

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

Continuity of Care Transition Period for Pharmacy Services Ending for Managed Care Members

The continuity of care transition period for pharmacy services for managed care members that transitioned to fee-for-service will end on April 2, 2008. For dates of service on and after April 2, 2008, all fee-for-service policies and procedures will apply, including the prior authorization and diagnosis restriction policies for pharmacy services.

Background

As a result of the Department of Health and Family Services pharmacy consolidation, pharmacy services and certain drug-related supplies for managed care members were reimbursed by fee-for-service for dates of service (DOS) beginning on and after February 1, 2008. In an effort to ensure no interruption in service for members, a continuity of care transition period was provided, during which drug prior authorization (PA) and diagnosis restrictions were suspended for prescriptions for managed care members who transitioned to fee-for-service.

Note: Federal legislation requires that prescriptions for Medicaid and BadgerCare Plus members, including managed care members, that are not telephoned, faxed, or electronically transferred to a pharmacy be written or printed on tamper-resistant prescription pads or computer paper.

Transition Period Expires

As a reminder, the continuity of care transition period ends on April 2, 2008. For DOS on and after April 2, 2008, fee-for-service PA requirements and diagnosis restrictions for managed care members will apply.

A list of members taking non-preferred or brand medically necessary drugs that require PA was mailed to prescribers who prescribed those drugs, along with a letter about the transition period expiration.

As a result of the transition period expiration, providers may need to do one or more of the following for managed care members with drug coverage that transitioned to fee-for-service:

- Indicate an allowable diagnosis code on claims for a diagnosis-restricted drug.
- Change a member's prescription to a preferred drug or request PA from BadgerCare Plus for a non-preferred drug.
- Change a member's prescription to a generic equivalent drug or request PA from BadgerCare Plus for a brand name drug.

Diagnosis-Restricted Drugs

Pharmacy claims for diagnosis-restricted drugs must include the appropriate diagnosis. Prescribers should include the appropriate diagnosis on the prescription. If the diagnosis is not indicated on the prescription, the

pharmacy provider should contact the prescriber to obtain the diagnosis.

For a list of allowable diagnosis codes, prescribers may refer to the diagnosis restricted drugs pharmacy data table, which is located on the Pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/index.htm/.

If a drug is prescribed for use outside the approved indications, the prescriber is required to complete the Prior Authorization/Drug Attachment (PA/DGA), HCF 11049 (06/03), and submit it to the pharmacy provider, along with supporting clinical documentation. The pharmacy provider is required to complete a Prior Authorization Request Form (PA/RF), HCF 11018 (10/03), and submit it with the PA/DGA and supporting clinical documentation to BadgerCare Plus.

Prior Authorization

Prescribers are responsible for completing and submitting the appropriate PA form to the pharmacy provider where the prescription will be filled. Prescribers should determine whether or not a drug requires PA or a diagnosis for fee-for-service members. The following are available for prescribers to determine whether or not a drug requires PA or a diagnosis:

- The Wisconsin Medicaid and SeniorCare Preferred Drug List (PDL).
- Brand Medically Necessary Drugs That Require Prior Authorization pharmacy data table.
- The Diagnosis Restricted Drugs pharmacy data table.
- ePocrates Web site.

Refer to the Attachment of this *BadgerCare Plus Update* for the most recent PDL quick reference. The PDL is revised monthly and can be located on the Pharmacy page of the Medicaid Web site. 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/.

The list of brand medically necessary drugs that require PA can be found on the Pharmacy page of the Medicaid Web site.

Non-preferred Drugs

Non-preferred drugs on the PDL require PA. Prescribers are required to complete the appropriate Prior Authorization/Preferred Drug List (PA/PDL) form and submit it to the pharmacy provider. Pharmacy providers may submit a PA request to BadgerCare Plus using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or on paper.

Brand Medically Necessary Drugs

For brand medically necessary drugs, prescribers are required to complete the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), HCF 11083 (03/05), and submit it, along with supporting documentation, to the pharmacy provider. The pharmacy provider is required to complete a PA/RF and mail it along with the PA/BMNA, supporting documentation, and a copy of the prescription with “Brand Medically Necessary” handwritten by the prescriber indicated to BadgerCare Plus.

For More Information

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.” Providers may also call Provider Services at (800) 947-9627 or (608) 221-9883 with questions.

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/.

PHC 1250

ATTACHMENT
**Wisconsin Medicaid and SeniorCare Preferred
Drug List — Quick Reference**

(A copy of the Wisconsin Medicaid and SeniorCare Preferred Drug List — Quick Reference is located on the following pages.)

