



## Ordering Medications for Latent Tuberculosis Infection Through the Wisconsin Tuberculosis Dispensary Program: A Guide for Local Health Departments

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The treatment of latent tuberculosis infection (LTBI) is an essential component of TB elimination in areas that have a low incidence of TB, such as Wisconsin. The Wisconsin TB Dispensary Program (WTBDP) provides financial support for treatment of individuals with confirmed LTBI who are uninsured or underinsured.

### Step 1: Notification and Financial Assessment

LTBI is a reportable condition in Wisconsin. Local health departments (LHDs) are notified of patients being evaluated for LTBI, usually before treatment is initiated. All clients and patients referred or presenting themselves for LTBI treatment through the WTBDP should be assessed for their ability to provide private insurance or Medicare/Medicaid coverage. WTBDP must be the payer of last resort after all other potential sources (private and public insurance) have been considered. **The definition of financial hardship** is achieved if the cost of medications, insurance deductible or co-pay is high enough to be a deterrent to seeking medical care or adhering to treatment.

1. Per Wis. Admin. Code ch. DHS 145, ensure that LTBI is reported within 72 hours to the LHD in which the patient resides.
2. Perform a financial assessment of the patient to determine WTBDP eligibility (see Appendices B and D of the WTBDP contract documents).
  - a. The patient's provider should fill out [the Tuberculosis Infection Initial Request for Medication \(F-00905\)](#), see further instructions below.
  - b. **The patient's insurance information should be included in the "Patient Insurance Information" field of form F-00905.**
    - i. **Box 1:** If the patient has no insurance and financial hardship: TB medications will be covered by WTBDP up to the Medicaid (MA) rate.
    - ii. **Box 2:** If the patient has insurance and financial hardship: WTBDP will cover cost of medications (at MA rate), deductible or co-pay, whichever is least.
    - iii. **Box 3:** If the patient has insurance and no financial hardship, WTBDP cannot cover costs of TB medications. The Wisconsin TB program Nurses are available for consultation, however the medication order should not be processed through the WTBDP pharmacy. An exception would be if the patient's insurance will pay in full for medications, with no cost to WTBDP; this type of order can be processed through the WTBDP pharmacy.
  - c. Include prescription insurance number and provider information on form F-00905. Scan and upload copies of the patient's prescription and health insurance cards (if applicable) into the Wisconsin Electronic Disease Surveillance System (WEDSS) file cabinet along with form F-00905.

## Step 2: Complete the Medication Request form for TB Infection (F-00905)

It is very important that form [F-00905](#) is filled out **completely** and **accurately** and that it is reviewed by the LHD. The Wisconsin TB Program uses this form to assess proper dosing and regimen and determine eligibility for the WTBDP. The form is sent to the pharmacy as the official prescription to be filled.

1. The provider should fax the completed form to the LHD.
2. The form should be reviewed by the LHD for completion; any omitted information should be requested from the provider by the LHD. The following information is required for processing of the medication order. This information should also be entered into the patient's record in WEDSS in the tabs (preferred) or file cabinet.

Page 1 of Form [F-00905](#):

- Patient name, date of birth, complete address, sex, race, ethnicity, weight
- LHD/Clinic managing case
- Insurance information (see above)
- Provider name, credentials, contact information and signature.
- Desired regimen of treatment with proper dosing and a qualifying factor for orders of vitamin B6 or a multivitamin (see instructions of form).
- Provider signature and date

Page 2:

- a. Patient risk factors for infection as well as risk for progression to TB disease
- b. Patient symptoms
- c. Results of any tests that were performed, including numeric results
- d. Latest chest x-ray results (must be within six months of the date of submission)
- e. Prior treatment
- f. Baseline blood tests
  - i. The Wisconsin TB Program strongly recommends a baseline liver function panel for all patients initiating LTBI treatment.
  - ii. CMP (or CBC + liver function panel) are recommended for patients initiating the three-month isoniazid and rifapentine (3HP) regimen.
3. The LHD should complete the information at the bottom of the first page of the form, including patient's WEDSS ID, the pharmacy used to fill the medication order, and the location where the medications should be shipped.
4. The completed form should be faxed to the Wisconsin TB Program at 608-266-0049 or uploaded to the filing cabinet of the patient's LTBI Disease Incident in WEDSS. If uploading to the filing cabinet, the Process Status in the Investigation tab of the patient's LTBI Disease Incident should be changed to "New LTBI Medication Order". **This status must be changed to notify the Wisconsin TB Program of a new medication order.**

### **Step 3: Wisconsin TB Program Review**

All submitted F-00905 forms will be reviewed by a TB nurse consultant at the Wisconsin TB Program. This review will ensure the form has been completed in its entirety, verify that the proper dosing has been prescribed, and examine the patient's risk for LTBI and progression to TB disease. Depending on the information provided in the medication request, a patient determined to have little or no risk for TB infection may be asked to undergo additional testing before WTBDP-covered treatment is approved.

