

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program

To: Blood Banks, Dispensing Physicians, Pharmacies, HMOs and Other Managed Care Programs

Specialty Pharmacy Drug Reimbursement Rate Changes

Effective for dates of service on and after April 15, 2010, specialty pharmacy drugs will be reimbursed at different rates. Reimbursement will be based on the therapeutic class of the drug.

The changes described in this *ForwardHealth Update* affect BadgerCare Plus, Medicaid, SeniorCare, and Wisconsin Chronic Disease Program.

Specialty Pharmacy Drug Reimbursement Rate Changes

Effective for dates of service (DOS) on and after April 15, 2010, reimbursement for certain specialty pharmacy drugs will be changing. An estimated acquisition cost (EAC) will be established for specialty pharmacy drugs by therapeutic class. The EAC will be based on the average wholesale price (AWP) minus a specified percent. Providers may refer to the Attachment of this *ForwardHealth Update* for a list of specialty pharmacy drugs, EAC, and effective dates.

Drugs may be added and EACs changed frequently. Therefore, providers should refer frequently to the data tables found on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Information Regarding Managed Care Organizations

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 HMOs must provide at least the same benefits as those provided under fee-for-service. Members who are enrolled in the Wisconsin Chronic Disease Program only are not enrolled in MCOs.

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/.

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ATTACHMENT

Specialty Pharmacy Drug Reimbursement Rates

The following table lists specialty pharmacy drug reimbursement rates. Providers should refer to the ForwardHealth Portal frequently for changes to drug coverage and estimated acquisition costs (EACs).

Drug	Estimated Acquisition Cost (EAC)*	Effective Date
Anemia/Neutropenia Drugs		
Aranesp 100 mcg/0.5 ml autoinj	17%	4/29/2010
Aranesp 100 mcg/0.5 ml syringe	17%	4/29/2010
Aranesp 100 mcg/ml vial	17%	4/29/2010
Aranesp 100 mcg/ml vial	17%	4/29/2010
Aranesp 150 mcg/0.3 ml syringe	17%	4/29/2010
Aranesp 150 mcg/0.75 ml vial	17%	4/29/2010
Aranesp 200 mcg/0.4 ml syringe	17%	4/29/2010
Aranesp 200 mcg/0.4 ml syringe	17%	4/29/2010
Aranesp 200 mcg/ml vial	17%	4/29/2010
Aranesp 25 mcg/0.42 ml syring	17%	4/29/2010
Aranesp 25 mcg/ml vial	17%	4/29/2010
Aranesp 25 mcg/ml vial	17%	4/29/2010
Aranesp 300 mcg/0.6 ml syringe	17%	4/29/2010
Aranesp 300 mcg/ml vial	17%	4/29/2010
Aranesp 40 mcg/0.4 ml syringe	17%	4/29/2010
Aranesp 40 mcg/ml vial	17%	4/29/2010
Aranesp 500 mcg/1 ml syringe	17%	4/29/2010
Aranesp 60 mcg/0.3 ml syringe	17%	4/29/2010
Aranesp 60 mcg/ml vial	17%	4/29/2010
Epogen 10,000 units/ml vial	17%	4/29/2010
Epogen 2,000 units/ml vial	17%	4/29/2010
Epogen 20,000 units/2 ml vial	17%	4/29/2010
Epogen 20,000 units/ml vial	17%	4/29/2010
Epogen 3,000 units/ml vial	17%	4/29/2010
Epogen 4,000 units/ml vial	17%	4/29/2010
Epogen 40,000 units/ml vial	17%	4/29/2010
Neulasta 6 mg/0.6 ml syringe	17%	4/29/2010
Neupogen 300 mcg/0.5 ml syr	17%	4/29/2010
Neupogen 300 mcg/ml vial	17%	4/29/2010
Neupogen 480 mcg/0.8 ml syr	17%	4/29/2010
Neupogen 480 mcg/1.6 ml vial	17%	4/29/2010

