

**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

## Quantity Limits for Certain Drugs

This *ForwardHealth Update* discusses the following changes to ForwardHealth's quantity limit policy:

- New quantity limits added to certain drugs.
- Changes to quantity limits for drugs for which a quantity limit currently applies.
- Changes to policies and procedures to exceed a quantity limit.

This *Update* also includes additional information about the three-month supply initiative.

Effective for dates of service (DOS) on and after March 1, 2010, ForwardHealth will establish new quantity limits for certain drugs and change quantity limits for certain drugs for which a quantity limit currently applies. Generally, ForwardHealth follows Food and Drug Administration labeled dose and administration to establish quantity limits. The quantity allowed for a specific drug and drug strength is established to encourage prescribing and dispensing of the most cost-effective strength and quantity of a drug.

Quantity limits will be implemented in two phases. Phase I is effective for DOS on and after March 1, 2010, and Phase II is effective for DOS on and after April 1, 2010. Policies and procedures described in this *Update* apply to all drugs in Phase I and Phase II.

For a list of drugs for which quantity limits apply in Phase I and Phase II, providers may refer to the Attachment of this

*ForwardHealth Update*. The effective dates listed for drugs in the Attachment correspond with either Phase I or Phase II.

Information about quantity limits applies to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, Medicaid, and SeniorCare.

### Claims

Claims for drugs listed in the Attachment that exceed the quantity limit will be denied with Explanation of Benefits (EOB) code 0485, which states "Quantity limits exceeded," and reject code 76, which states "Plan limitations exceeded." If EOB code 0485 and reject code 76 are received, the pharmacy provider may contact the prescriber to determine whether or not it is medically appropriate for the member to exceed the quantity limit. Pharmacy providers may obtain a Pharmaceutical Care (PC) dispensing fee if they contact prescribers and a prescription is changed. If a prescription is not changed, a PC dispensing fee cannot be obtained.

Pharmacy providers are reminded that they may dispense up to the allowed quantity limit without contacting the Drug Authorization and Policy Override (DAPO) Center. Pharmacy providers cannot obtain a PC dispensing fee for calling the DAPO Center.

## Quantity Limit Policy Overrides

If it is medically appropriate for a member to exceed a quantity limit, pharmacy providers may request a quantity limit policy override by calling the DAPO Center at (800) 947-9627, option 7. Hours of operation are 8:00 a.m. until 5:30 p.m., Monday through Friday. After business hours and on weekends, providers may leave a voicemail message for DAPO Center staff to return the next business day. Pharmacy providers may request a quantity limit policy override for members enrolled in the Standard Plan, the Benchmark Plan, the Core Plan, Medicaid, and SeniorCare.

*Note:* Providers should not contact the DAPO Center to request a quantity limit policy override for a Phase II drug until April 1, 2010. Existing quantity limit policies will continue through March 31, 2010, for drugs that are part of the Phase II implementation that currently have quantity limits. The drug categories include the following:

- Anti-migraine, triptans.
- Contraceptives, injectibles.
- Contraceptives, transdermal.
- Emergency treatment, allergies.
- Emergency treatment, diabetes.
- Skeletal muscle relaxants.
- Topical, anti-infectives.

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

- Member information including member ID and date of birth.
- Provider information including the pharmacy and the prescriber's National Provider Identifier.
- Prescription information including the drug name, strength, National Drug Code, directions for use, etc.
- The reason for the override request.

Examples of when a quantity limit override request may be approved through the DAPO Center include, but are not limited to, the following:

- If the member has an appropriate medical need (e.g., the member's medications were lost or stolen, the member has requested a vacation supply).

- If the member has been taking too much of a medication because he or she misunderstood the directions for administration by the prescriber.
- If the prescriber changed the directions for administration of the drug and did not inform the pharmacy provider.

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 exceed a quantity limit must be obtained. If the DAPO Center grants a policy override to exceed a quantity limit, the policy override will be retroactive and the pharmacy provider may submit a claim for the drug using the Point-of-Sale 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 quantity limits) 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 quantity limit) in the space provided.

