
WISCONSIN MEDICAID UPDATE

JANUARY 15, 1998

UPDATE 98-04

TO:
HMOs and Other Managed Care
Programs
Pharmacies

Prior Authorization Required for Two New Drugs

Wisconsin Medicaid adds two new drugs which require prior authorization

Wisconsin Medicaid has added two new drugs to the drug file. These drugs require paper prior authorization.

Diclofenac Na/misoprostol

Effective January 1, 1998, Wisconsin Medicaid requires prior authorization for diclofenac Na/misoprostol (Arthrotec 50™, Arthrotec 75™). This drug product combination is indicated for treatment of the signs and symptoms of osteoarthritis or rheumatoid arthritis in patients having risk factors for developing nonsteroidal anti-inflammatory drug-induced gastric and duodenal ulcers.

Wisconsin Medicaid currently requires prior authorization for the second ingredient of this drug combination, Misoprostol (Cytotec™). When a pharmaceutical manufacturer combines any of these drug products with another product, Wisconsin Medicaid also requires prior authorization for the new "combination" drug product.

Wisconsin Medicaid may cover this drug combination product when prior authorization requests include a valid ulcer diagnosis code. Pharmacists may request this product as a maintenance drug.

Sibutramine

Effective February 1, 1998, Wisconsin Medicaid requires prior authorization for sibutramine (Meridia™) capsules, 5 mg, 10 mg, and 15 mg. This drug product is indicated for weight loss and maintenance of weight loss when used in conjunction with a reduced calorie diet. It works to suppress the appetite, and is indicated for people whose initial body mass index (BMI) is 30.

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Wisconsin Medicaid is administered by the Bureau of Health Care Financing,
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