

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: Blood Banks, Dispensing Physicians, Federally Qualified Health Centers, Pharmacies, Rural Health Clinics, HMOs and Other Managed Care Programs

Claims Submitted with Dispense As Written Code "6"

Effective for dates of service on and after May 1, 2009, pharmacy providers may indicate National Council for Prescription Drug Programs Dispense As Written (DAW) code "6" on claims for preferred, brand name drugs excluded from brand medically necessary prior authorization requirements.

Effective for dates of service (DOS) on and after May 1, 2009, pharmacy providers may indicate National Council for Prescription Drug Programs Dispense As Written (DAW) code "6" on claims for drugs excluded from brand medically necessary prior authorization (PA) requirements.

As a reminder, providers will receive brand reimbursement for the innovator drug and generic reimbursement for the non-innovator drug. Drugs will be excluded from brand medically necessary PA policy and brand medically necessary PA policy requirements when, due to federal and supplemental rebates, their generic equivalents are more costly for ForwardHealth than their brand name counterparts. For example, on claims where Duragesic[®] transdermal patches (a preferred drug), not fentanyl transdermal patches (a non-preferred drug), are dispensed, providers should indicate DAW code "6." Providers may refer to the Pharmacy provider-specific resource page on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the Preferred Drug List (PDL) Quick Reference.

Prescribers do not need to indicate "Brand Medically Necessary" on prescriptions for preferred, brand name drugs excluded from brand medically necessary PA requirements. In addition, if a prescription is written for a generic drug, pharmacy providers may dispense the brand name drug without contacting the prescriber, unless there is a clinically appropriate reason not to dispense the brand name drug. If there is a clinically appropriate reason not to dispense a brand name drug, prescribers should consider switching the member to another preferred drug in the class.

Members pay the generic drug copayment, not the brand-name copayment for drugs for which ForwardHealth has indicated that a preferred, brand name drug is less costly than its non-preferred generic counterpart and DAW code "6" is indicated on claims. Providers are required to refund the member any copayment amount that may have been overcharged.

Information in this *ForwardHealth Update* applies to members enrolled in the BadgerCare Plus Standard Plan and Medicaid and SeniorCare members with spenddown amounts or deductibles.

Brand Name Drugs for Which Generic Copayment Applies

To assist providers with the brand name drugs with generic copayment policy, ForwardHealth has added an

indicator to the PDL Quick Reference for preferred brand name drugs for which generic copayments apply. Effective for DOS on and after April 1, 2009, generic copayments apply to the following preferred brand name drugs:

- Duragesic®.
- Oxycontin. (*Note:* Generic copayment applies to Oxycontin for DOS on and after July 1, 2009.)
- Phoslo.
- Proscar.

Providers may refer to the Pharmacy page of the Portal for the PDL Quick Reference. The quick reference may change, so providers should refer to the Portal often for the most current information.

Adjustments

ForwardHealth will perform adjustments to claims for Duragesic® and other preferred brand name drugs listed above where DAW code “6” was indicated and for which copayment was incorrectly applied. Providers may also adjust these claims. Providers are required to refund the appropriate copayment amount to members.

Remittance Advice banner messages will announce when ForwardHealth will perform adjustments to these claims.

Claim Resubmissions

If DAW code “6” was not indicated on a claim and should have been, providers may reverse the claim and resubmit it to ForwardHealth. Providers are required to refund the appropriate copayment amount to members.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided

by the member’s managed care organization. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

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). The 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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