## Service Limitations

Providers may dispense up to the allowed quantity of a drug, as defined on the quantity limits data table on the Pharmacy page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/), for members enrolled in the Standard Plan, the Benchmark Plan, the Core Plan, Medicaid, and SeniorCare. If an override of the service limitation, such as a quantity limit override, is requested and the request does not meet service limitation override criteria, the override will be denied and the service will be a noncovered service. Members do not have appeal rights for noncovered drugs or services.

This service limitation policy also applies to the early refill Drug Utilization Review (DUR) and three-month supply initiatives.

For service limitations for the quantity limit, early refill DUR, and three-month supply initiatives, providers may refer to the Pharmacy service area of the ForwardHealth Online Handbook on the Portal.

## **Three-Month Supply Policy**

### ***Members in Long Term Care Facilities***

Long term care facility members are not required to be dispensed a three-month supply of drugs. Currently, all claims for members in long term care facilities are reviewed through the prospective DUR system; however, they do not require a response to obtain reimbursement since billing for these members does not always occur at the time the drug is dispensed. The nursing home pharmacist consultant continues to be responsible for prospective DUR.

Effective for DOS on and after January 20, 2010, members in long term care facilities will be exempt from the three-month supply policy. When serving members in long term care facilities, pharmacy providers are *not* required to contact the DAPO Center to obtain an override to dispense less than a three-month supply of drugs. If a member is in a long term care facility, providers should indicate the appropriate patient location on the claim. Patient location codes can be found in the ForwardHealth Companion Document to HIPAA Implementation Guide: NCPDP V5.1 , P-13052 (12/08).

### ***Dispensing a Three-Month Supply of Medication***

ForwardHealth has identified an issue with the three-month supply policy when a prescription has been written as a one-month supply with multiple or as needed (i.e., pro re nata [PRN]) refills. Pharmacy providers have expressed concern that the three-month supply policy prevents the pharmacist from dispensing a drug as a three-month supply without contacting the prescriber to change the prescription quantity. Effective with the January 20, 2010, changes to the three-

month supply policy, ForwardHealth has revised the policy to *not* require pharmacy providers to contact the prescriber to request a new prescription for a three-month supply.

ForwardHealth will not audit or recoup three-month supply claims if a pharmacy provider changes a prescription written as a one-month supply with refills to a three-month supply as long as the total quantity dispensed per prescription does not exceed the total quantity authorized by the prescriber.

Pharmacy providers may only obtain a 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. If a prescription is not changed, a PC dispensing fee cannot be obtained.

### **For More Information**

Providers may refer to the quantity limits data table on the Pharmacy page of the Portal for the most current list of drugs for which a quantity limit applies. The list may be revised monthly. Providers should refer to it frequently for changes.

Providers may call Provider Services at (800) 947-9627 with questions.

### **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/](http://www.forwardhealth.wi.gov/).

P-1250

# ATTACHMENT

## Quantity Limits Data Table

The following table lists drug classes and drugs for which a quantity limit applies. Dates indicated in the Effective Date column correspond with either Phase I or Phase II. Phase I will be implemented effective for dates of service (DOS) on and after March 1, 2010, and Phase II is effective for DOS on and after April 1, 2010.

The data table may be revised monthly. Providers should refer to the Pharmacy page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for the most current data table.

