

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

Spring 2008 Preferred Drug List Review

This *BadgerCare Plus 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 April 2, 2008.

BadgerCare Plus has added three new classes to the Preferred Drug List (PDL) and made changes to previously reviewed classes. Changes indicated on this *BadgerCare Plus Update* apply to the following:

- BadgerCare Plus Standard Plan members.
- SeniorCare members.
- Managed care members who were transitioned to fee-for-service effective for dates of service (DOS) on and after February 1, 2008.

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 are reminded that, as a result of the Department of Health and Family Services pharmacy consolidation, pharmacy services and some drug-related supplies for managed care members are reimbursed by fee-for-service. For more information about the pharmacy consolidation, providers may refer to the January 2008 *Update* (2008-07), titled "Pharmacy Consolidation for Wisconsin Medicaid and BadgerCare Plus Managed Care Members."

New Classes Added to the Preferred Drug List

BadgerCare Plus will add the drug classes listed below to the PDL effective for DOS on and after April 2, 2008. Drugs listed in the classes below are preferred drugs.

BadgerCare Plus will begin accepting prior authorization (PA) requests for non-preferred drugs in these classes beginning March 24, 2008. Prescribers are required to complete and submit to a pharmacy provider the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request, HCF 11075 (12/06), for non-preferred drugs in these classes.

Antibiotics, GI
Alinia
metronidazole
neomycin
Tindamax
Vancocin HCl

Impetigo, Topical Antibiotics*
mupirocin ointment

*Quantity limits and diagnosis restrictions apply.

Skeletal Muscle Relaxants
baclofen
carisoprodol, compound
chlorzoxazone
cyclobenzaprine
dantrolene sodium
methocarbamol
tizanidine

Skeletal Muscle Relaxants Drug Class

Effective for DOS on and after July 1, 2008, carisoprodol and the carisoprodol compound will be non-preferred skeletal muscle relaxant drugs that will require PA. Prescribers may either change a member's prescription to a preferred drug or request PA for carisoprodol or the carisoprodol compound if it is medically necessary. Prescribers with members taking carisoprodol or the carisoprodol compound will receive a letter from BadgerCare Plus describing the change in status of the drugs and the provider's responsibility to change the member to a preferred drug or obtain PA.

If it is medically necessary for a member to remain on carisoprodol or the carisoprodol compound, prescribers are required to complete the PA/PDL Exemption Request form and submit it to the pharmacy where the prescription will be filled. Pharmacy providers are required to submit the PA request to BadgerCare Plus using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or on paper.

Reviewed Classes on the Preferred Drug List

BadgerCare Plus has reviewed the following PDL drug classes. Preferred drugs are listed below. Changes to the PDL are effective for DOS on and after April 2, 2008. Current, approved PAs will be honored until their expiration date or until services have been exhausted.

Acne Agents, Topical
Azelex
benzoyl peroxide
Clinac BPO
clindamycin phosphate
erythromycin
Retin-A Micro
Tazorac
tretinoin

BPH Treatments
Avodart
doxazosin
finasteride
Flomax
terazosin
Uroxatral

Analgesics, Narcotics, Long Acting
fentanyl transdermal patches
Kadian
methadone
morphine ER

Analgesics, Narcotics, Short Acting
acetaminophen/codeine
aspirin/codeine
butalbital/apap/codeine/caffeine
codeine
dihydrocodeine/apap/caffeine
hydrocodone/apap
hydrocodone/ibuprofen
hydromorphone
levorphanol
morphine
oxycodone
oxycodone/apap, aspirin
oxycodone/ibuprofen
propoxyphene HCl, apap
tramadol

Angiotensin Modulators
Avalide, Avapro
benazepril, HCTZ
Benicar, HCT
captopril, HCTZ
Cozaar, Hyzaar
Diovan, HCT
enalapril, HCTZ
fosinopril, HCTZ
lisinopril, HCTZ
Micardis, HCT

Note: BadgerCare Plus has combined the angiotensin modulators and angiotensin receptor blockers classes into a new PDL class, titled “Angiotensin Modulators.”