Drug	Estimated Acquisition Cost (EAC)*	Effective Date
Anemia/Neutropenia Drugs (Continued)		
Procrit 2,000 units/ml vial	17%	4/29/2010
Procrit 3,000 units/ml vial	17%	4/29/2010
Procrit 4,000 units/ml vial	17%	4/29/2010
Procrit 10,000 units/ml vial	17%	4/29/2010
Procrit 20,000 units/ml vial	17%	4/29/2010
Procrit 20,000 units/2 ml vial	17%	4/29/2010
Procrit 40,000 units/ml vial	17%	4/29/2010
Anticoagulant Drugs		
Arixtra 10 mg syringe	17%	4/29/2010
Arixtra 2.5 mg syringe	17%	4/29/2010
Arixtra 5 mg syringe	17%	4/29/2010
Arixtra 7.5 mg syringe	17%	4/29/2010
Atryn 1,750 unit vial	17%	4/29/2010
Fragmin 10,000 units syringe	17%	4/29/2010
Fragmin 10,000 units/ml vial	17%	4/29/2010
Fragmin 12,500 units syringe	17%	4/29/2010
Fragmin 15,000 units syringe	17%	4/29/2010
Fragmin 18,000 units syringe	17%	4/29/2010
Fragmin 2,500 units syringe	17%	4/29/2010
Fragmin 25,000 units/ml vial	17%	4/29/2010
Fragmin 5,000 units syringe	17%	4/29/2010
Fragmin 7,500 units syringe	17%	4/29/2010
Innohep 20,000 unit/ml vial	17%	4/29/2010
Lovenox 100 mg prefilled syr	17%	4/29/2010
Lovenox 120 mg prefilled syr	17%	4/29/2010
Lovenox 150 mg prefilled syr	17%	4/29/2010
Lovenox 30 mg prefilled syrn	17%	4/29/2010
Lovenox 300 mg vial	17%	4/29/2010
Lovenox 40 mg prefilled syrn	17%	4/29/2010
Lovenox 60 mg prefilled syrn	17%	4/29/2010
Lovenox 80 mg prefilled syrn	17%	4/29/2010
Refludan 50 mg vial	17%	4/29/2010
Thrombate iii 1,000 units vial	17%	4/29/2010
Thrombate iii 500 units vial	17%	4/29/2010
Growth Hormone Drugs		
Genotropin 13.8 mg cartridge	18%	4/29/2010
Genotropin 5.8 mg cartridge	18%	4/29/2010
Genotropin miniquick 0.2 mg	18%	4/29/2010

Drug	Estimated Acquisition Cost (EAC)*	Effective Date
Growth Hormone Drugs (Continued)		
Genotropin miniquick 0.4 mg	18%	4/29/2010
Genotropin miniquick 0.6 mg	18%	4/29/2010
Genotropin miniquick 0.8 mg	18%	4/29/2010
Genotropin miniquick 1 mg	18%	4/29/2010
Genotropin miniquick 1.2 mg	18%	4/29/2010
Genotropin miniquick 1.4 mg	18%	4/29/2010
Genotropin miniquick 1.6 mg	18%	4/29/2010
Genotropin miniquick 1.8 mg	18%	4/29/2010
Genotropin miniquick 2 mg	18%	4/29/2010
Humatrope 12 mg cartridge	18%	4/29/2010
Humatrope 24 mg cartridge	18%	4/29/2010
Humatrope 5 mg vial	18%	4/29/2010
Humatrope 6 mg cartridge	18%	4/29/2010
Increlex 40 mg/4 ml vial	18%	4/29/2010
Norditropin 15 mg/1.5 ml crtg	18%	4/29/2010
Norditropin 5 mg/1.5 ml crtg	18%	4/29/2010
Norditropin nordiflex 30 mg/3	18%	4/29/2010
Norditropin nordiflex 5 mg/1.5	18%	4/29/2010
Norditropin nordiflx 10 mg/1.5	18%	4/29/2010
Norditropin nordiflx 15 mg/1.5	18%	4/29/2010
Nutropin 10 mg vial	18%	4/29/2010
Nutropin 5 mg vial	18%	4/29/2010
Nutropin AQ 20 mg/2ml pen cart	18%	4/29/2010
Nutropin AQ 5 mg/ml vial	18%	4/29/2010
Nutropin AQ nuspin 5 pen cart	18%	4/29/2010
Nutropin AQ pen cartridge	18%	4/29/2010
Omnitrope 10 mg/1.5 ml crtg	18%	4/29/2010
Omnitrope 5.8 mg vial	18%	4/29/2010
Saizen 8.8 mg click.easy cartg	18%	4/29/2010
Saizen 8.8 mg vial	18%	4/29/2010
Serostim 4 mg vial	18%	4/29/2010
Serostim 6 mg vial	18%	4/29/2010
Hemophilia Drugs		
Advate 1,201-1,800 units vial	17%	4/15/2010
Advate 1,801-2,400 units vial	17%	4/15/2010
Advate 2,400-3,600 units vial	17%	4/15/2010
Advate 200-400 units vial	17%	4/15/2010
Advate 401-800 units vial	17%	4/15/2010

