This Update has been revised since its original publication. The fax number on page 5 under "Emergency Medication Dispensing" has been changed to (608) 221-0885. Also, the Online Handbook has not yet been revised to include information contained in this Update.

ForwardHealth
Wisconsin serving you

Update
March 2009

No. 2009-10

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

Spring 2009 Preferred Drug List Review

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to the Preferred Drug List (PDL). Changes to the PDL will be implemented beginning April 1, 2009.

The BadgerCare Plus Standard Plan, Medicaid, and SeniorCare have added three new drug classes to the Preferred Drug List (PDL) and reviewed 29 existing classes. Changes in status may have occurred to preferred and non-preferred drugs in several reviewed classes. This *ForwardHealth Update* provides an overview of the major changes to certain drug classes. The PDL is revised monthly and changes are posted to the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

The PDL includes many drugs and 72 classes. The PDL is not a drug formulary and is not a comprehensive list of the drugs that are covered by the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare.

Most drugs and drug classes included on the PDL are covered by the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare, but certain drugs may have restrictions (e.g., diagnosis, quantity limits, age limits). Preferred drugs are covered, but may have restrictions. Prescribers are encouraged to write prescriptions for preferred drugs if medically appropriate. Most preferred drugs do not require prior authorization (PA), except in a limited number of classes (e.g., growth hormone drugs, cytokine and cell adhesion molecule [CAM] antagonists).

Non-preferred drugs may be covered with an approved PA. Preferred and non-preferred drugs may have other restrictions, including diagnosis, quantity limit, and age limit restrictions. Noncovered drugs (e.g., drugs used for hair loss or cosmetic purposes) are *not* reimbursed, even with PA.

New Preferred Drug List Classes

Information in this section applies to members enrolled in the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare.

The following classes will be added to the PDL on April 1, 2009:

- Cough and cold products, narcotic.
- H. Pylori treatments.
- Pulmonary arterial hypertension drugs.

Providers may refer to the current PDL Quick Reference on the Pharmacy page of the Portal for the preferred and non-preferred drugs in these classes.

Changes to the Preferred Drug List

Below is an overview of major changes that will be made to certain PDL classes for dates of service (DOS) on and after April 1, 2009. Information in this section applies to members enrolled in the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare.

Prescribers are encouraged to write prescriptions for preferred drugs. If it is medically necessary to request PA for non-preferred drugs in the classes below, prescribers are required to complete the Prior Authorization/Preferred Drug List (PA/PDL) Exemption Request, F-11075 (10/08), unless otherwise indicated, and submit it to the pharmacy provider where the prescription will be filled. Providers may refer to the Portal for the Wisconsin Medicaid, BadgerCare Plus, and SeniorCare Preferred Drug List — Quick Reference, which includes a complete list of preferred and non-preferred drugs and the additional restrictions applied to drugs in classes below.

In certain situations, a brand name drug is more cost-effective for the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare than the generic equivalent. If a brand name drug is a preferred drug and the generic equivalent is a non-preferred drug, providers may submit a PA request for the generic equivalent to ForwardHealth through the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

Prescribers and pharmacy providers may refer to Attachment 1 of this *Update* for instructions on how to submit PA requests for non-preferred drugs.

Analgesics, Narcotics (Long Acting)

For DOS on and after April 1, 2009, Duragesic transdermal patches will be a preferred drug that no longer requires brand medically necessary PA. Fentanyl transdermal patches will be a non-preferred drug that requires PA. Pharmacy providers should switch members from fentanyl transdermal patches to Duragesic transdermal patches. Brand name Duragesic transdermal patches are more cost-effective for the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare than the fentanyl transdermal patches.

Oxycontin will also move from non-preferred to preferred status for DOS on and after April 1, 2009. Oxycodone ER, the generic form of Oxycontin, will remain as a preferred drug.