Drug Class and Drug Name	Effective Date	End Date	New/Delete
<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>			
<b>30 Per Month Quantity Limit</b>			
aliskiren/valsartan oral 150-160mg	3/1/2010		
aliskiren/valsartan oral 300-320mg	3/1/2010		
amlodipine/benazepril oral 2.5mg-10mg	4/1/2010		
amlodipine/benazepril oral 5-10mg	4/1/2010		
amlodipine/benazepril oral 5mg-20mg	4/1/2010		
amlodipine/benazepril oral 5mg-40mg	4/1/2010		
amlodipine/benazepril oral 10mg-20mg	4/1/2010		
amlodipine/benazepril oral 10mg-40mg	4/1/2010		
amlodipine/olmesartan oral 5mg-20mg	3/1/2010		
amlodipine/olmesartan oral 10mg-20mg	3/1/2010		
amlodipine/olmesartan oral 5mg-40mg	3/1/2010		
amlodipine/olmesartan oral 10mg-40mg	3/1/2010		
amlodipine/valsartan oral 5mg-160mg	3/1/2010		
amlodipine/valsartan oral 5mg-320mg	3/1/2010		
amlodipine/valsartan oral 10mg-160mg	3/1/2010		
amlodipine/valsartan oral 10mg-320mg	3/1/2010		
amlodipine/valsartan/HCTZ oral 5-160-12.5	4/1/2010		
amlodipine/valsartan/HCTZ oral 5-160-25mg	4/1/2010		
amlodipine/valsartan/HCTZ oral 10mg-160mg	4/1/2010		
amlodipine/valsartan/HCTZ oral 10-160-25	4/1/2010		
amlodipine/valsartan/HCTZ oral 10-320-25	4/1/2010		
candesartan oral 4mg	3/1/2010		
candesartan oral 8mg	3/1/2010		
candesartan oral 16mg	3/1/2010		
candesartan oral 32mg	3/1/2010		
candesartan/HCTZ oral 16-12.5mg	3/1/2010		
candesartan/HCTZ oral 32-12.5mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>ANGIOTENSIN RECEPTOR BLOCKERS (Continued)</b>			
<b>30 Per Month Quantity Limit (Continued)</b>			
candesartan/HCTZ oral 32mg-25mg	3/1/2010		
eprosartan oral 600mg	3/1/2010		
eprosartan/HCTZ oral 600-12.5mg	3/1/2010		
eprosartan/HCTZ oral 600-25mg	3/1/2010		
irbesartan oral 75mg	3/1/2010		
irbesartan oral 150mg	3/1/2010		
irbesartan oral 300mg	3/1/2010		
irbesartan/HCTZ oral 150-12.5mg	3/1/2010		
irbesartan/HCTZ oral 300-12.5mg	3/1/2010		
irbesartan/HCTZ oral 300mg-25mg	3/1/2010		
losartan oral 100mg	3/1/2010		
losartan/HCTZ oral 50-12.5mg	3/1/2010		
losartan/HCTZ oral 100-12.5mg	3/1/2010		
losartan/HCTZ oral 100mg-25mg	3/1/2010		
olmesartan oral 5mg	3/1/2010		
olmesartan oral 20mg	3/1/2010		
olmesartan oral 40mg	3/1/2010		
olmesartan/HCTZ oral 20-12.5mg	3/1/2010		
olmesartan/HCTZ oral 40-12.5mg	3/1/2010		
olmesartan/HCTZ oral 40mg-25mg	3/1/2010		
telmisartan oral 20mg	3/1/2010		
telmisartan oral 40mg	3/1/2010		
telmisartan oral 80mg	3/1/2010		
telmisartan/amlodipine oral 40mg-5mg	4/1/2010		
telmisartan/amlodipine oral 40mg-10mg	4/1/2010		
telmisartan/amlodipine oral 80mg-5mg	4/1/2010		
telmisartan/amlodipine oral 80mg-10mg	4/1/2010		
telmisartan/HCTZ oral 40-12.5mg	3/1/2010		
telmisartan/HCTZ oral 80-12.5mg	3/1/2010		
telmisartan/HCTZ oral 80mg-25mg	3/1/2010		
trandolapril/verapamil oral 4-240mg	4/1/2010		
valsartan oral 320mg	3/1/2010		
valsartan/HCTZ oral 80-12.5mg	3/1/2010		
valsartan/HCTZ oral 160-12.5mg	3/1/2010		
valsartan/HCTZ oral 160-25mg	3/1/2010		
valsartan/HCTZ oral 320-12.5mg	3/1/2010		
