

To:
Blood Banks
Dentists
Dispensing Physicians
Federally Qualified Health Centers
Nurse Practitioners
Nursing Homes
Pharmacies
Physician Assistants
Physician Clinics
Physicians
Podiatrists
Rural Health Clinics
HMOs and Other Managed Care Programs

Wisconsin Medicaid Expands 100-Day Supply Drug List

Effective for dates of service on and after April 5, 2007, Wisconsin Medicaid is modifying and expanding the list of drugs that may be dispensed in quantities of a 100-day supply, as authorized under HFS 107.10, Wis. Admin. Code.

Effective for dates of service on and after April 5, 2007, as authorized under HFS 107.10, Wis. Admin. Code, Wisconsin Medicaid is modifying and expanding the list of drugs that may be dispensed in quantities of a 100-day supply. Certain generic drugs will be added to the current list. For some of the added generic drugs, providers will receive a Drug Utilization Review (DUR) alert when an opportunity to dispense a drug in a 100-day supply exists.

Provider and recipient participation in the 100-day supply policy is voluntary.

Drugs with a 100-Day Supply Maximum

Wisconsin Medicaid currently allows certain brand name and generic drugs to be prescribed and dispensed in up to a maximum quantity of a 100-day supply, as stated in HFS 107.10(3)(e), Wis. Admin. Code. Over-the-counter drugs, excluding insulin, also may be dispensed in quantities up to a 100-day supply.

The Department of Health and Family Services (DHFS) is in the process of amending HFS 107.10(3)(e), Wis. Admin. Code, to add certain generic drugs to the current list of drugs that may be made available in a supply of 100 days. While the rule change is in process, Wisconsin Medicaid will accept a claim for reimbursement for any generic drug listed in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* in a supply of 100 days as a request for waiver of the 34-day rule. The DHFS will grant that waiver under HFS 106.13, Wis. Admin. Code.

The HFS 106.13, Wis. Admin. Code, permits the DHFS to grant a waiver if granting the waiver will not adversely affect the health, safety, or welfare of any recipient and an alternative to a rule is in the best interests of better care or management. The DHFS has determined that dispensing any of the drugs listed in Attachment 1 meets all requirements for granting a waiver under HFS 106.13, Wis. Admin. Code. The recipient, prescriber, and pharmacy provider need take no action other than the pharmacy provider submitting the claim for Medicaid reimbursement in order for the waiver to be granted. The waiver is granted on the following conditions:

- A 100-day supply may only be dispensed if a pharmacist contacts the prescriber to authorize a new prescription or if the

prescriber has already indicated on the prescription that a 100-day supply may be dispensed. A discussion between the pharmacy provider and the prescriber will determine if a 100-day supply is clinically appropriate for the recipient. (Pharmacy providers may obtain a Pharmaceutical Care [PC] dispensing fee if this service is provided.)

- Before a 100-day supply is dispensed, the recipient is required to use the drug to ensure that there are no complications from taking the drug. The pharmacy provider is required to have filled an initial 34-day supply of the drug before refilling the prescription for a quantity of a 100-day supply.

Refer to Attachment 1 for a list of brand name and generic drugs that may be dispensed in quantities of 100 days. Wisconsin Medicaid is creating a Pharmacy Data Table that contains the drugs that may be dispensed in quantities of a 100-day supply. Providers should refer to the Pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/ for the most current list of drugs. Providers will no longer be notified in *Updates* about changes to the list of drugs that may be dispensed in quantities of a 100-day supply.

Drug Utilization Review Alerts

Drug Utilization Review alert “NS” (insufficient quantity) will notify pharmacy providers if a drug may be dispensed in a 100-day supply. The explanation of the alert will contain a message that states “100-day supply opportunity.”

To respond to a DUR alert, the pharmacy provider may contact the prescriber before doing one of the following:

- Resubmitting a claim for the prescription to dispense the drug in a 100-day supply and indicating a PC code when appropriate.
- Overriding the alert and dispensing the drug as it was originally prescribed.

Similar to current Wisconsin Medicaid prospective DUR alerts, the pharmacy provider will receive an alert conflict code in National Council for Prescription Drug Programs (NCPDP) field 439 and an explanation of the alert in NCPDP field 544.

Wisconsin Medicaid will phase in additional drugs to the 100-day supply list that will receive the “NS” DUR alert.

Pharmaceutical Care

If a pharmacy provider contacts a physician and changes a prescription to a days’ supply that is 84 days or greater, the pharmacy provider may submit a claim for PC. Attachment 2 contains PC billing information for drugs dispensed in quantities up to a 100-day supply. Providers are reminded that Wisconsin Medicaid uses the PC billing code for multiple purposes. For additional information about PC, refer to the Drug Utilization Review and Pharmaceutical Care section of the Pharmacy Handbook.

SeniorCare Claims

Providers are required to receive the participant’s approval for PC claims when the participant is in the spenddown or deductible level of participation. If the participant refuses the PC service, the amount submitted on the claim must be reduced to not include the PC dispensing fee.

Before a 100-day supply is dispensed, the recipient is required to use the drug to ensure that there are no complications from taking the drug.

For More Information

Providers should refer to the October 2006 *Update* (2006-85), titled “100-Day Supply Drug Policy and Drug Utilization Review Alert,” for additional information about Wisconsin Medicaid’s 100-day supply policy.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants also.

