

Affected Programs: BadgerCare Plus, Medicaid
To: Blood Banks, Dispensing Physicians, Pharmacies

Pharmacy Services Covered Under the BadgerCare Plus Core Plan for Childless Adults

The BadgerCare Plus Core Plan for Childless Adults will be implemented on January 1, 2009, as part of Wisconsin's comprehensive health care reform. This *ForwardHealth Update* describes the coverage and policies for pharmacy services under the Core Plan.

As a result of the recent downturn in the national economy, the expansion of the Core Plan will be implemented in phases. Phase I, which includes individuals currently enrolled in Milwaukee County's General Assistance Medical Program (GAMP) and other counties' general assistance medical programs, will begin on January 1, 2009. The timeframe for adding new phases will be determined as the Department of Health Services moves forward.

Refer to the December 2008 *Update* (2008-199), titled "Introducing the BadgerCare Plus Core Plan for Childless Adults," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

BadgerCare Plus Core Plan Overview

The BadgerCare Plus Core Plan for Childless Adults covers basic health care services including primary and preventive care, generic drugs, and a limited number of brand name prescription drugs.

In Milwaukee County, members will receive benefits under the Core Plan on a fee-for-service basis from January 1, 2009, through March 31, 2009. Effective April 1, 2009, Core Plan members in Milwaukee County will

be enrolled in the state-contracted HMOs that serve Wisconsin's Medicaid and BadgerCare Plus population. Members will be sent enrollment choice materials beginning in January 2009 and will enroll through Automated Health Systems, Inc., the State's enrollment broker, as they currently do with the BadgerCare Plus population.

Individuals who are converting to the Core Plan from non-Milwaukee County general assistance (GA) programs will receive their Core Plan benefits on a fee-for-service basis.

All members enrolled in the Core Plan will receive a ForwardHealth identification card.

Core Plan

Covered Services

The Core Plan covers a broad list of generic drugs and a limited number of over-the-counter (OTC) drugs. The Pharmaceutical Care dispensing fee and the repackaging allowance are also covered by the Core Plan.

For a complete list of drugs covered by the Benchmark and Core Plans, providers may access the regularly revised BadgerCare Plus Benchmark and Core Plan Covered National Drug Code (NDC) data table on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

In addition to the broad list of generic drugs and a limited number of OTC drugs covered for all Core Plan members, any drug in the following classes will be covered for members transitioned from the General Assistance Medical Program (GAMP) and GA medical programs for dates of service (DOS) from January 1, 2009, through March 31, 2009:

- Alzheimer’s agents.
- Anticonvulsants.
- Antidepressants, other.
- Antidepressants, SSRIs.
- Antiparkinson’s agents.
- Atypical antipsychotics.
- Bronchodilators, beta agonists.
- Glucocorticoids, inhaled.
- Hypoglycemics, insulins.
- Stimulants and related agents.

Claims for transitioned members taking drugs in these classes will be exempt from the following policies:

- Preferred Drug List prior authorization (PA) requirements.
- Brand medically necessary policy PA requirements.
- Diagnosis restrictions, when appropriate.

The brand medically necessary PA and diagnosis restricted drug policies will be enforced effective for DOS on and after April 1, 2009.

Refer to the Attachment of this *Update* for a list of drugs in the previously listed classes for which reimbursement will be available for DOS from January 1, 2009, through March 31, 2009.

Drugs Covered After April 1, 2009

Effective for DOS on and after April 1, 2009, for members transitioned from GAMP and GA medical programs to the Core Plan, BadgerCare Plus will cover only the following drugs in their respective classes:

- Humalog.
- Lantus.
- Flovent.

- Proventil HFA.
- Serevent.

For DOS from January 1, 2009, through March 31, 2009, providers will receive Explanation of Benefits (EOB) messages for the following:

- Claims submitted for insulins other than Humalog and Lantus. (Providers will receive EOB message 1535, which states, “Effective 4/1/09, the BadgerCare Plus Core Plan will limit coverage for Hypoglycemics-Insulin to Humalog and Lantus.”)
- Claims submitted for glucocorticoids, inhaled other than Flovent. (Providers will receive EOB message 1536, which states, “Effective 4/1/09, the BadgerCare Plus Core Plan will limit coverage for Glucocorticoids-Inhaled to Flovent.”)
- Claims submitted for bronchodilators, beta agonists other than Proventil HFA and Serevent. (Providers will receive EOB message 1537, which states, “Effective 4/1/09, the BadgerCare Plus Core Plan will limit coverage for Bronchodilators-Beta Agonists to Proventil HFA and Serevent.”)