Analgesics, Narcotics (Short Acting)

For DOS on and after April 1, 2009, *all* narcotic and non-narcotic products containing butalbital will be moved to the newly named Antimigraine class. All products that contain butalbital will be non-preferred. Members currently taking products containing butalbital will not be grandfathered. As medically appropriate, prescribers may switch members to a preferred drug in either the Analgesics, Narcotics (Short Acting) class or the Antimigraine class or request PA for a product containing butalbital.

Angiotensin Modulators/Calcium Channel Blockers

For DOS on and after April 1, 2009, the amlodipine/benazepril combination will be a non-preferred drug that requires PA. Amlodipine and benazepril as separate products are preferred drugs that do not require PA because the single components are more cost-effective for the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare than the combination. If a member is taking amlodipine/benazepril, pharmacy providers should contact prescribers to switch the member's prescription to amlodipine and benazepril. Prescribers should request PA for amlodipine/benazepril combination only for a member who is unable to comply with the use of separate components.

Anticonvulsants

For DOS on and after April 1, 2009, lamotrigine will be a preferred drug that no longer requires PA. Lamictal will require brand medically necessary PA for DOS on and after April 1, 2009. However, Lamictal starter kits will remain preferred drugs that do not require PA. Following the member's use of the Lamictal starter kit for titration, lamotrigine should be prescribed for refills unless a brand medically necessary PA is requested and approved for Lamictal.

For DOS on and after April 1, 2009, Keppra XR will be a preferred drug. Levetiracetam tablets and solution will remain a preferred drug. Keppra and Keppra oral solution continue to require brand medically necessary PA.

Antimigraine Drugs

The Antimigraine, Triptans class will be renamed the Antimigraine Drugs class. As stated in the Analgesics, Narcotics (Short Acting) section of this *Update,* products containing butalbital will be added to this class as non-preferred drugs.

For DOS on and after April 1, 2009, sumatriptan tablets, nasal sprays, and injections are preferred drugs. Imitrex tablets, nasal sprays, and injections will require brand medically necessary PA.

Treximet will be non-preferred for DOS on and after April 1, 2009. The combination products included in Treximet, sumatriptan and naproxen, are preferred drugs that do not require PA because the single components are more cost-effective for the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare than the combination.

Cough and Cold Products, Narcotics

The Cough and Cold Products, Narcotics class will be added to the PDL for DOS on and after April 1, 2009. Tussionex will be a non-preferred drug that requires PA for DOS on and after April 1, 2009. Members currently taking Tussionex will not be grandfathered.

H. Pylori Treatment

The H. Pylori Treatment class will be added to the PDL for DOS on and after April 1, 2009. All drugs in this class are diagnosis restricted. The allowable diagnosis code of 041.86 (Helicobacter pylori) is the only acceptable diagnosis code for H. Pylori treatment and must be indicated on claims and PA requests for H. Pylori treatment drugs.

For DOS on and after April 1, 2009, Helidac will be a preferred drug that does not require PA. Prevpac and Pylera will be non-preferred drugs that require PA.

According to current medical guidelines, if the H. Pylori treatment does not include a proton pump inhibitor (PPI) drug, prescribers should prescribe an H. Pylori treatment drug *and* a PPI drug or an H2 antagonist.

Phosphate Binders

For DOS on and after April 1, 2009, Phoslo will be a preferred drug that no longer requires brand medically necessary PA. Calcium acetate will be a non-preferred drug that requires PA. Pharmacy providers should switch members' prescriptions from calcium acetate to Phoslo. Phoslo is more cost-effective for the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare than calcium acetate.

Pulmonary Arterial Hypertension Drugs

The Pulmonary Arterial Hypertension Drugs class will be added to the PDL for DOS on and after April 1, 2009. All drugs in this class are diagnosis restricted. The allowable diagnosis code of 416.0 (Primary pulmonary hypertension) is required on claims and PA requests for all pulmonary hypertension drugs.

For DOS on and after April 1, 2009, Letairis and Revatio will be preferred drugs that do not require PA. Tracleer will be a non-preferred drug that requires PA. Prior authorization is required for members who are newly prescribed Tracleer on and after April 1, 2009. Members currently taking Tracleer will be grandfathered and may remain on the drug indefinitely without PA.

