

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

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

Three-Month Supply Drug Policy Changes

Effective for dates of service on and after March 1, 2011, ForwardHealth will expand the list of drugs that are required to be dispensed in a three-month supply. In addition, this *ForwardHealth Update* describes prescriber and pharmacy provider responsibilities for prescriptions for three-month supply drugs.

Effective for dates of service (DOS) on and after March 1, 2011, ForwardHealth will be updating the list of drugs that are required to be dispensed in a three-month supply.

As a reminder, effective for DOS on and after January 20, 2010, ForwardHealth revised the three-month supply drug policy as a result of the Wisconsin Medicaid Rate Reform Project to meet the 2009-2011 biennial budget targets. In addition, the three-month supply policy has been revised as part of an effort to improve the performance of ForwardHealth programs and encourage more integrated and cost-effective care. Providers are reminded of the following:

- Certain drugs *are required* to be dispensed in a three-month supply.
- Additional drugs *may* be dispensed in a three-month supply.
- All other drugs shall be dispensed in the full amount prescribed, up to a 34-day supply.

Dispensing a three-month supply of drugs streamlines the prescription filling process for pharmacy providers, encourages the use of generic, maintenance drugs when

medically appropriate for a member, and results in savings to ForwardHealth programs.

The three-month supply drug policy applies to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, Medicaid, and SeniorCare.

All other pharmacy policies and procedures continue to apply for drugs dispensed in a three-month supply.

Member Benefits

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

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

Prescriber Responsibilities for Three-Month Supply Drugs

For drugs that are required to be dispensed in a three-month supply, prescribers are required to indicate a three-month supply (e.g., a quantity of 90 or 100) on the prescription to allow the pharmacy provider to dispense maintenance drugs

in quantities up to a three-month supply. For example, if the prescription is written for "Hydrochlorothiazide 25 mg, take one tablet daily," the prescriber is required to indicate a quantity of 90 or 100 tablets on the prescription so the pharmacy provider can dispense a three-month supply. In certain instances, brand name drugs (e.g., oral contraceptives) may be dispensed in a three-month supply.

For drugs required to be dispensed in 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, the prescriber must write a prescription so the pharmacy provider can dispense a three-month supply of the drug.

Pharmacy Responsibilities for Three-Month Supply Drugs

According to DHS 107.10(3)(e), Wis. Admin. Code, providers are required to dispense all legend drugs in the full quantity prescribed, not to exceed a 34-day supply, except for drugs that may be dispensed in a three-month supply and those required to be dispensed in a three-month supply.

When appropriate, pharmacy providers are required to contact prescribers to request a new prescription for a three-month supply if a prescription has been written as a one-month supply with multiple or as needed (i.e., PRN) refills.

If a prescription for a drug that is required to be dispensed in a three-month supply was not ordered with a three-month supply, pharmacy providers should determine if the member has been stabilized on the drug. If the member has not been stabilized on the drug, a quantity not to exceed a 34-day supply should be dispensed. If the member has been

stabilized on the drug, the pharmacy provider is required to work with the prescriber to obtain a prescription for a three-month supply or obtain a policy override to dispense less than a three-month supply.

Drugs Required to Be Dispensed in a Three-Month Supply

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

Claims for drugs required to be dispensed 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 (NCPDP) 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. The DAPO Center's 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.

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

- Member name and identification number.
- Pharmacy provider name and National Provider Identifier.
- 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.

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 Standard Plan, the Benchmark Plan, the Core Plan, the Basic Plan, Medicaid, and SeniorCare.

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 this statement in the space provided: 96-hour policy override for a three-month supply.

The 14-day emergency medication dispensing policy does not apply to the three-month supply initiative.

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 should work with the member and the prescriber to 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 Drug Utilization Review 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 previously denied with the "NS" prospective DUR alert and EOB 7018 that did not require a three-month supply, may now be denied with EOB code 1565, indicating a three-month supply is required.

Pharmacy providers will receive the "NS" prospective DUR alert on claims with less than a three-month supply indicated for drugs that may be dispensed in a three-month supply. Pharmacy providers are encouraged to work with the member and prescriber to determine whether or not the prescription should be dispensed in a three-month supply. If the prescription is updated, pharmacy providers do not need to override the DUR alert. If the prescription is *not* dispensed in a three-month supply, pharmacy providers will need to override the DUR alert.

The process to override a claim when a prospective DUR alert for an insufficient quantity of a drug is received remains unchanged. Providers may refer to the NCPDP companion document on the Trading Partners page of the

ForwardHealth Portal for more information about DUR alerts.

Providers may refer to the Attachment of this *ForwardHealth Update* 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.

Note: When DUR alerts are returned to providers, the NCPDP DUR Free Text Message field (544-FY) states that a 100-day supply may be dispensed. A 100-day supply is equivalent to a three-month supply.

Drugs That No Longer May Be Dispensed in a Three-Month Supply

Drugs have been removed from the list of drugs that may be dispensed in a three-month supply and therefore may be dispensed in a one-month supply only. Providers should refer to the Three-Month Supply Drugs data table on the Pharmacy page of the Portal for the most current list of three-month supply drugs. For drugs that have been removed, a strikethrough line will be present for one month before the drug is actually removed completely from the table.