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/02/08)

Bronchodilators, Beta Agonists	Glucocorticoids, Inhaled	Leukotriene Modifiers	Ophthalmics, Allergic Conjunctivitis
albuterol, sulfate ER P metaproterenol (oral) P terbutaline P Maxair P Proventil HFA SCN P Serevent P Ventolin HFA P Xopenex HFA P metaproterenol (inhalation) NP Alupent NP Brovana NP Foradil NP ProAir HFA NP Xopenex NP	Advair, HFA P Aerobid, Aerobid-M SCN P Asmanex SCN P Azmacort SCN P Flovent, HFA P Pulmicort Respules P Qvar P Pulmicort Flexhaler NP Symbicort NP	Accolate P Singulair P Zyflo NP Lipotropics, Bile Acid Sequestrants cholestyramine P colestipol P Welchol NP Lipotropics, Fibric Acids fenofibrate P gemfibrozil P Tricor P Antara NP Triglide NP Lipotropics, Other Niaspan P Zetia P Lipofen NP Lovaza (Omacor) NP Lipotropics, Statins lovastatin P simvastatin P Lescol, XL P Lipitor P Vytorin P pravastatin NP Advicor NP Altoprev NP Caduet NP Crestor NP	Alaway P cromolyn P Zaditor OTC P ketotifen NP Alamast NP Alocril NP Alomide NP Alrex NP Elestat NP Emadine NP Patanol NP Pataday NP Optivar NP
Calcium Channel Blocking Agents amlodipine P diltiazem, ER P felodipine ER P nicardipine P nifedipine, ER P nimodipine P verapamil, ER, SR P Cardizem LA P isradipine (Dynacirc, CR) NP Cardene SR NP Covera-HS NP Sular NP	Humatrope NP Norditropin NP Omnitrope NP Serostim NP Zorbtive NP † Preferred agents that require clinical prior authorization. Hepatitis B Agents Baraclude P Epivir HBV P Hepsera P Tyzeka P	Lipotropics, Other Niaspan P Zetia P Lipofen NP Lovaza (Omacor) NP Lipotropics, Statins lovastatin P simvastatin P Lescol, XL P Lipitor P Vytorin P pravastatin NP Advicor NP Altoprev NP Caduet NP Crestor NP	Ophthalmics, Fluoroquinolones bacitracin/polymyxin P ciprofloxacin solution P erythromycin P gentamicin P ofloxacin P polymyxin/trimethoprim P sulfacetamide P tobramycin P triple antibiotic P Vigamox P Zymar P Ciloxan Ointment NP Iquix NP Quixin NP
Cephalosporin and Related Agents amoxicillin/clavulanate P amox tr-potassium clav 600 P cefaclor P cefadroxil P cefdinir P cefpodoxime P cephalexin P cefprozil P cefuroxime P Cedax P Spectracef P Suprax P Augmentin XR NP Lorabid NP Panixine NP Raniclor NP	Hepatitis C Agents ribavirin DR P Pegasys DR P Peg-Intron, Redipen DR SCN P Infergen DR SCN NP Hypoglycemics, Adjunct Therapy Byetta† P Janumet† QL P Januvia† QL P Symlin†, pen† P † Preferred agents that require clinical prior authorization. QL - Quantity Limits apply each month: 34 tablets Januvia, 68 tablets Janumet. Hypoglycemics, Insulins Humulin P Humalog P Humalog Mix P Lantus SCN P Levemir P Apidra SCN NP Novolin NP Novolog NP Novolog Mix NP	Macrolides/Ketolides azithromycin P clarithromycin P erythromycin P clarithromycin ER NP Ketek SCN NP Zmax NP Multiple Sclerosis Agents Avonex DR SCN P Betaseron DR P Copaxone DR SCN P Rebif DR P NSAIDs diclofenac, potassium, XL P flurbiprofen P ibuprofen P indomethacin, SR P ketoprofen P ketorolac P meclofenamate P meloxicam P naproxen P naproxen sodium, DS P piroxicam P Celebrex* P etodolac, XL NP fenoprofen (Nalfon) NP mefenamic acid (Ponstel) NP oxaprozin NP sulindac NP tolmetin, DS NP Arthrotec NP Prevacid Naprapac NP *Celebrex requires clinical prior authorization	Ophthalmics, Glaucoma Agents betaxolol P brimonidine P carteolol P dipivefrin P levobunolol P metipranolol P pilocarpine P timolol P Alphagan P P Azopt P Betimol P Betopic S P Cosopt P Istalol P Lumigan P Travatan, Z P Trusopt P Xalatan P Combigan NP
Cytokine and CAM Antagonists Enbrel† SCN P Humira† P Kineret† P Raptiva† SCN P † Preferred agents that require clinical prior authorization.	Hypoglycemics, Meglitinides Starlix P Prandin NP	NSAIDs diclofenac, potassium, XL P flurbiprofen P ibuprofen P indomethacin, SR P ketoprofen P ketorolac P meclofenamate P meloxicam P naproxen P naproxen sodium, DS P piroxicam P Celebrex* P etodolac, XL NP fenoprofen (Nalfon) NP mefenamic acid (Ponstel) NP oxaprozin NP sulindac NP tolmetin, DS NP Arthrotec NP Prevacid Naprapac NP *Celebrex requires clinical prior authorization	Ophthalmics, NSAIDs diclofenac P flurbiprofen P Acular, LS, PF P Nevanac P Xibrom P
Erythropoiesis Stimulating Proteins Aranesp DR P Procrit DR P Epoegen DR NP	Hypoglycemics, Thiazolidinediones Actoplus MET P Actos P Avandamet P Avandaryl P Avandia P Duetact P Intranasal Rhinitis Agents flunisolide P ipratropium P Astelin P fluticasone P Nasacort AQ SCN P Beconase AQ NP Nasarel NP Nasonex SCN NP Rhinocort Aqua NP Veramyst NP	NSAIDs diclofenac, potassium, XL P flurbiprofen P ibuprofen P indomethacin, SR P ketoprofen P ketorolac P meclofenamate P meloxicam P naproxen P naproxen sodium, DS P piroxicam P Celebrex* P etodolac, XL NP fenoprofen (Nalfon) NP mefenamic acid (Ponstel) NP oxaprozin NP sulindac NP tolmetin, DS NP Arthrotec NP Prevacid Naprapac NP *Celebrex requires clinical prior authorization	Ophthalmics, Fluoroquinolones ofloxacin (drops) P Ciprodex P Floxin (singles) P Cipro HC NP
Fluoroquinolones ciprofloxacin P ofloxacin P Avelox SCN P Levaquin P ciprofloxacin ER NP Cipro suspension NP Factive SCN NP Maxaquin NP Noroxin NP Proquin XR SCN NP Tequin NP	Hypoglycemics, Thiazolidinediones Actoplus MET P Actos P Avandamet P Avandaryl P Avandia P Duetact P Intranasal Rhinitis Agents flunisolide P ipratropium P Astelin P fluticasone P Nasacort AQ SCN P Beconase AQ NP Nasarel NP Nasonex SCN NP Rhinocort Aqua NP Veramyst NP	NSAIDs diclofenac, potassium, XL P flurbiprofen P ibuprofen P indomethacin, SR P ketoprofen P ketorolac P meclofenamate P meloxicam P naproxen P naproxen sodium, DS P piroxicam P Celebrex* P etodolac, XL NP fenoprofen (Nalfon) NP mefenamic acid (Ponstel) NP oxaprozin NP sulindac NP tolmetin, DS NP Arthrotec NP Prevacid Naprapac NP *Celebrex requires clinical prior authorization	Phosphate Binders Phosfo SCN P Renagel P Fosrenol P Renvela NP
			Platelet Aggregation Inhibitors dipyridamole P ticlopidine P Aggrenox P Plavix P