Angiotensin Modulators/Calcium Channel Blocker Combinations
amlodipine/benazepril
Exforge
Tarka

Anticoagulants, Injectables
Arixtra
Fragmin
Lovenox

Anticonvulsants
carbamazepine
Carbatrol
Celontin
clonazepam
Depakote, ER, sprinkle
Diastat
ethosuximide
Equetro
Felbatol
gabapentin
Gabitril
Keppra
Lamictal
Lyrica

mephobarbital
oxcarbazepine
Peganone
phenobarbital
phenytoin
primidone
Topamax
valproic acid
zonisamide

Antihistamines, Nonsedating
certrizine over-the-counter 5mg and 10mg tablets
loratadine tablet, syrup, loratadine-D

Antimigraine, Triptans*
Imitrex (oral, nasal, and subcutaneous)
Maxalt, MLT
Relpax

*Quantity limits apply.

Beta Blockers
acebutolol
atenolol
betaxolol
bisoprolol
carvedilol
labetalol
metoprolol
nadolol
pindolol
propranolol
sotalol
timolol

Bladder Relaxant Preparations
Detrol LA
Enablex
oxybutynin, ER
Oxytrol
Sanctura, XR
VESIcare

Calcium Channel Blocking Agents
amlodipine
Cardizem LA
diltiazem
felodipine ER
nicardipine
nifedipine, ER
nimodipine
verapamil, ER, SR

Erythropoiesis Stimulating Proteins
Aranesp
Procrit

Growth Hormone Drugs
Genotropin [†]
Nutropin, AQ [†]
Saizen [†]
Tev-Tropin [†]

[†]Preferred drugs that require clinical PA.

Hepatitis C Agents
Pegasys
Peg-Intron, Redipen
ribavirin

Hypoglycemics, Meglitinides
Starlix

Hypoglycemics, Thiazolidinediones
Actoplus Met
Actos
Avandamet
Avandaryl
Avandia
Duetact

Lipotropics, Bile Acid Sequestrants
cholestyramine
colestipol

Lipotropics, Fibrin Acids
fenofibrate
gemfibrozil
Tricor

Lipotropics, Other
Niaspan
Zetia

Lipotropics, Statins
Lescol, XL
Lipitor
lovastatin
pravastatin
simvastatin
Vytorin

Multiple Sclerosis Agents
Avonex
Betaseron
Copaxone
Rebif

Otics, Fluoroquinolones
Ciprodex
ofloxacin

Phosphate Binders
Fosrenol
Phoslo
Renagel

Proton Pump Inhibitors
Nexium [*]
Prevacid (capsules, SoluTab, suspension) [*]
Prilosec OTC [*]

^{*}Diagnosis restricted drug.

Sedative Hypnotics
chloral hydrate
estazolam
flurazepam
Rozerem
temazepam
zolpidem

Ulcerative Colitis Agents
Asacol
Canasa
Colazal
mesalamine
sulfasalazine

Sedative Hypnotics Drug Class

As a result of safety concerns, the Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee has recommended that triazolam be a non-preferred drug. Effective for DOS on and after April 2, 2008, triazolam will be non-preferred and will require PA.

Grandfathering

Effective for DOS on and after April 2, 2008, BadgerCare Plus will grandfather prescriptions for Norditropin® for managed care members who transitioned to BadgerCare Plus on February 1, 2008. These members may remain on Norditropin® until October 1, 2008, without PA.

Revised Prior Authorization/Preferred Drug List Forms

BadgerCare Plus has revised the following PA/PDL forms:

- The Prior Authorization/Preferred Drug List (PA/PDL) for Elidel® and Protopic®, HCF 11303 (03/08).
- The Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs, HCF 11078 (03/08).

Refer to Attachments 1 through 4 of this *Update* for copies of the PA/PDL for Elidel® and Protopic® and the PA/PDL for PPI Drugs completion instructions and forms.

Prior Authorization Request Submissions

As a reminder, PA is always required for non-preferred drugs and future refills of newly designated non-preferred drugs. Prescribers are required to complete and sign the appropriate PA/PDL form and submit it to the pharmacy provider where the prescription will be filled. Pharmacy providers may submit PA requests using the STAT-PA system or on paper.