Drug	Estimated Acquisition Cost (EAC)*	Effective Date
Hemophilia Drugs (Continued)		
Advate 801-1,200 units vial	17%	4/15/2010
Alphanate 1,000-400 unit vial	17%	4/15/2010
Alphanate 1,500-600 unit vial	17%	4/15/2010
Alphanate 250-100 unit vial	17%	4/15/2010
Alphanate 500-200 unit vial	17%	4/15/2010
Alphanine sd 1,500 units vial	17%	4/15/2010
Alphanine sd 250-1,500 unit vl	17%	4/15/2010
Bebulin vh immuno 200-1,200 un	17%	4/15/2010
Feiba vh immuno 1,750-3,250 iu	17%	4/15/2010
Feiba vh immuno 400-650 units	17%	4/15/2010
Feiba vh immuno 651-1,200 unit	17%	4/15/2010
Helixate fs 1,000 units vial	17%	4/15/2010
Helixate fs 2,000 unit vial	17%	4/15/2010
Helixate fs 250 unit vial	17%	4/15/2010
Helixate fs 500 unit vial	17%	4/15/2010
Hemofil m 1,701-2,000 units vl	17%	4/15/2010
Hemofil m 220-400 units vial	17%	4/15/2010
Hemofil m 401-800 units vial	17%	4/15/2010
Hemofil m 801-1,700 units vial	17%	4/15/2010
Humate-p 1,000 units kit	17%	4/15/2010
Humate-p 1,200 units kit	17%	4/15/2010
Humate-p 2,000 units kit	17%	4/15/2010
Humate-p 2,400 units kit	17%	4/15/2010
Humate-p 500 units kit	17%	4/15/2010
Humate-p 600 units kit	17%	4/15/2010
Koate-dvi 1,000 units kit	17%	4/15/2010
Koate-dvi 250 unit kit	17%	4/15/2010
Koate-dvi 500 units kit	17%	4/15/2010
Kogenate fs 3,000 units vial	17%	4/15/2010
Konyne 80 1,000 units vial	17%	4/15/2010
Monoclata-p 1,500 units kit	17%	4/15/2010
Mononine 1,000 units vial	17%	4/15/2010
Mononine 500 units vial	17%	4/15/2010
Novoseven 1,200 mcg vial	17%	4/15/2010
Novoseven 2,400 mcg vial	17%	4/15/2010
Novoseven 4,800 mcg vial	17%	4/15/2010
Novoseven rt 1,000 mcg vial	17%	4/15/2010
Novoseven rt 2,000 mcg vial	17%	4/15/2010