Changes to Growth Hormone Drug Class

Information in this section applies to members enrolled in the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare.

For DOS on and after April 1, 2009, the list of preferred growth hormone drugs will change. The following are preferred growth hormone drugs:

- Genotropin.
- Nutropin.
- Nutropin AQ.
- Norditropin.

Members will not be grandfathered for drugs that moved from preferred to non-preferred status and will be required to try and fail a preferred growth hormone drug before PA is requested for a non-preferred growth hormone drug.

All growth hormone drugs require clinical PA. Prescribers are required to complete the revised Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs, F-11092 (03/09). Providers may refer to Attachments 2 and 3 for the revised form and completion instructions. The form and completion instructions are also available for providers to download and print from the Forms page of the Portal.

Current, approved PAs will be honored until their expiration date.

Changes to Proton Pump Inhibitors Drug Class

Information in this section applies to members enrolled in the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare.

For DOS on and after April 1, 2009, Prevacid and federal legend and over-the-counter (OTC) omeprazole will be preferred drugs. Nexium capsules and oral suspension will be non-preferred drugs that require PA. Prescribers received a letter discussing this change in March 2009.

Prilosec OTC will be a noncovered drug for DOS on and after April 1, 2009. Federal legend and OTC omeprazole will be preferred drugs that do not require PA.

All PPI drugs are diagnosis restricted. Providers may refer to the Diagnosis Restricted Drugs data table on the Portal for a list of approved diagnosis codes.

The Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs, F-11078 (03/09), has been revised. The revised form includes a change in policy to determine whether or not a member has difficulty swallowing pills, disintegrating tablets, and sprinkle dosage forms, requiring a suspension form of medication (i.e., Nexium, Prilosec, Protonix, or Zegerid suspension).

Providers may submit PA requests for non-preferred PPI drugs using the PA/PDL for PPI Drugs form dated 10/08 until March 24, 2009. For DOS on and after March 25, 2009, providers should submit PA requests for non-preferred PPI drugs using the PA/PDL for PPI Drugs form dated March 2009. Prior authorization requests submitted on and after March 25, 2009, with the form dated 10/08 will not be accepted by the STAT-PA system and will be returned to providers unprocessed if the claim was submitted on paper to ForwardHealth. Refer to Attachments 4 and 5 for the revised form and completion instructions. The form and completion instructions are also available for providers to download and print from the Forms page of the Portal.

Current, approved PAs will be honored until their expiration date.

New Diagnosis Restriction

A diagnosis restriction will be added to Suboxone and Subutex for DOS on and after April 1, 2009. The allowable diagnosis code of 304.0 (Drug dependence, opioid type dependence) is required on claim and PA requests for Suboxone and Subutex.

Reminders

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

ForwardHealth 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/*.

Diagnosis-Restricted Drugs

Preferred and non-preferred drugs that are diagnosis restricted continue to be diagnosis restricted on the PDL. In addition to the classes previously mentioned, the following are diagnosis-restricted drug classes that have been reviewed by ForwardHealth:

- Hepatitis C agents.
- Multiple sclerosis agents.
- Topical Anti-Infectives.

A diagnosis code is required on claims and PA requests for diagnosis-restricted drugs, regardless of whether or not the drug is preferred or non-preferred.

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) 221-0885.

Providers may refer to the Online Handbook on the ForwardHealth Portal for more information about emergency medication dispensing.

BadgerCare Plus Benchmark and Core Plan Drugs

For DOS on and after April 1, 2009, changes may be made to covered drugs for BadgerCare Plus Benchmark Plan and Core Plan members. Certain generic drugs that are non-preferred under the BadgerCare Plus Standard Plan, Medicaid, or SeniorCare may be covered by the Benchmark Plan and the Core Plan (e.g., fentanyl transdermal patches). Providers should refer to the Portal for a list of drugs that are covered for Benchmark Plan and Core Plan members.

