

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

Fall 2008 Preferred Drug List Review

This *BadgerCare Plus Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List (PDL). Changes to the PDL will be implemented in phases beginning October 1, 2008.

BadgerCare Plus has added nine new drug classes to the Preferred Drug List (PDL) and reviewed 31 classes. Changes indicated in this *BadgerCare Plus Update* apply to the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare programs.

The PDL does not include all drug classes that are covered by BadgerCare Plus, Medicaid, and SeniorCare. Drugs that have not been reviewed for inclusion on the PDL are covered but may have restrictions. Providers should refer to service-specific pharmacy *Updates* for more information about drug coverage.

The fall 2008 PDL will be implemented in three phases. In addition to this *Update*, providers should refer to the ForwardHealth Portal at www.forwardhealth.wi.gov/ or the Medicaid Web site at dhs.wisconsin.gov/medicaid/ for a schedule of phases and the drug classes included in each phase.

Note: Phases II and III will be effective after the implementation of ForwardHealth interChange.

Phase I

Phase I changes are effective for dates of service (DOS) on and after October 1, 2008. The following classes are

included in Phase I:

- Androgenic agents.
- Antidepressants, other.
- Antidepressants, SSRIs.
- Antiemetics, oral.
- Antiparkinson's agents.
- Antipsychotics, atypical.
- Antivirals, influenza.
- Antivirals, oral.
- Bone resorption suppression and related agents.
- Bronchodilators, beta agonists.
- Cytokine and cell adhesion molecule antagonists.
- Fluoroquinolones.
- Hepatitis B agents.
- Hypoglycemics, insulins.
- Intranasal rhinitis agents.
- Leukotriene modifiers.
- Macrolides/ketolides.
- Ophthalmics, allergic conjunctivitis.
- Platelet aggregation inhibitors.
- Stimulants and related agents.
- Topical immunomodulators.

Refer to Attachment 1 of this *Update* for a list of preferred drugs in Phase I.

Prescribers are required to continue completing and submitting to a pharmacy provider the appropriate Prior Authorization/Preferred Drug List (PA/PDL) form for non-preferred drugs. Refer to Attachment 2 for the procedures for submitting PA requests for PDL drugs.

Phase II

Nine drug classes added to the PDL during Phase II will be implemented in December 2008. Phase II includes classes where drugs will move from preferred to non-preferred status and the nine new classes that were reviewed. The following are the nine new drug classes:

- Analgesics/anesthetics, topical.
- Antibiotics, vaginal.
- Antiparasitics, topical.
- Antivirals, topical.
- Pancreatic enzymes.
- Steroids, topical low.
- Steroids, topical medium.
- Steroids, topical high.
- Steroids, topical very high.

BadgerCare Plus will begin accepting PA requests for non-preferred drugs two weeks prior to the implementation of Phase II. Prescribers are required to complete and submit to a pharmacy provider the appropriate PA/PDL form for non-preferred drugs.

Providers may refer to the Portal for the schedule of phases and the classes impacted.

Phase III

Significant system changes will occur during Phase III. Phase III changes will be implemented in January 2009 and will be posted to the Portal.

Alzheimer's Agents

Exelon capsules will be changing from preferred to non-preferred status. Effective in early 2009, members currently taking Exelon capsules will be grandfathered and may remain on the drug indefinitely without PA. The specific date for which members taking Exelon capsules will be grandfathered will be included with the schedule of phases on the Portal.

Antifungals, Oral

Effective in early 2009, Lamisil® granules will remain as a non-preferred drug but will also be diagnosis restricted.

The allowable diagnosis code for Lamisil® granules is 1100 (Dermatophytosis of scalp and beard [TINEACAPITIS]). The specific date for which claims for Lamisil® granules will require a diagnosis code will be included with the schedule of phases on the Portal.

Hypoglycemics for Adjunct Therapy

Currently, Januvia™ and Janumet™ are preferred drugs that require clinical PA. In early 2009, Januvia™ and Janumet™ will no longer require clinical PA and will remain as preferred drugs on the PDL.

Note: Byetta® and Symlin® still require clinical PA.

As a result of the change to Januvia™ and Janumet™, the Prior Authorization/Preferred Drug List (PA/PDL) for Hypoglycemics for Adjunct Therapy form, F-11179 (10/08), will be revised. A revised PA/PDL for Hypoglycemics for Adjunct Therapy form will be posted to the Portal with the schedule of phases.

Nonsteroidal Anti-Inflammatory Drugs

ForwardHealth has made multiple changes to the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Including Cyclo-oxygenase Inhibitors, F-11077 (10/08), form. A revised PA/PDL for NSAIDs, Including Cyclo-Oxygenase Inhibitors, form will be posted to the ForwardHealth Web site with the schedule of phases.

Reminders

Changes indicated in this *Update* do not apply to BadgerCare Plus Benchmark Plan members. As a reminder, certain generic drugs and a limited number of over-the-counter drugs are covered for Benchmark Plan members. Providers should refer to the BadgerCare Plus Benchmark National Drug Codes (NDCs) List on the Pharmacy page of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the most current list of covered NDCs.

Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug Lists Available on ePocrates

ForwardHealth providers may access the Wisconsin Medicaid, BadgerCare Plus, and SeniorCare 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/.