Pharmaceutical Care

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 and the prescription is changed so the drug may be dispensed in a three-month supply. 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.

A PC dispensing fee for a three-month supply is reimbursable for members enrolled in the Standard Plan, the Core Plan, Medicaid, and SeniorCare. For SeniorCare members, pharmacy providers are reimbursed directly for PC at the Medicaid rate when the member is in, or has reached, the copayment level of participation. When the member has

a spenddown or deductible, the pharmacy provider is required to obtain member consent for PC services prior to providing the services.

Documentation Requirements

To receive a PC dispensing fee when a three-month supply of a drug is dispensed, providers are required to document the following in the member's file or on the prescription:

- The date the prescriber was contacted.
- The change to the prescription.
- The name of the person who contacted the prescriber.
- The name of the person in the prescriber's office who authorized the change to the prescription.

Documentation must be provided if requested by ForwardHealth. Failure to provide the previous documentation may result in recoupment of the PC dispensing fee.

Service Limitations

If an override of a service limitation, such as a three-month supply policy override, is requested and the request does not meet service limitation override criteria, the policy override will be denied and the service will be a noncovered service.

In addition, if one of the following circumstances is met, a three-month supply of a drug is a noncovered service:

- If the member does not accept a three-month supply or the member perceives a safety concern with a drug and does not accept a three-month supply. (*Note:* If a member's primary insurance does not allow a three-month supply to be dispensed, a drug dispensed in less than a three-month supply is a covered service.)
- If the prescriber is *not* certified by Wisconsin Medicaid and is unwilling to approve a three-month supply or does not provide a valid reason for a three-month supply to be dispensed.
- If the prescriber is certified by Wisconsin Medicaid, but the prescriber does not approve a three-month supply or does not provide a valid reason for a three-month supply to be dispensed. (*Note:* Pharmacy providers should contact the DAPO Center for additional instructions in this instance.)

Pharmacy providers enrolled in the Standard Plan, Medicaid, and SeniorCare may collect payment from members in the previously listed circumstances. For members enrolled in the Benchmark Plan, the Core Plan, and the Basic Plan, the pharmacy provider may submit claims to BadgerRx Gold.

With the exception of previously described policies, pharmacies cannot collect payment from members for a three-month supply of a drug if the pharmacy provider does not follow the policies described in this *Update*.

Members do not have appeal rights for noncovered drugs or services.

Drugs for Members in Long Term Care Facilities

Members in long term care facilities are 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 NCPDP companion document.

For More Information

Providers may refer to the Three-Month Supply Drugs data table on the Pharmacy page of the 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/.

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ATTACHMENT

Three-Month Supply Drugs

The table below is a complete list of drugs that may be dispensed in a three-month supply *and* drugs that are required to be dispensed in a three-month supply. For drugs that are required to be dispensed in a three-month supply, an “X” is indicated in the “Required” column.

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Three-Month Supply Drugs		
Drug Name	Required	Effective
acebutolol capsule	X	2/15/2011
acetazolamide capsule sa	X	2/15/2011
acetazolamide tablet	X	2/15/2011
allopurinol tablet		11/8/2008
amiloride hcl-hctz tab	X	2/15/2011
amiloride tablet	X	2/15/2011
amlodipine capsule	X	2/15/2011
amlodipine tablet	X	2/15/2011
amlodipine-benazepril	X	2/15/2011
atenolol tablet	X	2/15/2011
atenolol-chlorthalidone tab	X	2/15/2011
benazepril tablet	X	2/15/2011
benazepril-hctz tab	X	2/15/2011
betaxolol tablet	X	2/15/2011
bisoprolol tablet	X	2/15/2011
bisoprolol-hctz tab	X	2/15/2011
bumetanide tablet	X	2/15/2011
captopril tablet	X	2/15/2011
captopril-hctz tablet	X	2/15/2011
carvedilol tablet	X	2/15/2011
chlorothiazide oral susp		11/8/2008
chlorothiazide tablet	X	1/20/2010
chlorpropamide tablet	X	2/15/2011
chlorthalidone tablet	X	2/15/2011
cholestyramine packet		11/8/2008
cholestyramine powder		11/8/2008
cimetidine tablet		11/8/2008
clonidine hcl/chlorthalidone tablet		11/8/2008
contraceptive, oral	X	1/20/2010