1. Any concerns about the medication order will be brought to the attention of the LHD. These concerns will need to be addressed before the medication order can be approved. The Wisconsin TB Program will approve the medication order for the entire course of therapy.
2. Once approved, the medication order is sent to the default WTBDP pharmacy to be filled and sent to the location indicated on the form (unless otherwise noted).
3. The Wisconsin TB Program will upload the approved form to the patient's filing cabinet in their WEDSS LTBI Disease Incident and will change the Process Status to "Medication order Processed."
4. If a pharmacy other than the default WTBDP pharmacy is indicated on the form, the LHD can take the approved order to their pharmacy for processing.
5. If the 3HP LTBI regimen is prescribed and approved for a patient using WTBDP funds, directly observed therapy (DOT) will be required for the duration of the treatment.

### **Step 4: Medication Refills**

#### **Automatic Refills through the Default WTBDP Pharmacy**

Medications for treatment of LTBI, in pill form, filled through the default WTBDP pharmacy, including isoniazid, rifampin, rifapentine, multivitamins, and vitamin B6, will be automatically refilled and sent to the LHD or health care facility.

1. Medications will be filled in 30 day increments.
2. LHDs do not need to request refills through the WTBDP for non-compounded, non-liquid medication dispensed through the default WTBDP pharmacy.
3. If an automatic refill has not arrived, call the Wisconsin TB Program at 608-261-6319.

#### **Non-Automatic Refills**

The following types of medication orders are **not** eligible for automatic refills: medications for TB disease, liquid or compounded medications, medications for window prophylaxis, and medications through pharmacies other than the default WTBDP pharmacy. A refill request is required for these medications.

1. Refill requests can be submitted in the following ways:
  - a. Fax a completed [Medication Refill Request \(F-44126\)](#) to the Wisconsin TB Program at 608-266-0049.
  - b. Send the completed F-44126 form by secure email to: [DHSWITBProgram@dhs.wisconsin.gov](mailto:DHSWITBProgram@dhs.wisconsin.gov)

- For medications being filled by an alternate pharmacy, a refill procedure will need to be established with each pharmacy independently through the LHD.

### Step 5: Changes to the Medication Order

In some cases, a patient may require a change in treatment regimen. The Wisconsin TB Program should be notified of any medication changes and a medication change request should be submitted.

- The provider should complete the first page of the [F-00905](#) form to reflect the new regimen information, again signing the form. The updated form should be sent to the LHD.
- The LHD should review the first page for completion, again adding the WEDSS ID, location medication should be shipped to, and the pharmacy that will be used. Once complete, the first page should be sent to the Wisconsin TB Program.
  - If sending by fax, make a note indicating that it is a medication change request, not an initial medication request. This can be indicated on a cover sheet or at the top of form itself.
  - If uploading to the filing cabinet in WEDSS, either create a new album titled “Medication Change” or add a note in the album the file is being uploaded to identifying it as a medication change request. In addition, a note should be added in the Notes section of the Investigation tab indicating a medication change request. Lastly, the Process Status should be changed to “New LTBI Medication Order.”
- Once the medication change has been approved by the Wisconsin TB Program, it will be processed as in Step 3, above.
- Unused medications cannot be returned to the pharmacy. Please notify the TB Program of any need to hold or cancel medications. It is the responsibility of the LHD to find methods to discard medications in a safe and secure manner.**

### Step 6: Documenting Final Disposition of LTBI Treatment

The final results of LTBI treatment should be documented so the patient and future health care providers have a permanent record of this treatment. Both WEDSS and the [LTBI Follow-up Report \(F-44125\)](#) can be used to document the information listed in Table 1.

**Table 1. Information to Record for LTBI Treatment Completion Records**

Required Information on Form F-44125	Where to Document LTBI Treatment Information in the WEDSS LTBI Disease Incident
Client and LHD information	Patient tab

LTBI Determination including interferon gamma release assay, tuberculin skin test, chest imaging and AFB culture results	LTBI LabClinical tab
LTBI treatment including medications, start date, and end date	LTBI Treatment tab
Did patient complete adequate regimen (if not, select reason)?	LTBI Treatment tab
Provider information	Investigation tab

## WEDSS

1. Once LTBI treatment is stopped or completed, fill out the necessary information in WEDSS in the patient's LTBI Disease Incident (see Table 1).
2. Change the Process Status in the Investigation tab to "Closed by LHD."

## LTBI Follow-Up Report [Form F-44125](#)

1. Once treatment is stopped or completed, the provider will fill out form F-44125 with necessary information (see Table 1) and send the form to the LHD.
2. The patient can be given a copy of the completed form for their personal medical records.
3. Upload the form into the filing cabinet of the patient's LTBI Disease Incident.
4. Change the Process Status in the Investigation tab to "Closed by LHD."

## If Treatment is Not Completed

1. The Wisconsin TB Program should be notified by the LHD if treatment is stopped prematurely.
2. **Unused medications cannot be returned to the pharmacy. Please find methods to discard medications in a safe and secure manner.**
3. Record reasons why the patient did not complete treatment on form F-44125 or in WEDSS.

## Wisconsin TB Program Contact Information

**Phone:** 608-261-6319

**Fax:** 608-266-0049

**Secure email:** DHSWITBProgram@dhs.wisconsin.gov