STAT-PA

Pharmacy providers should submit PA requests using the STAT-PA system, if possible. To access the STAT-PA system, providers may call (800) 947-1197 or (608) 221-2096.

Paper

If a PA request must be submitted on paper, the pharmacy provider is required to complete, sign, and date a Prior Authorization Request Form, HCF 11018 (10/03), and submit it to BadgerCare Plus with the appropriate PA/PDL form that was completed by the prescriber.

Reminders

BadgerCare Plus and SeniorCare Preferred Drug Lists Available on ePocrates

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

Emergency Medication Dispensing Reminder

BadgerCare Plus 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 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. 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 member 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 BadgerCare Plus at (608) 221-8616.

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

For More Information

Providers may refer to the Data Tables on the Pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/index.htm for a list of drugs where quantity limits apply and diagnoses are restricted.

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 and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT 1

Prior Authorization/Preferred Drug List (PA/PDL) for 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.)

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**BADGERCARE PLUS
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR ELIDEL[®] AND PROTOPIC[®] COMPLETION INSTRUCTIONS**

BadgerCare Plus requires certain information to authorize and pay for medical services provided to enrolled members. Although these instructions refer to BadgerCare Plus, all information applies to Medicaid and SeniorCare.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration, such as determining enrollment 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 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 BadgerCare Plus medical consultants 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 BadgerCare Plus 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:

BadgerCare Plus
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 — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, followed by his or her first name and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the member identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Member Identification Number

Enter the member's 10-digit 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 or an allergist.

Element 13

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

Element 15

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

Element 16

Check the appropriate box to indicate whether or not the member has experienced a treatment failure or a clinically significant adverse drug reaction with a topical corticosteroid in the past 183 days. If yes, indicate in the space provided the topical corticosteroid that the member 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

Check the appropriate box to indicate whether or not the member has received treatment with Elidel® or Protopic® in the last 183 days and achieved a measurable therapeutic response.

Element 18 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 19 — Date Signed

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

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 20 — National Drug Code

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

Element 21 — Days' Supply Requested

Enter the requested days' supply.

Note: BadgerCare Plus will not approve a days' supply greater than 183 days.

Element 22 — Provider Number

Enter the provider's eight-digit provider number.

Element 23 — 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 24 — 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 25 — Assigned PA Number

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

Element 26 — Grant Date

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

Element 27 — Expiration Date

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

Element 28 — 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 29

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.)

**BADGERCARE PLUS
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 — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth — Member
3. Member 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 or an allergist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is the member over two years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is the member immunocompromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Has the member taken an antiretroviral or antineoplastic agent within the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Has the member experienced a treatment failure or a clinically significant adverse drug reaction to a topical corticosteroid in the past 183 days? If "yes," list the topical corticosteroid and the approximate dates taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Has the member received treatment with Elidel [®] or Protopic [®] in the past 183 days and achieved a measurable therapeutic response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. SIGNATURE — Prescriber	19. Date Signed	

Continued

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

20. National Drug Code (11 Digits)	21. Days' Supply Requested (Up to 183 Days)	
22. Provider Number (Eight Digits)		
23. Date of Service (MM/DD/CCYY) (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.)		
24. 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].)		
25. Assigned PA Number (Seven Digits)		
26. Grant Date	27. Expiration Date	28. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

29. 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 Proton Pump Inhibitor (PPI) Drugs
Completion Instructions

(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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**BADGERCARE PLUS
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR PROTON PUMP INHIBITOR (PPI) DRUGS
COMPLETION INSTRUCTIONS**

BadgerCare Plus requires certain information to authorize and pay for medical services provided to enrolled members. Although these instructions refer to BadgerCare Plus, all information applies to Medicaid and SeniorCare.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration, such as determining enrollment 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 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 BadgerCare Plus medical consultants to make a determination about the request.

