

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: Blood Banks, Dentists, Dispensing Physicians, 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

Opioid Monthly Prescription Fill Limit

Effective for dates of service on and after January 1, 2011, opioids will be limited to a five prescription fill limit per calendar month.

Prescription opioids play a key role in the effective treatment of chronic pain; however, for a variety of reasons, there has been a significant increase in opioid prescribing, both nationally and in Wisconsin. As the utilization of prescription opioids increases, evidence demonstrates that the rates of fraud, misuse, diversion, and overuse also increase.

Wisconsin Medicaid and BadgerCare Plus Rate Reform Project

In response to 2009-2011 biennial budget targets, the Department of Health Services, along with representative industry stakeholders, undertook the Medicaid and BadgerCare Plus Rate Reform project. The changes described in this *ForwardHealth Update* are a result of the Rate Reform Project.

Opioid Monthly Prescription Fill Limit

Effective for dates of service (DOS) on and after January 1, 2011, opioids will be limited to five prescription fills per calendar month for members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, Wisconsin Medicaid, and SeniorCare. For a complete list of opioids included in

the prescription fill limit, refer to the Attachment of this *ForwardHealth Update*. These limits do not affect members who are in a nursing home or hospice care.

Claims for members enrolled in the Standard Plan, Medicaid, and SeniorCare that exceed the opioid prescription fill limit will be denied with Explanation of Benefits (EOB) code 0420, which states "Prescription limit of five Opioid analgesics per month. The prescriber must contact the Drug Authorization and Policy Override Center for policy override."

Claims for members enrolled in the Benchmark Plan, the Core Plan, and the Basic Plan that exceed the opioid prescription fill limit will be denied with EOB code 0421, which states "Prescription limit of five Opioid analgesics per month. No policy override available for BadgerCare Plus Benchmark Plan, Core Plan or Basic Plan."

The following drugs will be exempt from the opioid monthly prescription fill limit:

- Suboxone film and tablet.
- Buprenorphine tablet.
- Methadone solution.
- Opioid antitussive liquid.

Opioid Monthly Prescription Fill Limit Overrides

Prescriber Responsibility

If a member enrolled in the Standard Plan, Medicaid, and SeniorCare require more than five opioid prescription fills in a month, the prescriber may request a policy override through the Drug Authorization and Policy Override (DAPO) center. An override is required for each opioid fill that exceeds the five prescription fill limit per calendar month. To receive a policy override, the prescriber or prescriber's designee is required to contact the DAPO center at (800) 947-9627.

The DAPO center is a specialized drug helpdesk for prescribers, their designees, and pharmacy providers to request policy overrides for specific policies and submit PA requests for specific drugs over the telephone.

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

- Prescriber's name and National Provider Identifier.
- Member's name and ID.
- Pharmacy's name and telephone number where the member attempted to have the prescription filled.
- Date the prescription was attempted to be filled.
- Drug name, strength, and quantity.
- Instructions for use.

If the pharmacy provider contacts the DAPO center to obtain an override, the DAPO center will inform the pharmacy provider that the prescriber is responsible for obtaining the override.

The DAPO center will provide information to the prescriber regarding the member's recent medication history.

If the prescriber determines an override is medically necessary, the DAPO center will record the override, and the prescriber should contact the member and the pharmacy. When contacting the member, the prescriber

should use this opportunity to discuss the appropriate use of opioids.

If the prescriber decides that it is not medically necessary to override the opioid monthly prescription fill limit, the prescriber should contact the member and discuss follow-up care. If the override is not given, the prescriber should contact the pharmacy to have the prescription canceled.

Pharmacy Responsibilities

When pharmacies are contacted by a prescriber and notified that an override is available, the pharmacy should submit the claim for the opioid. Pharmacies are responsible for submitting claims for opioids within three days of the override being obtained by the prescriber. If the pharmacy provider does not submit the claim within the three day time period, the claim will be denied.

If a prescriber does not override the opioid monthly prescription fill limit for members enrolled in the Standard Plan, Medicaid, or SeniorCare, the service is considered noncovered.

If a pharmacy has difficulty with claim submission related to the Opioid Monthly Prescription Limit, contact the DAPO center.

Opioid Monthly Prescription Fill Limit Exceptions

Opioid prescription fill limit exceptions are covered for members enrolled in the Standard Plan, Medicaid, and SeniorCare.

Schedule III-V drugs

If the prescriber is unavailable, the DAPO center will grant a 96-hour supply exception to exceed the opioid monthly prescription fill limit for a Schedule III-V drug if the following conditions are met:

- Member is enrolled in the Standard Plan, Medicaid, or SeniorCare.