valsartan/HCTZ oral 320mg-25mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>ANGIOTENSIN RECEPTOR BLOCKERS (Continued)</b>			
<b>60 Per Month Quantity Limit</b>			
eprosartan oral 400mg	3/1/2010		
losartan oral 50mg	3/1/2010		
trandolapril/verapamil oral 1-240mg	4/1/2010		
trandolapril/verapamil oral 2-180mg	4/1/2010		
trandolapril/verapamil oral 2-240mg	4/1/2010		
valsartan oral 40mg	3/1/2010		
valsartan oral 80mg	3/1/2010		
valsartan oral 160mg	3/1/2010		
<b>ANTIMIGRAINE TRIPTANS, ORAL</b>			
<b>18 Per Month Quantity Limit</b>			
almotriptan oral 6.25mg	4/1/2010		
almotriptan oral 12.5mg	4/1/2010		
eletriptan oral 20mg	4/1/2010		
eletriptan oral 40mg	4/1/2010		
frovatriptan oral 2.5mg	4/1/2010		
naratriptan oral 1mg	4/1/2010		
naratriptan oral 2.5mg	4/1/2010		
rizatriptan oral 5mg	4/1/2010		
rizatriptan oral 10mg	4/1/2010		
sumatriptan oral 25mg	4/1/2010		
sumatriptan oral 50mg	4/1/2010		
sumatriptan oral 100mg	4/1/2010		
sumatriptan/naproxen oral 85mg-500mg	4/1/2010		
zolmitriptan oral 2.5mg	4/1/2010		
zolmitriptan oral 5mg	4/1/2010		
<b>ANTIMIGRAINE TRIPTANS, NASAL &amp; INJECTIBLE</b>			
<b>6 Per Month Quantity Limit</b>			
sumatriptan 4mg/0.5ml kit	4/1/2010		
sumatriptan 4mg/0.5ml pen	4/1/2010		
sumatriptan 4mg/0.5ml vial	4/1/2010		
sumatriptan 6mg/0.5ml kit	4/1/2010		
sumatriptan 6mg/0.5ml pen	4/1/2010		
sumatriptan 6mg/0.5ml vial	4/1/2010		
sumatriptan nasal 5mg spray	4/1/2010		
sumatriptan nasal 20mg spray	4/1/2010		
zolmitriptan nasal 5 mg spray	4/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>CONTRACEPTIVES, INJECTIBLE</b>			
<b>1 Every 90 Days Quantity Limit</b>			
medroxyprogesterone 104mg/0.65	4/1/2010		
medroxyprogesterone 150mg/ml	4/1/2010		
<b>CONTRACEPTIVES, TRANSDERMAL</b>			
<b>9 Every 90 Days Quantity Limit</b>			
norelgestromin/ethin. estradiol transdermal patch	4/1/2010		
<b>DPP4-INHIBITORS</b>			
<b>30 Per Month Quantity Limit</b>			
saxagliptin oral 2.5mg	3/1/2010		
saxagliptin oral 5mg	3/1/2010		
sitagliptin oral 25mg	3/1/2010		
sitagliptin oral 50mg	3/1/2010		
sitagliptin oral 100mg	3/1/2010		
<b>60 Per Month Quantity Limit</b>			
sitagliptin/metformin oral 50mg-500mg	3/1/2010		
sitagliptin/metformin oral 50-1000mg	3/1/2010		
<b>EMERGENCY TREATMENT, ALLERGIES</b>			
<b>2 Per Month Quantity Limit</b>			
epinephrine injection 0.3mg	4/1/2010		
epinephrine intramuscular 0.15	4/1/2010		
<b>EMERGENCY TREATMENT, DIABETES</b>			
<b>2 Per Month Quantity Limit</b>			
glucagon injection 1 mg kit	4/1/2010		
glucagon injection 1 mg vial	4/1/2010		
<b>PROTON PUMP INHIBITORS</b>			
<b>30 Per Month Quantity Limit</b>			
dexlansoprazole oral 30mg	3/1/2010		
esomeprazole oral 20mg	3/1/2010		
lansoprazole oral 15mg	3/1/2010		
omeprazole oral 10mg	3/1/2010		
pantoprazole oral 20mg	3/1/2010		
<b>60 Per Month Quantity Limit</b>			
dexlansoprazole oral 60mg	3/1/2010		
esomeprazole oral 10mg packet	3/1/2010		
esomeprazole oral 20mg packet	3/1/2010		
esomeprazole oral 40mg	3/1/2010		
esomeprazole oral 40mg packet	3/1/2010		
lansoprazole oral 15mg suspension	3/1/2010		