INSTRUCTIONS

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078. Pharmacy providers 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 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 BadgerCare Plus 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:

BadgerCare Plus
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 — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, followed by his or her first name and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the member identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member

Enter the recipient's date of birth in MM/DD/CCYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Member Identification Number

Enter the member's 10-digit 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:

- 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 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 NON-PREFERRED PROTON PUMP INHIBITOR DRUGS

Include diagnostic and clinical information explaining the need for the product requested. In Elements 12 through 14, check "yes" to all that apply.

Note: A member is required to try and fail both Prevacid[®] and Nexium[®] before trying omeprazole. The member is also required to try and fail omeprazole before another non-preferred PPI drug is prescribed.

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 or biologic requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description. The diagnosis code for PPIs must be one of the PPI-approved codes.

Element 12

Check the appropriate box to indicate whether or not the member has experienced a clinically significant adverse drug reaction to Prevacid[®], Nexium[®], and Prilosec[®] OTC. If "yes" is checked, indicate in the space provided the specific details of the clinically significant adverse drug reaction(s) and the approximate dates Prevacid[®], Nexium[®], and Prilosec[®] OTC were taken.

Element 13

Check the appropriate box to indicate whether or not the member has experienced a treatment failure on the maximum dose of Prevacid[®] (60 mg/day), Nexium[®] (40 mg/day), and Prilosec[®] OTC (40 mg/day)? If "yes" is checked, indicate in the space provided the approximate dates Prevacid[®], Nexium[®], and Prilosec[®] OTC were taken.

Element 14

Check the appropriate box to indicate whether or not the member has experienced a treatment failure on the maximum dose of omeprazole (40 mg/day) or experienced a clinically significant adverse drug reaction to omeprazole (i.e., Prilosec[®], Prilosec[®] OTC, or generic omeprazole). If "yes" is checked, indicate in the space provided the specific details of the treatment failure or clinically significant drug reaction and the approximate dates omeprazole was taken.

Element 15 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 16 — Date Signed

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

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 17 — National Drug Code

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

Element 18 — Days' Supply Requested

Enter the requested days' supply.

Element 19 — Provider Number

Enter the provider's eight-digit provider number.

Element 20 — 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 21 — 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 22 — Assigned PA Number

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

Element 23 — Grant Date

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

Element 24 — Expiration Date

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

Element 25 — 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 26

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

(A copy of the “Prior Authorization/Preferred Drug List [PA/PDL] for Proton Pump Inhibitor [PPI] Drugs” is located on the following pages.)

BADGERCARE PLUS
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.

Pharmacy providers are required to have a completed PA/PDL for PPI Drugs 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 — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth — Member
3. Member 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 PROTON PUMP INHIBITOR DRUGS

11. Diagnosis — Primary Code and / or Description	
12. Has the member experienced a clinically significant adverse drug reaction to Prevacid [®] , Nexium [®] , and Prilosec [®] OTC? If "yes," list the specific details of the clinically significant adverse drug reaction(s) and the approximate dates Prevacid [®] , Nexium [®] , and Prilosec [®] OTC were taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has the member experienced a treatment failure on the maximum dose of Prevacid [®] (60 mg/day), Nexium [®] (40 mg/day), and Prilosec [®] OTC (40 mg/day)? If "yes," indicate the approximate dates Prevacid [®] , Nexium [®] , and Prilosec [®] OTC were taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has the member experienced a treatment failure on the maximum dose of omeprazole (40 mg/day) or experienced a clinically significant adverse drug reaction to omeprazole (i.e., Prilosec [®] , Prilosec [®] OTC, or generic omeprazole)? If "yes," list the specific details of the treatment failure or clinically significant adverse drug reaction and the approximate dates omeprazole was taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. SIGNATURE — Prescriber	16. Date Signed

Continued

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

17. National Drug Code (11 Digits)	18. Days' Supply Requested (Up to 365 Days)	
19. Provider Number (Eight Digits)		
20. Date of Service (MM/DD/CCYY) (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.)		
21. 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].)		
22. Assigned PA Number (Seven Digits)		
23. Grant Date	24. Expiration Date	25. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

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