

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

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

Changes to the Three-Month Supply of Drugs Policy

Effective for dates of service on and after January 20, 2010, ForwardHealth has created a list of drugs for which pharmacy providers will be required to dispense a three-month supply. (The three-month supply policy was formerly known as the 100-day supply policy.)

Effective for dates of service (DOS) on and after January 20, 2010, ForwardHealth will change the three-month supply policy for dispensing drugs to include the following:

- Certain drugs providers *will be required* to dispense in a three-month supply.
- Additional drugs providers *may* dispense in a three-month supply.

The three-month supply policy was formerly known as the 100-day supply policy.

ForwardHealth has revised the three-month policy as a result of the Wisconsin Medicaid Rate Reform Project to meet the 2009-2011 biennial budget targets. The purpose of the rate reform project is to comprehensively examine how Wisconsin Medicaid and BadgerCare Plus purchase specific health care services, improve the performance of ForwardHealth programs, and encourage more integrated and cost-effective care.

Member Benefits

A three-month supply of a drug benefits a member in the following ways:

- Aiding compliance in taking prescribed medications.
- Reducing the cost of member copayments.
- Requiring fewer trips to the pharmacy.
- Allowing the member to obtain a larger quantity of a drug for chronic conditions (e.g., hypertension).

Drugs Providers Are Required to Dispense in a Three-Month Supply

ForwardHealth has identified a list of drugs for which pharmacy providers will be required to dispense a three-month supply.

Once a member has been stabilized on a drug as evidenced by use of the same drug strength and dosage form for 90 days of the past 120 days, refills of the same drug strength and dosage form must be dispensed in a three-month supply. If the member previously has been dispensed a three-month supply of a drug of the same strength and dosage form, a three-month supply must be dispensed. If a member has not previously been dispensed a three-month supply of a drug of the same strength and dosage form, but has been stabilized on that drug and is a new ForwardHealth member, the provider must dispense a three-month supply of the drug. Claims for drugs for which providers will be required to dispense a three-month supply will be denied with

Explanation of Benefits (EOB) code 1565, which states, “Three-Month Supply Opportunity. Policy override must be granted by the Drug Authorization and Policy Override Center to dispense less than a three-month supply,” and National Council for Prescription Drug Programs reject code “AG” (Days Supply Limitation for Product/Service).

Pharmacy providers will be required to call the Drug Authorization and Policy Override (DAPO) Center at (800) 947-9627, option 7, to request a policy override to dispense less than a three-month supply. Hours of operation are 8:00 a.m. until 5:30 p.m. After business hours and on weekends, providers may leave a voicemail message for DAPO Center staff to return the next business day. ForwardHealth may authorize dispensing of less than a three-month supply for up to one year. Pharmacy providers may request an override to dispense less than a three-month supply for members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, Medicaid, and SeniorCare.

When calling the DAPO Center to request a policy override, the following information must be provided:

- Member information.
- Provider information.
- Prescription information.
- The reason for the policy override request.

Examples of when a request for a policy override to dispense less than a three-month supply may be approved include, but are not limited to, the following:

- The member’s primary insurance does not allow a three-month supply.
- The prescriber or pharmacist is concerned about dispensing a three-month supply to a member.

Providers may refer to Attachment 1 of this *ForwardHealth Update* for a list of drugs for which a three-month supply must be dispensed and for which the provider must call the DAPO Center to request a policy override to dispense less than a three-month supply.

The 14-day emergency medication dispensing policy does not apply to the three-month supply initiative. Instead, pharmacy providers may dispense up to a 96-hour supply of a drug to a member when the DAPO Center is closed and a policy override to dispense less than a three-month supply must be obtained. If the DAPO Center grants a policy override for less than a three-month supply, the policy override will be retroactive and the pharmacy provider may submit a claim for the drug using the Point-of-Sale (POS) system or on paper. If the claim for a 96-hour supply is submitted on paper, the pharmacy provider will be required to complete and submit a Pharmacy Special Handling Request, F-13074 (10/08). Providers should check Element 6 (Pharmacy Consultant Review) and provide an explanation of the review needed (e.g., 96-hour policy override for early refill) in the space provided.

If the DAPO Center denies the policy override, ForwardHealth will reimburse the provider for the 96-hour supply. A claim must be submitted on paper with the Pharmacy Special Handling Request. Providers should check Element 6 (Pharmacy Consultant Review) and provide an explanation of the review needed (e.g., 96-hour policy override for early refill) in the space provided.