<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>PROTON PUMP INHIBITORS (Continued)</b>			
<b>60 Per Month Quantity Limit (Continued)</b>			
lansoprazole oral 30mg	3/1/2010		
lansoprazole oral 30mg suspension	3/1/2010		
omeprazole oral 2.5mg packet	3/1/2010		
omeprazole oral 10mg packet	3/1/2010		
omeprazole oral 20mg	3/1/2010		
omeprazole oral 40mg	3/1/2010		
omeprazole/sodium bicarbonate oral 20-1680mg packet	3/1/2010		
omeprazole/sodium bicarbonate oral 20mg-1.1g	3/1/2010		
omeprazole/sodium bicarbonate oral 40-1680mg packet	3/1/2010		
omeprazole/sodium bicarbonate oral 40mg-1.1g	3/1/2010		
pantoprazole oral 40mg	3/1/2010		
pantoprazole oral 40mg packet	3/1/2010		
rabeprazole oral 20mg	3/1/2010		
<b>SKELETAL MUSCLE RELAXANTS</b>			
<b>84 Per Month Quantity Limit</b>			
carisoprodol oral 250mg	4/1/2010		
carisoprodol oral 350mg	4/1/2010		
<b>STATINS</b>			
<b>30 Per Month Quantity Limit</b>			
atorvastatin oral 10mg	3/1/2010		
atorvastatin oral 20mg	3/1/2010		
atorvastatin oral 40mg	3/1/2010		
atorvastatin oral 80mg	3/1/2010		
fluvastatin oral 20mg	3/1/2010		
fluvastatin oral 40mg	3/1/2010		
fluvastatin oral 80mg	3/1/2010		
lovastatin oral 10mg	3/1/2010		
lovastatin oral 20mg	3/1/2010		
lovastatin oral 40mg	3/1/2010		
lovastatin oral 60mg	3/1/2010		
pravastatin oral 10mg	3/1/2010		
pravastatin oral 20mg	3/1/2010		
pravastatin oral 40mg	3/1/2010		
pravastatin oral 80mg	3/1/2010		
rosuvastatin oral 5mg	3/1/2010		
rosuvastatin oral 10mg	3/1/2010		
rosuvastatin oral 20mg	3/1/2010		
rosuvastatin oral 40mg	3/1/2010		

<b>Drug Class and Drug Name</b>	<b>Effective Date</b>	<b>End Date</b>	<b>New/Delete</b>
<b>STATINS (Continued)</b>			
<b>30 Per Month Quantity Limit (Continued)</b>			
simvastatin oral 5mg	3/1/2010		
simvastatin oral 10mg	3/1/2010		
simvastatin oral 20mg	3/1/2010		
simvastatin oral 40mg	3/1/2010		
simvastatin oral 80mg	3/1/2010		
<b>TOPICAL, ANTI-INFECTIVES</b>			
<b>10 Units Per Month Quantity Limit</b>			
mupirocin nasal 2% ointment (gm)	4/1/2010		
<b>30 Units Per Month Quantity Limit</b>			
retapamulin topical 1% ointment (gm)	3/1/2010		
<b>60 Units Per Month Quantity Limit</b>			
mupirocin topical 2% cream (gm)	3/1/2010		
<b>66 Units Per Month Quantity Limit</b>			
mupirocin topical 2% ointment (gm)	4/1/2010		