Grandfathering of Mental Health Drugs

Transitioned members who are currently taking Atypical antipsychotic drugs or Alzheimer’s agents will be grandfathered indefinitely on *any* drug in those classes.

Transitioned members will be grandfathered indefinitely on *specific* drugs they are currently taking in the following classes:

- Anticonvulsants.
- Antidepressants, other.
- Antidepressants, SSRI.
- Antiparkinson’s agents.
- Stimulants and related agents.

If a member must be switched to different drugs in these classes, generic drugs will be covered. Other brand name drugs will not be covered by the Core Plan, but may be covered under the Badger Rx Gold plan. Prior

authorization is not available for other drugs (i.e., a drug the member is not taking) in the previously listed classes.

Brand Medically Necessary Mental Health Drugs

If a brand name mental health drug is available in a generic equivalent, the transitioned member should receive the generic equivalent unless it is medically necessary for the member to receive the brand name drug. Brand medically necessary PA requests may be submitted only for the mental health drug or class for which the member is grandfathered.

For example, if a member was grandfathered on Seroquel, and a generic equivalent is released, the prescriber should switch the member to the generic equivalent or to another drug in the atypical antipsychotics drug class. If brand name Seroquel is medically necessary for a member, the prescriber should submit a Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), F-11083 (10/08), to the pharmacy provider where the prescription will be filled. The pharmacy provider is required to submit the PA/BMNA, along with a completed Prior Authorization Request Form (PA/RF), F-11018 (10/08), to BadgerCare Plus. The PA will be adjudicated using current brand medically necessary PA policy.

For example, in the Anticonvulsants drug class, if a member is currently grandfathered on Topamax and a generic equivalent is released, the prescriber should switch the member to the generic equivalent or to another generic drug in the Anticonvulsants drug class. If the generic equivalent does not work for the member and the brand name drug is medically necessary, the prescriber should submit a PA/BMNA to the pharmacy where the prescription will be filled. The PA will be adjudicated using current brand medically necessary PA policy.

Noncovered Services

Compound drugs are *not* covered by the Core Plan. Other than the exceptions previously indicated in this *Update*, the Core Plan does not cover any brand name drugs and PA is not available for brand name drugs. Prior authorization requests submitted for noncovered drugs will be returned to the provider. Core Plan members do not have appeal rights regarding returned PA requests for noncovered drugs.

Reimbursement

Providers will be reimbursed for covered drugs provided to members at the lesser of the provider's usual and customary charge or the current Wisconsin Medicaid rate of reimbursement, plus the current Medicaid dispensing fee.

Copayment

Copayment for drugs covered by Core Plan is up to \$5.00 per prescription, per provider, with a monthly maximum of \$20.00.

Under the Core Plan, a provider has the right to deny services if the member fails to make his or her copayment.

ePocrates

The list of covered NDCs for the Benchmark Plan and the Core Plan is *not* available on ePocrates' Web site.

Badger Rx Gold

All Core Plan members will be automatically enrolled in Badger Rx Gold. Providers should submit claims to Badger Rx Gold for drugs that are not covered by the Core Plan.

BadgerCare Plus *does not* coordinate benefits with Badger Rx Gold for members enrolled in the Core Plan. The plans are mutually exclusive and drug coverage does not overlap.

Claims submitted to the Core Plan for brand name drugs will be returned to providers with EOB code 0237, which states “Denied. Member enrollment file indicates BadgerCare Plus Benchmark or Core Plan member. Please submit claim to Badger Rx Gold.”

Providers will receive National Council for Prescription Drug Programs reject code 70, which states “Product/Service not covered,” for real-time pharmacy claims for drugs that are not covered by the Core Plan.

For more information about Badger Rx Gold, providers may refer to the Badger Rx Gold Web site at www.badgerrxgold.com/ or contact Navitus Health Solutions customer service at (866) 809-9382.

