



DIVISION OF PUBLIC HEALTH

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Date: August 22, 2008  
To: Wisconsin Pharmacists  
From: Lorna R. Will, Tuberculosis Program Director  
Bureau of Communicable Diseases  
Subject: Tuberculosis Drug Reimbursement Program (TBDRP)

The Wisconsin Antituberculosis Therapy Program is administered by the Tuberculosis Program of the Division of Public Health, Department of Health Services. The program will directly reimburse pharmacies for covered medications for eligible clients. Payment will be equal to or greater than the Wisconsin Medicaid rate. Wisconsin Medicaid rates are available at <https://www.wisconsinedi.org/SeniorCareDrugInquiry>.

The TBDRP covers the following anti-tuberculous medications: **isoniazid (INH), rifampin (Rifadin, Rimactane), rifapentine, (Priftin), pyrazinamide (PZA), and ethambutol (Myambutol)** including the following combination drugs: **Rifater and Rifamate**. The following second line anti-tuberculosis drugs for drug resistant tuberculosis are also covered: **amikacin, capreomycin (Capastat), ciprofloxacin (Cipro), clofazimine (Lamprene), cycloserine (Seromycin), ethionamide (Trecator-SC), gatifloxacin (Tequin), kanamycin (Kantrex), levofloxacin (Levaquin), linezolid (Zyvox), moxifloxacin (Avelox), ofloxacin (Floxin), para-aminosalicylic acid (PAS), and streptomycin.**

Payment authorization under special circumstances is occasionally given for medications not listed above.

**Pyridoxine (Vitamin B6) is not covered.**

The following pages address billing instructions and are also found on the web at URL <http://dhs.wisconsin.gov/tb/>. If you have questions regarding the Wisconsin Antituberculosis Medication Program, call the Tuberculosis Program: 608-261-6319.

WISCONSIN TUBERCULOSIS DRUG REIMBURSEMENT PROGRAM (TBDRP)  
*BILLING INSTRUCTIONS*

An invoice should be completed by the pharmacist and signed by both the pharmacist and the customer/patient representative (signature can also be on signature log rather than on each invoice). Claims should be submitted monthly, and payments by the TBDRP will be made directly to the pharmacy. The TBDRP covers the following anti-tuberculous medications: **isoniazid (INH), rifampin (Rifadin, Rimactane), rifapentine, (Priftin), pyrazinamide (PZA), and ethambutol (Myambutol)** including the following combination drugs: **Rifater and Rifamate**. The following second line anti-tuberculosis drugs for drug resistant tuberculosis are also covered: **amikacin, capreomycin (Capastat), ciprofloxacin (Cipro), clofazimine (Lamprene), cycloserine (Seromycin), ethionamide (Trecator-SC), gatifloxacin (Tequin), kanamycin (Kantrex), levofloxacin (Levaquin), linezolid (Zyvox), moxifloxacin (Avelox), ofloxacin (Floxin), para-aminosalicylic acid (PAS), and streptomycin.**

**Pyridoxine (Vitamin B6) is not covered.**

The invoice must include the information indicated below or your claims may be returned for further information, resulting in a delay of your payment.

1. **Pharmacy Name, Street Address, City, State, ZIP**
2. **Pharmacy FEIN Number** The federal employer identification number is needed to ensure payment to the appropriate agency.
3. **Client ID Number** The client ID is indicated on the Antituberculosis Therapy Authorization form.
4. **Client's Name**
5. **Date Rx(s) Filled**
6. **Product Name**
7. **Metric quantity** Number of pills dispensed.
8. **Days of Supply** A one-month or 30 day supply is the maximum amount that should be supplied to a patient at one time.
9. **National Drug Code (Labeler No., Product No., & Pkg.)** Include all of the digits of the NDC Number (including 0's). Claim forms with incomplete numbers may be rejected.
10. **Ingredient Cost** Enter your usual and customary price for the drug. **Reimbursement is based upon the WMAP allowable rate.** A table listing the current reimbursement rates is on the Wisconsin Tuberculosis Program web site. <http://dhs.wisconsin.gov/tb/>
11. **Dispensing Fee** Enter current Medical Assistance professional fee.
12. **Tax** The State of Wisconsin is exempt from paying state sales tax.
13. **Total Price** Add Ingredient Cost to Dispensing Fee.
14. **Signature of pharmacist or employee**

15. **Other Third Party Coverage** The Wisconsin Medical Assistance Program (WMA) also pays for all medications covered by the TBDRP. The WMA must be billed first if the client has MA. If the pharmacy is aware that an individual has health insurance with prescription drug coverage, the pharmacy should bill insurance that portion for which the insurer is responsible. The TBDRP should be billed only for the amount (copay and/or deductible) that the pharmacy has been authorized by the TBDRP to bill. If you have benefit coordination questions, call the TBDRP at (608) 261-6319.
16. **Ded Amount** Include the amount already paid PER MEDICATION by the client's insurance or other source of medication coverage (*e.g.* Medicaid).
17. **Balance** Indicate amount for which you are billing the TBDRP.

### **SUBMISSION OF CLAIMS**

If the client is eligible for MA or the pharmacy is aware of other insurance coverage while enrolled in the TBDRP, the pharmacy must bill them first. The TBDRP is the payer of last resort. Like the MA program, pharmacies may not bill clients for the difference between their usual and customary charges and the reimbursement rate they receive from the TBDRP.

Retain one copy of the completed invoice for your records and send one copy in an envelope marked "confidential" to:

TBDRP – Tuberculosis Program  
Division of Public Health  
P.O. Box 2659  
Madison, WI 53701-2659

If you have any billing-related or client eligibility questions, please contact Lorna Will at (608) 261-6319. Your participation in the TBDRP is appreciated.