BADGERCARE+
BadgerCare Plus Information for Providers

Update
June 2008

No. 2008-40

To: Blood Banks, Dentists, Dispensing Physicians, Federally Qualified Health Centers, Inpatient Hospital Providers, Mental Health/Substance Abuse Clinics, Nurse Practitioners, Outpatient Hospital Providers, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Brand Medically Necessary Prior Authorization Requirements

BadgerCare Plus is revising its brand medically necessary drug prior authorization (PA) policy. The intent of the brand medically necessary drug PA is to ensure that brand name drugs are being prescribed appropriately when generic equivalent drugs are available.

A revised Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), HCF 11083 (07/08), and completion instructions are attached to this *BadgerCare Plus Update*. The revised PA/BMNA is effective for PA requests received on and after July 1, 2008. Documentation guidelines for PA requests for brand name drugs are also included.

The intent of BadgerCare Plus's brand medically necessary policy is to ensure that brand name drugs are being prescribed appropriately when generic equivalent drugs are available. The policy described in this *BadgerCare Plus Update* is effective for prior authorization (PA) requests received on and after July 1, 2008.

All brand medically necessary PA requests are reviewed by a pharmacist to ensure that medical necessity requirements for brand name drugs are met. The pharmacist reviews the member's profile of pharmacy claims reimbursed by BadgerCare Plus along with the supporting PA documentation submitted by the prescriber.

In most circumstances, it will be necessary for a member to try more than one generic equivalent drug before a brand medically necessary PA request may be approved by BadgerCare Plus.

To demonstrate the medical necessity of a brand name drug, the PA request must include documentation about how the generic equivalent drug(s) failed to achieve the desired treatment outcome and why the brand name drug is expected to achieve the desired outcome. Prescribers should document on the PA request the specific details about the previous treatment results with generic equivalent drugs, including the generic equivalent drugs that the member tried.

The Preferred Drug List (PDL) policy regarding non-preferred drugs also applies to brand medically necessary PA requests. For example, a prescriber writes a prescription for a brand name drug. The generic drug is currently a non-preferred drug on the PDL. Before a PA request may be approved for the brand name drug, trial and failure of multiple PDL preferred drugs is required. When a drug is a generic non-preferred drug on the PDL, trial and failure of multiple preferred drugs is required before a PA request may be approved for a brand name drug.

Prior Authorization Requests

For PA requests for brand medically necessary drugs, prescribers are required to complete and submit to the pharmacy the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), HCF 11083

(07/08), and the prescription with "Brand Medically Necessary" handwritten on it. The prescriber should also submit to the pharmacy all of the appropriate supporting documentation. The pharmacy provider then completes a Prior Authorization/Request Form (PA/RF), HCF 11018 (10/03), and submits to BadgerCare Plus the following:

- A completed PA/BMNA from the prescriber.
- Supporting documentation submitted by the prescriber. (The PA request must include sufficient supporting documentation for a pharmacist consultant to make a determination about the request.)
- A copy of the prescription with "Brand Medically Necessary" handwritten on it.
- A completed PA/RF.

Effective for PA requests received by BadgerCare Plus on and after July 1, 2008, prescribers are required to submit the revised PA/BMNA for brand medically necessary drugs. Prior authorization requests received on a PA/BMNA, dated 03/05, will be returned. Providers may continue to submit the existing PA/BMNA for brand medically necessary drug PA requests received on or before July 1, 2008. Refer to Attachments 1 and 2 of this *Update* for the revised PA/BMNA completion instructions and form.

Prescribers are required to hand write "Brand Medically Necessary" on each prescription for a brand name drug. Pharmacy providers are required to submit a copy of the prescription with the PA request to BadgerCare Plus.

As a reminder, a PA request may be authorized for a maximum period of up to one year. A new PA request does not need to be resubmitted with each prescription refill. When a PA request is approved, the provider is required to indicate the PA number on claim submissions. The claim will be denied if the PA number is not indicated on the claim. New PA requests submitted after a PA request expires must include all documentation supporting the medical necessity of the brand name drug, even if it is a new request for a previously approved brand medically necessary PA.

Approval Criteria

The prescriber is required to document why it is medically necessary for the member to receive the brand name drug on the PA/BMNA. Criteria for approval of a PA request for a brand medically necessary drug include any one of the following:

- Treatment failure(s) with the generic equivalent drug(s).
- Clinically significant adverse drug reaction(s) to the generic equivalent drug(s).
- Allergic reaction(s) to the generic equivalent drug(s).
- A medical condition that causes a contraindication to the use of the generic equivalent drug(s).

Narrow Therapeutic Index Drugs

The clinical criteria for approval of a PA request for a narrow therapeutic index (NTI) drug include the prescriber's documentation of an *anticipated* treatment failure of one of the following generic NTI drugs:

- Brand name anticonvulsant drugs used for the treatment of seizure disorders.
- Clozaril.
- Coumadin.
- Neoral.
- Prograf.

