with mask
S8490		Insulin syringes (100 syringes, any size)