Wisconsin Medicaid, BadgerCare, and SeniorCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Drugs Available in a 100-Day Supply

The following list of drugs may be dispensed in quantities of a 100-day supply. An “X” indicates if the brand name or generic form may be dispensed in a quantity of a 100-day supply. Under HFS 106.13, Wis. Admin. Code, Wisconsin Medicaid will accept a claim for reimbursement for any drug marked with an “X” in *only* the generic column in a supply of 100 days as a request for waiver of the 34-day rule. Drugs may be dispensed in a 100-day supply in only oral solid dosage forms.

Providers will receive the “NS” (insufficient quantity) Drug Utilization Review (DUR) alert on claims for drugs for which a “Y” is listed in the DUR alert column. Drugs for which an “N” is indicated in the DUR alert column will not receive an alert; however, the DUR alert for these drugs will be phased in and providers will receive the alert in the future.

Providers are required to follow existing Medicaid policy requirements (e.g., brand medically necessary, Preferred Drug List) for these drugs.

Drugs That Will Receive the “NS” DUR Alert if Not Dispensed in Quantities of 100 Days	Brand Name	Generic	DUR Alert
acetazolamide		X	Y
acetoexamide		X	Y
allopurinol		X	Y
amiloride/HCTZ		X	Y
amitriptyline		X	N
amitriptyline/chlordiazepoxide		X	N
amitriptyline/perphenazine		X	N
atenolol		X	N
atenolol/chlorthalidone		X	N
benazepril, HCTZ		X	Y
betaxolol		X	N
bisoprolol, HCTZ		X	N
bumetanide		X	Y
captopril, HCTZ		X	Y
chlorpropamide		X	Y
chlorthalidone		X	Y
chlorthalidone/clonidine		X	N
chlorothiazide	X	X	Y
cholestyramine		X	N
clofibrate		X	N
clonidine		X	N
clomipramine		X	N
cimetidine		X	Y
desipramine		X	N
diclofenac		X	N
diflunisal		X	N
digoxin	X	X	Y
digitoxin	X	X	Y
digitalis	X	X	Y
diltiazem		X	N
dipyridamole		X	Y
doxazosin		X	N
doxepin		X	N
enalapril, HCTZ		X	Y
estradiol		X	Y

Drugs That Will Receive the "NS" DUR Alert if Not Dispensed in Quantities of 100 Days	Brand Name	Generic	DUR Alert
estropipate		X	Y
etodolac		X	N
famotidine		X	Y
felodipine		X	N
fenofibrate		X	N
fluoride	X	X	Y
flurbiprofen		X	N
folic acid		X	Y
fosinopril/HCTZ		X	Y
furosemide		X	Y
gemfibrozil		X	N
glimepiride		X	Y
glipizide		X	Y
glipizide/metformin		X	Y
glyburide		X	Y
glyburide/metformin		X	Y
hydralazine, HCTZ		X	N
hydrochlorothiazide	X	X	Y
hydroxyzine		X	N
ibuprofen		X	N
imipramine		X	N
indapamide		X	Y
indomethacin		X	N
isosorbide		X	Y
ketoprofen		X	N
labetalol		X	N
levothyroxine	X	X	Y
lisinopril, HCTZ		X	Y
liothyronine	X	X	Y
lovastatin		X	Y
maprotiline		X	N
meclofenamate		X	N
medroxyprogesterone		X	Y
meloxicam		X	N
metformin		X	Y
metolazone		X	Y
metoprolol, HCTZ		X	N
mexiletine		X	N
minoxidil		X	N
nabumetone		X	N
nadolol		X	N
naproxen		X	N
niacin		X	Y
nicardipine		X	N
nifedipine		X	N
nortriptyline		X	N
omeprazole		X	Y
oral contraceptives	X	X	Y
oxaprozin		X	N
phenobarbital	X	X	Y
phenytoin	X	X	Y

Drugs That Will Receive the "NS" DUR Alert if Not Dispensed in Quantities of 100 Days	Brand Name	Generic	DUR Alert
pindolol		X	N
piroxicam		X	N
prazosin		X	N
prenatal vitamins	X	X	Y
probenecid		X	Y
propranolol		X	N
ranitidine		X	Y
simvastatin		X	Y
sotalol		X	N
spironolactone, HCTZ		X	Y
sulindac		X	N
sulfasalazine		X	Y
terazosin		X	N
thyroid extract	X	X	Y
timolol		X	N
tolazamide		X	Y
tolbutamide		X	Y
torseamide		X	Y
trazodone		X	N
triamterene/HCTZ		X	Y
tolmetin		X	N
verapamil		X	N
warfarin		X	Y

ATTACHMENT 2

Pharmaceutical Care Billing Information for 100-Day Supply Prescriptions

Pharmacy providers should use the following billing information when submitting claims for Pharmaceutical Care for a prescription that has been changed to allow for quantities of up to a 100-day supply.

Reason for Service Code	Professional Service Code	Result of Service Code	Level of Effort and Reimbursement Rate	Pharmaceutical Care Fee Limit	Description
NS	M0	1F	11-15 — \$9.45	Four times per recipient, per year	Insf Qty, Md, Fill/Dif Qty