For More Information

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 for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid 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 (MCO). Medicaid and BadgerCare Plus MCOs must provide at least the same benefits as those provided under fee-for-service.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

P-1250

ATTACHMENT 1
Preferred Drug List Prior Authorization Procedures for Prescribers and Pharmacy Providers

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

For PA requests, prescribers are required to:

- Complete the appropriate Prior Authorization/Preferred Drug List (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 requests using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or on paper.

Providers may refer to the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for more information about submitting PA requests, PA decisions, methods to request PA, and for PA/PDL forms.

ATTACHMENT 2
Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Growth Hormone Drugs Completion Instructions" is located on the following pages.)

FORWARDHEALTH

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR GROWTH HORMONE DRUGS COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth 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 enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting PA for certain drugs. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

INSTRUCTIONS
Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs form, F-11092. Pharmacy providers are required to use the PA/PDL for Growth Hormone 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.

2) For paper PA requests by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA/PDL form to ForwardHealth 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:

    ForwardHealth
    Prior Authorization
    Ste 88
    6406 Bridge Rd
    Madison WI 53784-0088

Providers should make duplicate copies of all paper documents mailed to ForwardHealth. 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, 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 ForwardHealth 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.

Element 3 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

SECTION II — PRESCRIPTION INFORMATION

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 — 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 match the ICD-9-CM description.

Element 9 — Name — Prescriber
Enter the name of the prescriber.

Element 10 —National Provider Identifier (NPI)
Enter the prescribing provider's NPI for prescriptions for non-controlled substances.

Element 11 — Address — Prescriber
Enter the complete address of the prescriber's practice location, including the street, city, state, and ZIP+4 code.

Element 12 — Telephone Number — Prescriber
Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

Element 13 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 14 — Date Signed
Enter the month, day, and year the PA/PDL for Growth Hormone Drugs form was signed (in MM/DD/CCYY format).

SECTION III — CLINICAL INFORMATION

Element 15
Indicate whether or not the member has a diagnosis of Acquired Immune Deficiency Syndrome (AIDS) Wasting Disease or cachexia.

SECTION IIIA — CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS
Include diagnostic and clinical information explaining the need for the drug requested. In Elements 15 through 21, check "yes" to all that apply.

Element 16
Check the box to indicate whether or not the member has tried and failed a preferred growth hormone drug. Preferred growth hormone drugs include Genotropin, Nutropin, Nutropin AQ, and Norditropin.

Element 17
Check the box to indicate whether or not the member's chronological age is under 20 years.

Element 18
Check the box to indicate whether or not the member's skeletal age is documented to be under 18 years.

Element 19
Check the box to indicate whether or not the prescription was written by an endocrinologist. The prescription must be written by an endocrinologist for the member to begin treatment with a growth hormone drug.

Element 20
Check the box to indicate whether or not the member has a diagnosis of growth deficiency. The member must have a diagnosis of growth deficiency to begin treatment with a growth hormone drug.

Element 21
Check the box to indicate whether or not the member has a diagnosis of Prader Willi or Turner's Syndrome. If the member has a diagnosis of Prader Willi or Turner's Syndrome, a stimulated growth hormone test is **not** required.

Element 22
Check the box to indicate whether or not the member had a recent stimulated growth hormone test that demonstrated a clear abnormality. Indicate the test result and normal range.

> *Note:* When a STAT-PA request is returned because a member has not had a stimulated growth hormone test, additional information is required for PA review. If the member has a medical condition, such as hypopituitary disease, and a stimulated growth hormone test is *not* medically indicated, medical records supporting the growth hormone deficiency are required. The medical records should be included with a paper PA request, which includes a completed PA/RF, PA/PDL for Growth Hormone Drugs, and supporting documentation.

SECTION IIIB — CLINICAL INFORMATION FOR SEROSTIM FOR AIDS WASTING DISEASE OR CACHEXIA
In Elements 23 through 26, prescribers should indicate "1" if the response to the question is yes. Indicate "2" if the response is no.