Key:

All lowercase letters = generic product **P = Preferred product** QL = Quantity Limits
 Leading capital letter = brand name product NP = Non-preferred product (requires PA) 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 dhs.wisconsin.gov/seniorcare or via hand held devices using ePocrates (www.ePocrates.com).

Wisconsin Medicaid and SeniorCare Preferred Drug List - Quick Reference

(Revised 04/02/08)

Proton Pump Inhibitors		
Nexium, susp.	DR	P
Prevacid (caps, SoluTab, s	DR	P
Prilosec OTC	DR	P
omeprazole, OTC*	DR	NP
pantoprazole*	DR	NP
Aciphex*	DR	NP
Prilosec 40 mg*	DR	NP
Zegerid*	DR	NP
* Requires the prior use and failure of Nexium and Prevacid and Prilosec OTC.		
Sedative Hypnotics		
chloral hydrate		P
estazolam		P
flurazepam		P
temazepam		P
zolpidem		P
Rozerem		P
triazolam		NP
Ambien CR	SCN	NP
Doral		NP
Lunesta		NP
Restoril		NP
Sonata		NP
Skeletal Muscle Relaxants		
baclofen		P
carisoprodol, compound		P
chlorzoxazone		P
cyclobenzaprine		P
dantrolene sodium		P
methocarbamol		P
tizanidine		P
orphenadrine		NP
orphenadrine compound		NP
Amrix		NP
Fexmid		NP
Skelaxin		NP
Soma		NP
Zanaflex		NP
Stimulants and Related Agents		
amphetamine salt combo	DR	P
dextroamphetamine	DR	P
methylphenidate, ER	DR	P
Adderall XR	DR	P
Concerta	DR	P
Focalin, XR	DR	P
Metadate CD	DR	P
pemoline (Cylert)	DR	NP
Daytrana	DR	NP
Desoxyn	DR	SCN NP
Provigil	DR	NP
Ritalin LA	DR	NP
Strattera*	DR	NP
Vyvanse	DR	NP
* Prior authorization is not required for recipients 18 and older.		
Topical, Anti-Infectives		
mupirocin ointment	DR	P
Altabax	DR	NP
Bactroban cream	DR	NP
Topical Immunomodulators		
Elidel		NP
Protopic	SCN	NP
Clinical PA required for both agents		
Ulcerative Colitis		
balsalazide		P
mesalamine		P
sulfasalazine		P
Asacol		P
Canasa		P
Dipentum		NP
Lialda		NP
Pentasa		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).