Drugs That May Be Dispensed in a Three-Month Supply

For drugs that *may* be dispensed in a three-month supply, but are not required to be, pharmacy providers may determine whether or not it is clinically appropriate to dispense a three-month supply. Claims for these drugs will continue to be denied with the “NS” prospective DUR alert and providers will be required to respond to the alert and resubmit the claim in the POS system to obtain reimbursement from ForwardHealth. Providers will receive EOB code 7018, which states “Insufficient Quantity prospective DUR alert,” on claims for these drugs.

Note: Claims for some drugs that were previously denied with the “NS” prospective DUR alert may now be denied with EOB code 1565.

The process to override claims for an insufficient quantity of a drug remains unchanged.

Providers may refer to Attachment 2 for a list of drugs that may be dispensed in a three-month supply *and* drugs providers are required to dispense in a three-month supply.

Prescriptions

If the prescriber indicates a 30-day supply on a prescription for which a three-month supply is required to be dispensed, the pharmacy provider must contact the prescriber to request a three-month supply. Pharmacy providers may obtain a Pharmaceutical Care (PC) dispensing fee if a discussion between the pharmacy provider and the prescriber occurs to determine whether or not a three-month supply is clinically appropriate for the member. Providers may refer to the Pharmacy service area of the ForwardHealth Online Handbook for more information about obtaining PC dispensing fees and the three-month supply policy.

For More Information

Providers may refer to the Pharmacy page of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the most current a list of drugs that must be dispensed in a three-month supply. The list will be revised as appropriate; providers should refer to it frequently for changes. Providers may refer to the ePocrates Web site at www.epocrates.com/ for a list of drugs for which a three-month supply must be dispensed.

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/.

P-1250

ATTACHMENT 1

Drugs Providers Are Required to Dispense in a Three-Month Supply

Drugs Providers Are Required to Dispense in a Three-Month Supply	
CHLOROTHIAZIDE TABLET	LIOTHYRONINE TABLET
CONTRACEPTIVE, ORAL	PHENYTOIN 30 MG CAPSULE
DIGOXIN TABLET	PHENYTOIN 100 MG CAPSULE
HYDROCHLOROTHIAZIDE CAPSULE	PHENYTOIN TAB CHEW
HYDROCHLOROTHIAZIDE TABLET	PRENATAL VITAMINS
LEVOTHYROXINE TABLET	THYROID TABLET

ATTACHMENT 2

Complete List of Three-Month Supply Drugs

Three-Month Supply Drugs	
ACETAZOLAMIDE TABLET	DIGOXIN TABLET
ALLOPURINOL TABLET	DILTIAZEM CAP.SR 12H
AMILORIDE/HCTZ TABLET	DILTIAZEM CAP.SR 24H
AMITRIP HCL/CHLORDIAZEPOXIDE TABLET	DILTIAZEM CAPSULE CR
AMITRIPTYLINE TABLET	DILTIAZEM CAPSULE SA
AMLODIPINE TABLET	DILTIAZEM TABLET
ATENOLOL TABLET	DIPYRIDAMOLE TABLET
ATENOLOL/CHLORTHALIDONE TABLET	DOXAZOSIN TABLET
BENZAEPRIIL TABLET	DOXEPIN CAPSULE
BENZAEPRIIL/HCTZ TABLET	DOXEPIN ORAL CONC
BISOPROLOL FUMARATE/HCTZ TABLET	ENALAPRIL/HCTZ TABLET
BISOPROLOL TABLET	ENALAPRILAT TABLET
BUMETANIDE TABLET	ESTRADIOL PATCH TDWK
CAPTOPRIL TABLET	ESTRADIOL TABLET
CAPTOPRIL/HCTZ TABLET	ESTROPIPATE TABLET
CHLOROTHIAZIDE ORAL SUSP	FAMOTIDINE TABLET
CHLOROTHIAZIDE TABLET	FELODIPINE TAB.SR 24H
CHLORPROPAMIDE TABLET	FENOFIBRATE CAPSULE
CHLORTHALIDONE TABLET	FLUORIDE CREAM
CHOLESTYRAMINE PACKET	FLUORIDE DROPS
CHOLESTYRAMINE POWDER	FLUORIDE GEL
CIMETIDINE SOLUTION	FLUORIDE PASTE
CIMETIDINE TABLET	FLUORIDE SOLUTION
CLOMIPRAMINE CAPSULE	FLUORIDE TAB CHEW
CLONIDINE HCL/CHLORTHALIDONE TABLET	FLUORIDE TABLET
CLONIDINE TABLET	FLURBIPROFEN TABLET
CONTRACEPTIVE, ORAL	FOLIC ACID TABLET
CONTRACEPTIVE, TRANSDERMAL	FOSINOPRIL TABLET
CONTRACEPTIVES, INTRAVAGINAL	FOSINOPRIL/HCTZ TABLET
CONTRACEPTIVES,INJECTABLE	FUROSEMIDE SOLUTION
DESIPRAMINE TABLET	FUROSEMIDE TABLET
DICLOFENAC TABLET	GEMFIBROZIL TABLET
DICLOFENAC TAB.SR 24H	GLIMEPIRIDE TABLET
DICLOFENAC TABLET DR	GLIPIZIDE TAB ER 24
DIGOXIN SOLUTION	GLIPIZIDE TABLET