Element 23 — Diagnosis
The member must be at least 18 years of age and have a diagnosis of Human Immunodeficiency Virus (HIV) to begin treatment with a growth hormone drug.

Element 24 — Member's Current Medical Condition
Indicate the member's current medical condition by responding to the clinical information listed in this section.

Element 25 — Evidence of Wasting Syndrome
The member must have either an unintentional weight loss of at least 10 percent or a gastrointestinal (GI) obstruction or malabsorption to qualify for treatment with a growth hormone drug.

Element 26
All of the clinical information listed must be tried and failed before a member may begin a course of therapy with a growth hormone drug.

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 27 — National Drug Code
Enter the appropriate 11-digit National Drug Code for each drug.

Element 28 — Days' Supply Requested
Enter the requested days' supply.

Element 29 — NPI
Enter the NPI.

Element 30 — Date of Service
Enter the requested first date of service (DOS) for the drug in MM/DD/CCYY format. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 31 — Patient Location
Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
0	Not Specified
1	Home
4	Long Term/Extended Care
7	Skilled Care Facility
10	Outpatient

Element 32 — Assigned PA Number
Record the PA number assigned by the STAT-PA system.

Element 33 — Grant Date
Record the date the PA was approved by the STAT-PA system.

Element 34 — Expiration Date
Record the date the PA expires as assigned by the STAT-PA system.

Element 35 — Number of Days Approved
Record the number of days for which the STAT-PA request was approved by the STAT-PA system.

Element 36
Check the box to indicate if additional information is necessary. Submit additional information on a separate sheet.

ATTACHMENT 3
Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Growth Hormone Drugs" is located on the following pages.)

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DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11092 (03/09)

STATE OF WISCONSIN
DHS 107.10(2), 152.06(3)(h), Wis. Admin. Code
DHS 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR GROWTH HORMONE DRUGS

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs Completion Instructions, F-11092A. If a growth hormone drug is prescribed for a member, prescribers are required to complete this form and submit it to the pharmacy where the prescription will be filled.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List for Growth Hormone Drugs form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a paper PA request. Providers may call ForwardHealth at (800) 947-9627 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. Diagnosis — Primary Code and / or Description	
9. Name — Prescriber	10. National Provider Identifier (NPI)
11. Address — Prescriber (Street, City, State, ZIP+4 Code)	
12. Telephone Number — Prescriber	
13. **SIGNATURE** — Prescriber	14. Date Signed

SECTION III — CLINICAL INFORMATION

15. Does the member have a diagnosis of AIDS* Wasting Disease or cachexia?	❑ Yes	❑ No

SECTION IIIA — CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS

16. Has the member tried and failed a preferred growth hormone drug? Preferred growth hormone drugs include Genotropin, Nutropin, Nutropin AQ, and Norditropin.	❑ Yes	❑ No
17. Is the member's chronological age under 20 years?	❑ Yes	❑ No
18. If the member's chronological age is 20 years or older, is the skeletal age of the member documented to be 18 years of age or younger?	❑ Yes	❑ No
19. Is the prescription for the growth hormone drug written by an endocrinologist?	❑ Yes	❑ No
20. Does the member have a diagnosis of growth deficiency?	❑ Yes	❑ No
21. Does the member have a diagnosis of Prader Willi or Turner's Syndrome?	❑ Yes	❑ No
22. Does the member have a recent stimulated response growth hormone test demonstrating a clear abnormality**?	❑ Yes	❑ No

Indicate the test result. _____
Indicate the normal range. _____

Continued

SECTION IIIB — CLINICAL INFORMATION FOR SEROSTIM FOR AIDS WASTING DISEASE OR CACHEXIA

23. **Diagnosis** **Response (Indicate "1" for yes or "2" for no.)**

A) The member is 18 years of age or older. _____
B) The member has Human Immunodeficiency Virus (HIV) with serum antibodies to HIV. _____
C) The member is female and pregnant or lactating. _____