Providers are reminded to document the anticipated therapeutic failure of a generic NTI drug in the member's medical record.

Documentation Requirements

BadgerCare Plus must receive adequate documentation on the PA/BMNA or attached to the PA request for the pharmacist consultant to make a determination about the request. The following are documentation requirements for PA requests for brand name drugs.

The prescriber should indicate specific details on the PA/BMNA about the previous treatment(s) with generic

equivalent drugs, including the dose of medication and the approximate dates the generic equivalent drugs were taken. For each previous treatment with a generic equivalent drug, documentation on the PA/BMNA should include, but not be limited to, the following:

- Detailed documentation about the adverse drug reaction(s), allergic drug reaction(s), or treatment failure(s), including why the use of the brand name drug will prevent recurrence and achieve the desired treatment outcome.
- The duration and approximate dates of the previous treatment(s).
- The dose of medication that was taken.
- The indication for use, either a diagnosis code or diagnosis description.
- A description of the medical condition that causes a contraindication to the use of the generic equivalent drug(s).

If a member experienced a treatment failure while taking generic equivalent drugs, the prescriber should include specific details on the PA/BMNA about the treatment failure(s), as well as how the brand name drug could resolve the issue.

While the specific details indicated above may not apply to all brand medically necessary PA requests, the provider is required to indicate complete and comprehensive documentation on the PA/BMNA.

Prescribers are reminded to also document adverse drug reaction or treatment failure information completely and accurately in the member's medical record.

For More Information

Providers may refer to the April 2005 *Update* (2005-24), titled "Expanded Brand Medically Necessary Prior Authorization Criteria," for additional information about brand medically necessary policy requirements.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid, SeniorCare, and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, 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
Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) Completion Instructions

(A copy of the "Prior Authorization/Brand Medically Necessary Attachment [PA/BMNA] Completion Instructions" is located on the following pages.)

BADGERCARE PLUS
PRIOR AUTHORIZATION / BRAND MEDICALLY NECESSARY ATTACHMENT (PA/BMNA) COMPLETION INSTRUCTIONS

BadgerCare Plus requires certain information to authorize and pay for medical services provided to enrolled members. Although these instructions refer to BadgerCare Plus, all information applies to Medicaid and SeniorCare.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration, such as determining eligibility enrollment of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is voluntary, and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for BadgerCare Plus medical consultants to make a determination about the request. Prescribers and pharmacy providers are required to retain a completed copy of the form.

INSTRUCTIONS
Prescribers are required to complete and sign the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA), HCF 11083, and send it to the pharmacy provider where the prescription will be filled. Pharmacy providers are required to attach the completed PA/BMNA to a Prior Authorization Request Form (PA/RF), HCF 11018, and a copy of the prescription and send the forms to BadgerCare Plus.

Pharmacy providers may submit PA requests by fax to BadgerCare Plus at (608) 221-8616. Pharmacy providers who wish to submit PA requests by mail may submit them to the following address:

BadgerCare Plus
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member
Enter the member's last name, followed by his or her first name and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member
Enter the member's date of birth in MM/DD/CCYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Member Identification Number
Enter the member's 10-digit identification number. Do not enter any other numbers or letters.

SECTION II — PRESCRIPTION INFORMATION

Element 4 — Drug Name
Enter the drug name.

Element 5 — Strength(s)
Enter the strength(s) of the drug listed in Element 4.

Element 6 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC).

Element 7 — Date Prescription Written
Enter the date the prescription was written.

Element 8 — Directions for Use
Enter the directions for use of the drug.

Element 9 — Start Date Requested
Enter the start date requested for PA.

Element 10 — Name — Prescriber
Enter the name of the prescriber.

Element 11 — Drug Enforcement Agency Number
Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

- XX5555555 — Prescriber's DEA number cannot be obtained.
- XX9999991 — Prescriber does not have a DEA number.

These default codes must *not* be used for prescriptions for controlled substances.

Element 12 — Address — Prescriber
Enter the complete address of the prescriber's practice location, including the street, city, state, and ZIP code.

Element 13 — Telephone Number — Prescriber
Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

Element 14
Indicate if "Brand Medically Necessary" is handwritten by the prescriber on the prescription order.

SECTION III — CLINICAL INFORMATION
Include diagnostic and clinical information explaining the need for the product requested. Documentation must indicate how the brand name drug will prevent recurrence of an adverse or allergic reaction, or a therapeutic failure, with the generic drug. In Elements 16 through 21, check "yes" to all that apply.

Element 15 — Diagnosis — Primary Code and / or Description
Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The ICD-9-CM diagnosis code must match the ICD-9-CM description.

Element 16
Check the appropriate box to indicate whether or not the member has experienced an adverse drug reaction to the generic equivalent drug. If yes, indicate the adverse drug reaction that can be directly attributable to the generic equivalent drug and the approximate dates the drug was taken.