Three-Month Supply Drugs (Continued)	
GLIPIZIDE/METFORMIN TABLET	MINOXIDIL TABLET
GLYBURIDE, MICRO/METFORMIN TABLET	NABUMETONE TABLET
GLYBURIDE, MICRONIZED TABLET	NADOLOL TABLET
GLYBURIDE, MICRONIZED TABLET	NAPROXEN TABLET
GLYBURIDE TABLET	NAPROXEN TABLET DR
HYDRALAZINE TABLET	NIACIN TABLET
HYDRALAZINE/HCTZ CAPSULE	NICARDIPINE CAPSULE
HYDROCHLOROTHIAZIDE CAPSULE	NIFEDIPINE CAPSULE
HYDROCHLOROTHIAZIDE TABLET	NIFEDIPINE TAB ER 24
HYDROXYZINE PAMOATE CAPSULE	NIFEDIPINE TABLET SA
HYDROXYZINE SYRUP	NORTRIPTYLINE CAPSULE
HYDROXYZINE TABLET	NORTRIPTYLINE SOLUTION
IBUPROFEN TABLET	PERPHENAZINE/AMITRIPTYLINE TABLET
IMIPRAMINE TABLET	PHENOBARBITAL ELIXIR
INDAPAMIDE TABLET	PHENOBARBITAL TABLET
INDOMETHACIN CAPSULE	PHENYTOIN 30 MG CAPSULE
ISOSORBIDE DINITRATE SUBL	PHENYTOIN 100 MG CAPSULE
ISOSORBIDE DINITRATE TABLET	PHENYTOIN 200 MG CAPSULE
ISOSORBIDE DINITRATE TABLET SA	PHENYTOIN 300 MG CAPSULE
ISOSORBIDE MN TAB.SR 24H	PHENYTOIN ORAL SUSP
ISOSORBIDE MN TABLET	PHENYTOIN TAB CHEW
KETOPROFEN CAP 24H PEL	PINDOLOL TABLET
KETOPROFEN CAPSULE	PIROXICAM CAPSULE
LABETALOL TABLET	PRAZOSIN CAPSULE
LEVOETHYRAXINE TABLET	PRENATAL VITAMINS
LIOETHYRAXINE TABLET	PROBENECID TABLET
LISINAPRIL TABLET	PROPRANOLOL TABLET
LISINAPRIL/HCTZ TABLET	RANITIDINE CAPSULE
LISINAPRIL/HCTZ TABLET	RANITIDINE TABLET
MAPROTILINE TABLET	SOTALOL TABLET
MECLOFENAMIC ACID CAPSULE	SPIRONOLACTONE TABLET
MEDROXYPROGESTERONE TABLET	SPIRONOLACTONE/HCTZ TABLET
MELOXICAM TABLET	SULFASALAZINE TABLET
METFORMIN TAB.SR 24H	SULFASALAZINE TABLET DR
METFORMIN TABLET	TERAZOSIN CAPSULE
METOLAZONE TABLET	THYROID TABLET
METOPROLOL TAB.SR 24H	TIMOLOL TABLET
METOPROLOL TABLET	TOLAZAMIDE TABLET
MEXILETINE CAPSULE	TOLBUTAMIDE TABLET

Three-Month Supply Drugs (Continued)	
TORSEMIDE TABLET	VERAPAMIL TABLET SA
TRAZODONE TABLET	VERAPAMIL CAP24H PEL
TRIAMTERENE/HCTZ CAPSULE	VERAPAMIL TABLET
TRIAMTERENE/HCTZ TABLET	WARFARIN TABLET