24. **Member's Current Medical Condition**

D) The member has signs or symptoms of Acquired Immune Deficiency Syndrome (AIDS) or associated illnesses. _____
E) The member has untreated or suspected serious systemic infection. _____
F) The member has an active malignancy other than Kaposi's sarcoma. _____
G) The member is on approved anti-retroviral therapy. _____
H) The member has documented hypogonadism and is taking gonadal steroids. _____

25. **Evidence of Wasting Syndrome**

I) The member has unintentional weight loss of at least 10 percent from baseline. _____
J) The member has a gastrointestinal (GI) obstruction or malabsorption to account for weight loss. _____

Indicate the member's height (in inches). _____
Indicate the member's usual weight (in pounds) prior to diagnosis of HIV. _____
Indicate the member's current weight (in pounds). _____

26. **All of the following must be tried before beginning a course of therapy with a growth hormone drug.**

K) The member is receiving at least 100 percent of estimated caloric requirement on current regimen. _____
L) The member has tried and failed a previous trial with megesterol acetate and / or dronabinal. _____
M) The member has completed a course of therapy of at least 24 weeks of protease inhibitors alone or with nucleosides. _____
N) The member has completed a course of therapy using dihydrotestosterone (when appropriate). _____

NEED LEVEL

Enter all 14 digits for this section in the following spaces. Do not include the measurements for the member's height, usual weight, or current weight.

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
A B C D E F G H I J K L M N

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA**

27. National Drug Code (11 Digits)	28. Days' Supply Requested
29. NPI	
30. 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.)	
31. Patient Location (Use patient location code "0" [Not Specified], "1" [Home], "4" [Long Term / Extended Care], "7" [Skilled Care Facility], or "10" [Outpatient].)	
32. Assigned Prior Authorization Number	

33. Grant Date	34. Expiration Date	35. Number of Days Approved

36. ❑ Check this box to indicate if any additional information is necessary. Submit additional information on a separate sheet.

* AIDS = Acquired Immune Deficiency Syndrome.

** Medical records supporting the growth hormone deficiency are required in cases when the STAT-PA is returned because a member has not had a stimulated growth hormone test due to a hypopituitary or other condition. The medical records should be included with the paper PA request, which includes a completed and signed Prior Authorization Request Form (PA/RF), F-11018, by the pharmacist and a signed and completed PA/PDL for Growth Hormone Drugs by the prescriber, and all other supporting documentation, including medical records. The prescriber should send the PA/PDL and supporting documentation, including medical records, to the pharmacy where the prescription will be filled. The pharmacy will send the PA/RF, the PA/PDL, and all supporting documentation to ForwardHealth.

ATTACHMENT 4
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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FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR PROTON PUMP INHIBITOR (PPI) DRUGS COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth 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 enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting PA for certain drugs. Refer to the Pharmacy page of the ForwardHealth Online Handbook for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth 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, F-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.

2) For paper PA requests by fax, pharmacy providers should submit a Prior Authorization Request Form (PA/RF), F-11018, and the appropriate PA/PDL form to ForwardHealth 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:

    ForwardHealth
    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, 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 ForwardHealth 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.

Element 3 — Member Identification Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

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 —National Provider Identifier (NPI)
Enter the prescribing provider's NPI for prescriptions for non-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+4 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. Providers should complete either Section IIIA or Section IIIB, as applicable.

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.

SECTION IIIA — PROTON PUMP INHIBITOR SUSPENSIONS

Element 12
Check the appropriate box to indicate whether or not the member requires treatment with oral suspensions due to a swallowing condition that prevents him or her from taking a pill, a disintegrating tablet, and a sprinkle dosage form of medication.

SECTION IIIB — PROTON PUMP INHIBITOR NON-SUSPENSIONS

Element 13
Check the appropriate box to indicate whether or not the member has experienced a clinically significant adverse drug reaction to Prevacid. If "yes" is checked, list the specific details about the clinically significant adverse drug reaction and the approximate dates Prevacid was taken.