Enrollment Verification

It is imperative that providers verify a member’s enrollment to determine if they are covered and in which plan the member is enrolled. Providers are reminded to *always* verify a member’s enrollment *before* providing services, both to determine that the individual is enrolled for the current date and to discover any limitations to the member’s coverage. Providers have several options to obtain enrollment information through Wisconsin’s Enrollment Verification System and should refer to the Online Handbook for more information. Refer to the December 2008 *Update* (2008-200), titled “Member Enrollment Verification for BadgerCare Plus Core Plan for Childless Adults,” for more information.

For More Information

For more information or questions about the Core Plan, providers may call Provider Services at (800) 947-9627.

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). 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

Core Plan Covered Drugs

For Dates of Service Between January 1, 2009, and March 31, 2009

The following drugs are covered for members of the BadgerCare Plus Core Plan for Childless Adults for dates of service from January 1, 2009, through March 31, 2009. The “P” indicates the drug is a preferred drug and “NP” indicates the drug is a non-preferred drug.

Alzheimer's Agents	
galantamine	P
Aricept, ODT	P
Namenda	P
Cognex	NP
Exelon, patch	NP
Razadyne ER	NP

Anticonvulsants	
carbamazepine	P
clonazepam	P
divalproex	P
ethosuximide	P
gabapentin	P
levetiracetam	P
mephobarbital	P
oxcarbazepine	P
phenobarbital	P
phenytoin	P
primidone	P
valproic acid	P
zonisamide	P
Carbatrol	P
Celontin	P
Depakote ER, sprinkle	P
Diastat	P
Equetro	P
Felbatol	P
Gabitril	P
Lamictal	P
Lyrica	P
Mebaral	P
Peganone	P
Topamax	P
lamotrigine dispertabs	NP
Keppra XR	NP
Phenytek	NP
Stavzor	NP
Tegretol XR	NP

Antidepressants, Other	
bupropion IR, SR, XL	P
mirtazapine	P
trazodone	P
venlafaxine	P
Effexor XR	P
nefazodone	NP
Cymbalta	NP
Emsam	NP
Pristiq	NP
Venlafaxine ER	NP

Antidepressants, SSRIs	
citalopram	P
fluoxetine	P
fluvoxamine	P
paroxetine	P
sertraline	P
paroxetine CR	NP
selfemra	NP
Lexapro	NP
Luvox CR	NP
Pexeva	NP
Prozac Weekly	NP

Antiparkinson's Agents	
benztropine	P
bromocriptine	P
carbidopa/levodopa	P
ropinirole	P
selegiline	P
trihexyphenidyl	P
Kemadrin	P
Stalevo	P
Azilect	NP
Comtan	NP
Mirapex	NP
Neupro	NP
Parcopa	NP
Requip XL	NP
Tasmar	NP
Zelapa	NP

Atypical Antipsychotics	
clozapine	P
risperidone	P
Geodon	P
Seroquel	P
Abilify	NP
Fazaclo	NP
Invega	NP
Seroquel XR	NP
Symbyax	NP
Zyprexa	NP

Stimulants and Related Agents	
amphetamine salt combination	P
dexmethylphenidate	P
dextroamphetamine	P
methylphenidate, ER	P
Adderall, XR	P
Concerta	P
Focalin XR	P
Metadate CD	P
Vyvanse	P
pemoline (Cylert)	NP
Daytrana	NP
Desoxyn	NP
Liquadd	NP
Provigil	NP
Ritalin LA	NP
Strattera	NP

Bronchodilators, Beta Agonists	
albuterol, sulfate ER	P
metaproterenol (oral)	P
terbutaline	P
Foradil	P
Maxair	P
Proair HFA	P
Proventil HFA	P
Serevent	P
Ventolin HFA	P
Xopenex HFA	P
metaproterenol (inhalation)	NP
Alupent	NP
Brovana	NP
Perforomist	NP
Xopenex (nebulizer)	NP

Glucocorticoids, Inhaled	
Advair, HFA	P
Aerobid, Aerobid-M	P
Azmacort	P
Flovent HFA	P
Pulmicort Respules	P
Qvar	P
Symbicort	P
Alvesco Inhaler	NP
Asmanex	NP
Pulmicort Flexhaler	NP

Hypoglycemics, Insulins	
Humulin	P
Humalog, Mix	P
Lantus	P
Levemir	P
Apidra	NP
Novolin	NP
Novolog, Mix	NP