Drug	Estimated Acquisition Cost (EAC)*	Effective Date
Hemophilia Drugs (Continued)		
Novoseven rt 5,000 mcg vial	17%	4/15/2010
Profilnine sd 1,000-1,500 unit	17%	4/15/2010
Profilnine sd 1,500 units vial	17%	4/15/2010
Profilnine sd 500 units vial	17%	4/15/2010
Refacto 1,000 units vial	17%	4/15/2010
Refacto 2,000 units vial	17%	4/15/2010
Refacto 250 units vial	17%	4/15/2010
Refacto 500 units vial	17%	4/15/2010
Riastap vial	17%	4/15/2010
Stimate 1.5 mg/ml nasal spray	17%	4/15/2010
Xyntha 1,000 unit kit	17%	4/15/2010
Xyntha 2,000 unit kit	17%	4/15/2010
Xyntha 250 unit kit	17%	4/15/2010
Xyntha 500 unit kit	17%	4/15/2010
Miscellaneous Hyperparathyroidism Drugs		
Sensipar 30 mg tablet	17%	4/29/2010
Sensipar 60 mg tablet	17%	4/29/2010
Sensipar 90 mg tablet	17%	4/29/2010
Multiple Sclerosis Drugs		
Avonex admin pack 30 mcg vl	18%	4/15/2010
Avonex prefilled syr 30 mcg	18%	4/15/2010
Betaseron 0.3 mg kit	18%	4/15/2010
Copaxone 20 mg injection kit	18%	4/15/2010
Rebif 22 mcg/0.5 ml syringe	18%	4/15/2010
Rebif 44 mcg/0.5 ml syringe	18%	4/15/2010
Rebif titration pack	18%	4/15/2010
Tysabri 300 mg/15 ml vial	18%	4/15/2010
Organ Transplant/Immunosuppressant Drugs		
Atgam 50 mg/ml ampul	17%	4/29/2010
Cellcept 200 mg/ml oral susp	17%	4/29/2010
Cellcept 250 mg capsule	17%	4/29/2010
Cellcept 500 mg tablet	17%	4/29/2010
Cellcept 500 mg vial	17%	4/29/2010
Prograf 0.5 mg capsule	17%	4/29/2010
Prograf 1 mg capsule	17%	4/29/2010
Prograf 5 mg capsule	17%	4/29/2010
Prograf 5 mg/ml ampule	17%	4/29/2010
Rapamune 1 mg tablet	17%	4/29/2010

Drug	Estimated Acquisition Cost (EAC)*	Effective Date
Organ Transplant/Immunosuppressant Drugs (Continued)		
Rapamune 1 mg/ml oral soln	17%	4/29/2010
Rapamune 2 mg tablet	17%	4/29/2010
Simulect 10 mg vial	17%	4/29/2010
Simulect 20 mg vial	17%	4/29/2010
Pulmonary Hypertension Drugs		
Adcirca 20 mg tablet	17%	4/29/2010
Epoprostenol sodium 0.5 mg vl	17%	4/29/2010
Flolan 1.5 mg vial	17%	4/29/2010
Letairis 10 mg tablet	17%	4/29/2010
Letairis 5 mg tablet	17%	4/29/2010
Remodulin 1 mg/ml vial	17%	4/29/2010
Remodulin 10 mg/ml vial	17%	4/29/2010
Remodulin 2.5 mg/ml vial	17%	4/29/2010
Remodulin 5 mg/ml vial	17%	4/29/2010
Revatio 20 mg tablet	17%	4/29/2010
Tracleer 125 mg tablet	17%	4/29/2010
Tracleer 62.5 mg tablet	17%	4/29/2010
Ventavis 10 mcg/1 ml solution	17%	4/29/2010
Ventavis 20 mcg/1 ml solution	17%	4/29/2010
Rheumatoid Arthritis and Other Inflammatory Conditions Drugs		
Actemra 200 mg/10 ml vial	17%	4/15/2010
Actemra 400 mg/20 ml vial	17%	4/15/2010
Actemra 80 mg/4 ml vial	17%	4/15/2010
Enbrel 25 mg kit	17%	4/15/2010
Enbrel 25 mg/0.5 ml syringe	17%	4/15/2010
Enbrel 50 mg/ml sureclick syr	17%	4/15/2010
Enbrel 50 mg/ml syringe	17%	4/15/2010
Humira 20 mg/0.4 ml syringe	17%	4/15/2010
Humira 40 mg/0.8 ml pen	17%	4/15/2010
Humira 40 mg/0.8 ml syringe	17%	4/15/2010
Kineret 100 mg/0.67 ml syr	17%	4/15/2010
Orencia 250 mg vial	17%	4/15/2010
Simponi 50 mg/0.5 ml pen injec	17%	4/15/2010
Simponi 50 mg/0.5 ml syringe	17%	4/15/2010

* The EAC is equal to the average wholesale price (AWP) minus the percentage in the EAC column.