- The pharmacy attempted to contact the prescriber (or the prescriber's agent) but the prescriber is unavailable (e.g. clinic is closed).
- The pharmacy must document on the prescription order that the prescriber is not available.
- The pharmacist confirmed that dispensing a 96-hour supply is medically necessary.
- A 96-hour supply exception was not previously granted within the current calendar month.

If the prescriber is unavailable and the DAPO center, is closed, then pharmacy providers may dispense a 96 hour supply if the following conditions are met:

- Member is enrolled in the Standard Plan, Medicaid, or SeniorCare.
- The pharmacy attempted to contact the prescriber (or the prescriber's agent), but the prescriber is unavailable (e.g., clinic is closed).
- The pharmacy must document on the prescription order that the prescriber is not available.
- The pharmacist confirmed that dispensing a 96-hour supply is medically necessary.
- A 96-hour supply exception was not previously granted within the current calendar month.

Only one 96-hour supply exception for opioid drugs will be allowed per calendar month. Once the DAPO center is open, the pharmacy must call to obtain the 96-hour supply exception.

The 96-hour supply exception may be retroactive up to five days (i.e., back dated).

If a 96-hour supply exception has already been provided in the same calendar month, the prescription becomes a noncovered service.

Schedule II Drugs

If the prescriber is unavailable, the DAPO center may grant an exception for a Schedule II drug if the following conditions are met:

- Member is enrolled in the Standard Plan, Medicaid, or SeniorCare.
- The pharmacy attempted to contacted the prescriber (or the physician's agent), but the prescriber is unavailable (e.g., clinic is closed).
- The pharmacy must document on the prescription order that the prescriber is not available.
- The pharmacist confirmed that it is medically necessary to dispense the drug.
- An exception for Schedule II drugs was not previously granted within the current calendar month.
- The pharmacist may dispense the full quantity indicated on the prescription order.

If the prescriber is unavailable and the DAPO center is closed, the pharmacy may dispense an exception for a Schedule II drug if the following conditions are met:

- Member is enrolled in the Standard Plan, Medicaid, or SeniorCare.
- The pharmacy attempted to contact the prescriber (or the physician's agent), but the prescriber is unavailable (e.g., clinic is closed).
- The pharmacy documented on the prescription order that the prescriber is not available.
- The pharmacist confirmed that it is medically necessary to dispense the drug.
- The pharmacist may dispense the full quantity indicated on the prescription order.

Pharmacy providers are required to submit a Noncompound Drug Claim form, F-13072 (10/08), with a Pharmacy Special Handling Request form, F-13074 (10/08), indicating the following:

- The drug dispensed was a Schedule II drug and the opioid monthly prescription fill limit was exceeded.

- The pharmacy attempted to contact the prescriber (or the physician’s agent), but the prescriber is unavailable (e.g., clinic is closed).
- The pharmacist is required to provide justification why it was medically necessary to dispense the Schedule II opioid before discussing with the prescriber an exception to the opioid monthly prescription fill limit.

Only one exception for Schedule II opioid will be allowed per calendar month.

If a Schedule II opioid exception has already been provided in the same calendar month, the prescription becomes a noncovered service.

BadgerCare Plus Benchmark Plan, Core Plan, and Basic Plan

Effective for DOS on and after January 1, 2011, opioids will be limited to five prescription fills per calendar month for members enrolled in the Benchmark Plan, the Core Plan, and the Basic Plan. Members enrolled in these programs are not eligible to receive an opioid monthly prescription fill limit override or an opioid prescription fill limit exception.

Propoxyphene

Propoxyphene, in all its forms, was removed from the market as a result of a Food and Drug Administration safety recommendation. Effective for DOS on and after January 1, 2011, propoxyphene is no longer covered for the Standard Plan, Medicaid, and SeniorCare.

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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ATTACHMENT

Opioids Included in the Prescription Fill Limit

Effective for dates of service (DOS) on and after January 1, 2011, opioids are limited to five prescription fills a month.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically.

Opioid Drug	Effective Date
alfentanil	01/01/2011
buprenorphine*	01/01/2011
butorphanol	01/01/2011
codeine*	01/01/2011
dezocine	01/01/2011
dihydrocodeine	01/01/2011
fentanyl	01/01/2011
hydrocodone*	01/01/2011
hydromorphone	01/01/2011
levomethadyl	01/01/2011
levophanol	01/01/2011
meperidine	01/01/2011
methadone*	01/01/2011
morphine	01/01/2011
nalbuphine	01/01/2011
opium	01/01/2011
oxycodone	01/01/2011
oxymorphone	01/01/2011
pentazocine	01/01/2011
remifentanil	01/01/2011
sufentanil	01/01/2011
tapentadol	01/01/2011
tramadol	01/01/2011

* The following are exemptions to the five prescription monthly fill limit:

- Suboxone film and tablet.
- Buprenorphine tablet.
- Methadone solution.
- Opioid antitussive liquid.