Note: A member is required to try and fail both Prevacid and omeprazole before a non-preferred PPI drug is prescribed.

Element 14
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). If "yes" is checked, indicate the approximate dates Prevacid was taken.

Element 15
Check the appropriate box to indicate whether or not the member has experienced a clinically significant adverse drug reaction to omeprazole. If "yes" is checked, list the specific details about the clinically significant adverse drug reaction and the approximate dates omeprazole was taken.

Element 16
Check the appropriate box to indicate whether or not the member has experienced a treatment failure on the maximum dose of omeprazole. If "yes" is checked, indicate the approximate dates omeprazole was taken.

Element 17 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 18 — Date Signed
Enter the month, day, and year the PA/PDL for PPI Drugs form was signed (in MM/DD/CCYY format).

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

Element 19 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC) for each drug.

Element 20 — Days' Supply Requested
Enter the requested days' supply.

Element 21 — NPI
Enter the NPI.

Element 22 — 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 23 — Patient Location
Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be dispensed.

Code	Description
0	Not Specified
1	Home
4	Long Term/Extended Care
7	Skilled Care Facility
10	Outpatient

Element 24 — Assigned PA Number
Indicate the PA number assigned by the STAT-PA system.

Element 25 — Grant Date
Indicate the date the PA was approved by the STAT-PA system.

Element 26 — Expiration Date
Indicate the date the PA expires as assigned by the STAT-PA system.

Element 27 — Number of Days Approved
Record the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — ADDITIONAL INFORMATION

Element 28
Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.

ATTACHMENT 5
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.)

FORWARDHEALTH

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, F-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 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. National Provider Identifier (NPI)
10. Address and Telephone Number — Prescriber (Street, City, State, ZIP+4 Code, and Telephone Number)	

SECTION III — CLINICAL INFORMATION FOR NON-PREFERRED PROTON PUMP INHIBITOR DRUGS

11. Diagnosis — Primary Code and / or Description

SECTION IIIA — PROTON PUMP INHIBITOR SUSPENSIONS

12. Does the member require treatment with oral suspensions due to a swallowing condition that prevents the member from taking a pill, a disintegrating tablet, and a sprinkle dosage form of medication? If "yes," list the condition. ❑ Yes ❑ No

SECTION IIIB — PROTON PUMP INHIBITOR NON-SUSPENSIONS

13. Has the member experienced a clinically significant adverse drug reaction to Prevacid? If "yes," list the specific details of the clinically significant adverse drug reaction(s) and the approximate dates Prevacid was taken. ❑ Yes ❑ No

14. Has the member experienced a treatment failure on the maximum dose of Prevacid (60 mg/day)? If "yes," indicate the approximate dates Prevacid was taken. ❑ Yes ❑ No

Continued

SECTION IIIB — PROTON PUMP INHIBITOR NON-SUSPENSIONS (Continued)

15. Has the member experienced a clinically significant adverse drug reaction to omeprazole? If "yes," list the specific details of the clinically significant adverse drug reaction(s) and the approximate dates omeprazole was taken. ❑ Yes ❑ No

16. Has the member experienced a treatment failure on the maximum dose of omeprazole (40 mg/day)? If "yes," indicate the approximate dates omeprazole was taken. ❑ Yes ❑ No

17. **SIGNATURE** — Prescriber	18. Date Signed

SECTION IV — FOR PHARMACY PROVIDERS USING STAT-PA

19. National Drug Code (11 Digits)	20. Days' Supply Requested (Up to 365 Days)

21. NPI

22. 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.)

23. Patient Location (Use patient location code "0" [Not specified], "1" [Home], "4" [Long Term / Extended Care], "7" [Skilled Care Facility], or "10" [Outpatient].)

24. Assigned PA Number

25. Grant Date	26. Expiration Date	27. Number of Days Approved

SECTION V — ADDITIONAL INFORMATION

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