Element 17
Check the appropriate box to indicate whether or not the member has experienced a treatment failure of the generic equivalent drug. If yes, indicate the treatment failure and the approximate dates the drug was taken.

Element 18
Check the appropriate box to indicate whether or not the member has experienced an allergic reaction to the generic equivalent drug and whether or not the provider anticipates that the brand name drug will not cause the same allergic reaction. If yes, indicate the allergic reaction and the approximate dates the drug was taken, if known.

Element 19
Explain how the brand medically necessary drug will prevent the recurrence of the adverse reaction, treatment failure, or allergic reaction described in responses to Elements 16, 17, and 18.

Element 20
Check the appropriate box to indicate whether or not the member has a medical condition that causes a contraindication to the use of the generic equivalent drug. If yes, indicate the medical condition and why or how the condition impacts the use of the generic equivalent drug.

SECTION III — CLINICAL INFORMATION FOR NARROW THERAPEUTIC INDEX DRUGS

Element 21 — For the Following Drugs Only: Any Brand Name Anticonvulsant Drug Used to Treat a Seizure Disorder, Clozaril, Coumadin, Neoral, or Prograf
Check the appropriate box to indicate whether or not the member's past medical history suggests an anticipated treatment failure with a generic equivalent drug. If yes, indicate the prescriber's documentation of the anticipated therapeutic failure and the past medical history that forms the basis of the anticipated therapeutic failure.

Element 22 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 23 — Date Signed
Enter the month, day, and year the PA/BMNA was signed (in MM/DD/CCYY format).

SECTION IV — ADDITIONAL INFORMATION

Element 24
Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.

ATTACHMENT 2
Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA)

(A copy of the "Prior Authorization/Brand Medically Necessary Attachment [PA/BMNA]" is located on the following pages.)

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Access and Accountability
HCF 11083 (07/08)

STATE OF WISCONSIN

BADGERCARE PLUS
PRIOR AUTHORIZATION / BRAND MEDICALLY NECESSARY ATTACHMENT (PA/BMNA)

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Brand Medically Necessary Attachment (PA/BMNA) Completion Instructions, HCF 11083A.

Prescribers are required to submit this completed form to the dispensing provider where the prescription will be filled.

Pharmacy providers may submit prior authorization (PA) requests to BadgerCare Plus by fax at (608) 221-8616 or by mail to BadgerCare Plus, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth — Member
3. Member Identification Number	

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name	5. Strength(s)
6. National Drug Code (NDC)	7. Date Prescription Written
8. Directions for Use	9. Start Date Requested
10. Name — Prescriber	11. Drug Enforcement Agency Number
12. Address — Prescriber (Street, City, State, ZIP Code)	
13. Telephone Number — Prescriber	

14. Is “Brand Medically Necessary” handwritten by the prescriber on the prescription? ❑ Yes ❑ No

SECTION III — CLINICAL INFORMATION

15. Diagnosis — Primary Code and / or Description

16. Has the member experienced a clinically significant adverse drug reaction to the generic equivalent drug? ❑ Yes ❑ No

If yes, indicate the adverse reaction that can be directly attributed to the generic equivalent drug and the dose and approximate dates the drug was taken.

17. Has the member experienced a treatment failure with the generic equivalent drug? ❑ Yes ❑ No

If yes, indicate the treatment failure that can be directly attributed to the generic equivalent drug and the dose and approximate dates the drug was taken.

Continued

SECTION III — CLINICAL INFORMATION (Continued)

18. Has the member experienced an allergic reaction to the generic equivalent drug? ❑ Yes ❑ No

    Do you anticipate that the brand name drug will not cause the same allergic reaction? ❑ Yes ❑ No

    If yes, indicate the allergic reaction that can be directly attributed to the generic equivalent drug and the dose and approximate dates the drug was taken, if known.

19. Explain how the brand medically necessary drug will prevent the recurrence of the adverse reaction, treatment failure, or allergic reaction described in Elements 16, 17, and 18.

20. Does the member have a medical condition that causes a contraindication to the use of the generic equivalent drug? ❑ Yes ❑ No

    If yes, indicate the medical condition and why or how the condition impacts the use of the generic equivalent drug.

SECTION IIIB — CLINICAL INFORMATION FOR NARROW THERAPEUTIC INDEX DRUGS

21. For the Following Drugs Only: Any Brand Name Anticonvulsant Drug Used to Treat a Seizure Disorder, Clozaril, Coumadin, Neoral, or Prograf

    Does the member's past medical history suggest an anticipated treatment failure of the generic equivalent drug? ❑ Yes ❑ No

    If yes, indicate the prescriber's documentation of the anticipated therapeutic failure* and the past medical history that forms the basis of the anticipated therapeutic failure.

*Therapeutic failure applies to treatment for seizure disorders.

22. **SIGNATURE** — Prescriber	23. Date Signed

SECTION IV — ADDITIONAL INFORMATION

24. Additional diagnostic and clinical information explaining the need for the drug required may be included below.