Diagnosis-Restricted Drugs

Preferred and non-preferred drugs that are diagnosis restricted continue to be diagnosis restricted on the PDL. The following are diagnosis-restricted drug classes that have been reviewed by ForwardHealth for the fall 2008 PDL:

- Antifungals, oral.
- Antiparkinson's agents.
- Stimulants and related agents.

Valid, most specific diagnosis codes may have up to five digits. Claims submitted with three- or four-digit codes where four- or five-digit codes are available may be denied. Refer to the Pharmacy page of the Portal for a list of allowable diagnosis codes for diagnosis-restricted drugs.

Emergency Medication Dispensing

ForwardHealth 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 member receives a prescription for a covered drug with any type of restriction and the physician cannot be reached to obtain a new prescription or the appropriate documentation to override the restriction. Medications dispensed in an emergency do not require PA.

The emergency medication dispensing policy overrides drug restriction policies and all PA policies, including the PDL, brand medically necessary, and diagnosis-restricted drug policies. However, other policies, such as member enrollment and noncovered services still apply.

When drugs are dispensed in an emergency situation, providers are required to submit a Noncompound Drug Claim, F-13072 (10/08), with a Pharmacy Special Handling Request, F-13074 (10/08), indicating the nature of the emergency. Providers should mail completed Noncompound Drug Claim and Pharmacy Special Handling Request forms as indicated on the Pharmacy Special Handling Request form. Providers may also fax these forms to ForwardHealth at (608) 221-8616.

Providers may refer to the February 2007 *Wisconsin Medicaid and BadgerCare Update* (2007-14), titled "Emergency Medication Dispensing," for additional information.

For More Information

Providers should refer to the Pharmacy page of the Portal for the Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug List — Quick Reference. Preferred and non-preferred drugs are included on the quick reference. The PDL may be revised as changes occur. Changes to the PDL are posted on the Pharmacy page of the Portal.

Providers may call Provider Services at (800) 947-9627 for information about BadgerCare Plus, Medicaid, and SeniorCare covered drugs.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. Pharmacy services for members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's managed care organization. Managed care organizations

must provide at least the same benefits as those provided under fee-for-service.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid, SeniorCare, 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 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 dhs.wisconsin.gov/medicaid/.

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ATTACHMENT 1

Phase I Preferred Drug List Classes

Classes Without Changes or with Drugs Moving from Non-preferred to Preferred Status

Androgenic Agents	Antivirals, Influenza	Hepatitis B Agents
Androderm	amantadine	Baraclude
Androgel	rimantadine	Epivir HBV
	Relenza	Hepsera
	Tamiflu	Tyzeka
Antidepressants, Other	Antivirals, Oral	Hypoglycemics, Insulins
bupropion IR, SR, XL	acyclovir	Humalog, Mix
mirtazapine	famciclovir	Humulin
trazodone	Valtrex	Lantus
venlafaxine		Levemir
Effexor XR		
Antidepressants, SSRIs	Bone Resorption Suppression and Related Agents	Intranasal Rhinitis Agents
citalopram	alendronate sodium	flunisolide
fluoxetine	Fosamax Plus D, solution	fluticasone
fluvoxamine	Miacalcin	ipratropium
paroxetine		Astelin
sertraline		Nasacort AQ
Antiemetics, Oral	Bronchodilators, Beta Agonists	Leukotriene Modifiers
granisetron	albuterol, sulfate, ER	Accolate
ondansetron/odt	metaproterenol (oral)	Singulair
Emend	terbutaline	
	Foradil	
	Maxair	
Antiparkinson's Agents	Proair HFA	
benztropine	Proventil HFA	
bromocriptine	Serevent	
carbidopa/levodopa	Ventolin HFA	
ropinirole	Xopenex HFA	
selegiline		
trihexyphenidyl		
Kemadrin		
Stalevo		
Antipsychotics, Atypical	Cytokine and Cell Adhesion Molecule Antagonists	Ophthalmics, Allergic Conjunctivitis
clozapine	Enbrel	cromolyn sodium
Geodon	Humira	Alaway OTC
Risperdal*/risperidone	Kineret	Pataday
Seroquel	Raptiva	Patanol
*Follows brand medically necessary policy on November 1, 2008.		Zaditor OTC
	Fluoroquinolones	Platelet Aggregation Inhibitors
	ciprofloxacin tablets	dipyridamole
	ofloxacin	ticlopidine
	Avelox	Aggrenox
	Levaquin	Plavix
		Stimulants and Related Agents
		amphetamine salt combination

dexamethylphenidate
dextroamphetamine
methylphenidate, ER
Adderall XR
Concerta
Focalin XR
Metadate CD
Vyvanse

ATTACHMENT 2

Preferred Drug List Prior Authorization Procedures for Prescribers and Pharmacy Providers

Prior authorization is always required for non-preferred drugs and future refills of newly designated non-preferred drugs.

For PA requests, prescribers are required to:

- Complete and sign the appropriate PA/PDL request form and include the required clinical information necessary to dispense a non-preferred drug.
- Submit the PA/PDL request form and prescription to the pharmacy where the prescription will be filled.

Pharmacy providers may submit PA request using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or on paper.

Providers may refer to the June 2008 *ForwardHealth Update* (2008-57), titled “Changes to Prior Authorization for Pharmacy Services,” for information about submitting PA requests, PA decisions, methods to request PA, and for PA/PDL forms.