Drug Name	Required	Effective
contraceptive, transdermal		11/8/2008
contraceptives, intravaginal		11/8/2008
contraceptives,injectable		11/8/2008
diclofenac tablet		11/8/2008
diclofenac tab.sr 24h		11/8/2008
diclofenac tablet dr		11/8/2008
digoxin solution		11/8/2008
digoxin tablet	X	1/20/2010
diltiazem cap.sr 12h	X	2/15/2011
diltiazem cap.sr 24h	X	2/15/2011
diltiazem capsule cr	X	2/15/2011
diltiazem capsule sa	X	2/15/2011
diltiazem tablet	X	2/15/2011
dipyridamole tablet	X	2/15/2011
dipyridamole tablet		11/8/2008
doxazosin tablet	X	2/15/2011
enalaprilat tablet	X	2/15/2011
enalapril-hctz tablet	X	2/15/2011
eplerenone tablet	X	2/15/2011
estradiol patch tdwk		11/8/2008
estradiol tablet		11/8/2008
estropipate tablet		11/8/2008
famotidine tablet		11/8/2008
felodipine tab.sr 24h	X	2/15/2011
fenofibrate capsule		11/8/2008
fluoride cream		11/8/2008
fluoride drops		11/8/2008
fluoride gel		11/8/2008
fluoride paste		11/8/2008
fluoride solution		11/8/2008
fluoride tab chew		11/8/2008
fluoride tablet		11/8/2008
flurbiprofen tablet		11/8/2008
folic acid tablet		11/8/2008
fosinopril tablet	X	2/15/2011
fosinopril-hctz tab	X	2/15/2011
furosemide tablet	X	2/15/2011
gemfibrozil tablet	X	2/15/2011
glimepiride tablet	X	2/15/2011

Drug Name	Required	Effective
glipizide tab er 24	X	2/15/2011
glipizide tablet	X	2/15/2011
glipizide-metformin	X	2/15/2011
glyburide tablet	X	2/15/2011
glyburide-metformin	X	2/15/2011
guanabenz tablet	X	2/15/2011
hydralazine tablet	X	2/15/2011
hydrochlorothiazide capsule	X	1/20/2010
hydrochlorothiazide tablet	X	1/20/2010
hydroxyzine tablet		11/8/2008
ibuprofen tablet		11/8/2008
indapamide tablet	X	2/15/2011
indomethacin capsule		11/8/2008
isosorbide tab.sr 24h	X	2/15/2011
isosorbide tablet	X	2/15/2011
isosorbide tablet sa	X	2/15/2011
isradipine capsule	X	2/15/2011
ketoprofen cap 24h pel		11/8/2008
ketoprofen capsule		11/8/2008
labetalol tablet	X	2/15/2011
levothyroxine tablet	X	1/20/2010
liothyronine tablet	X	1/20/2010
lisinopril tablet	X	2/15/2011
lisinopril-hctz tab	X	2/15/2011
meclofenamic acid capsule		11/8/2008
medroxyprogesterone tablet		11/8/2008
meloxicam tablet		11/8/2008
metformin tab.sr 24h	X	2/15/2011
metformin tablet	X	2/15/2011
methazolamide tablet	X	2/15/2011
methyldopa tablet	X	2/15/2011
methyldopa-hctz tab	X	2/15/2011
metolazone tablet	X	2/15/2011
metoprolol tab.sr 24h	X	2/15/2011
metoprolol tablet	X	2/15/2011
metoprolol-hctz tab	X	2/15/2011
minoxidil tablet	X	2/15/2011
nabumetone tablet		11/8/2008
nadolol tablet	X	2/15/2011

Drug Name	Required	Effective
naproxen tablet		11/8/2008
naproxen tablet dr		11/8/2008
niacin capsule sa	X	2/15/2011
nicardipine capsule	X	2/15/2011
nifedipine capsule	X	2/15/2011
nifedipine tab er 24	X	2/15/2011
nifedipine tablet sa	X	2/15/2011
nitroglycerin capsule sa	X	2/15/2011
nitroglycerin patch td24	X	2/15/2011
perindopril tablet	X	2/15/2011
phenobarbital elixir		11/8/2008
phenobarbital tablet		11/8/2008
phenytoin 30 mg capsule	X	1/20/2010
phenytoin 100 mg capsule	X	1/20/2010
phenytoin tab chew	X	1/20/2010
pindolol tablet	X	2/15/2011
piroxicam capsule		11/8/2008
prazosin capsule	X	2/15/2011
prenatal vitamins	X	1/20/2010
probenecid tablet		11/8/2008
propranolol cap.sa 24h	X	2/15/2011
propranolol tablet	X	2/15/2011
propranolol-hctz tab	X	2/15/2011
quinapril tablet	X	2/15/2011
quinapril-hctz tab	X	2/15/2011
ramipril capsule	X	2/15/2011
ranitidine capsule		11/8/2008
ranitidine tablet		11/8/2008
sotalol tablet	X	2/15/2011
spironolactone tablet	X	2/15/2011
spironolactone-hctz tab	X	2/15/2011
sulfasalazine tablet		11/8/2008
terazosin capsule	X	2/15/2011
thyroid tablet	X	1/20/2010
timolol tablet	X	2/15/2011
tolazamide tablet	X	2/15/2011
tolbutamide tablet	X	2/15/2011
toremide tablet	X	2/15/2011
trandolapril tablet	X	2/15/2011

Drug Name	Required	Effective
triamterene capsule	X	2/15/2011
triamterene tablet	X	2/15/2011
triamterene-hctz cp	X	2/15/2011
verapamil cap24h pct	X	2/15/2011
verapamil cap24h pel	X	2/15/2011
verapamil tablet	X	2/15/2011
verapamil tablet sa	X	2/15/2011
warfarin tablet		11/8/2008