

June 2006

Provider Bulletin Number 658a

Pharmacy Providers

Change in Actiq (Fentanyl Citrate) Transmucosal System Drug Coverage

Effective with dates of service on and after June 5, 2006, prior authorization (PA) is required for Actiq[®] (fentanyl citrate) transmucosal systems. PA criteria include the following:

- Beneficiary must be 16 years of age or older
- Quantity limit of four units (lozenges) per day
- Prescriber must be an oncologist or pain specialist
- Beneficiary must have a diagnosis of malignant cancer
- Beneficiary must be receiving opioid therapy and be considered opioid tolerant

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Pharmacy Provider Manual*, pages 8-10 through 8-11.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

Fentanyl Citrate Transmucosal Systems Lozenge (Actiq)

~~The quantity is limited to 4 units per day and requires prior authorization.~~

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Gabapentin (Neurontin)

An ICD-9-CM diagnosis code is required on all gabapentin claims. The pharmacy will need to contact the prescribing provider if no diagnosis is noted on the prescription. Gabapentin is only covered for the following conditions or diagnoses listed below:

1. Neuropathic pain: for a diagnosis indicating neuropathic pain, submit diagnosis code 3569
2. Epilepsy: for a diagnosis of epilepsy, submit the most appropriate one of the following diagnosis codes (**KMAP will accept 24500 for epilepsy diagnoses within the range of 34500 to 34591**):
 - a. 34500 – generalized nonconvulsive epilepsy without mention of intractable epilepsy
 - b. 34501 – generalized nonconvulsive epilepsy with intractable epilepsy
 - c. 34510 – generalized convulsive epilepsy without mention of intractable epilepsy
 - d. 34511 – generalized convulsive epilepsy with intractable epilepsy
 - e. 3452 – generalized convulsive epilepsy, petit mal status
 - f. 3453 – generalized convulsive epilepsy, grand mal status
 - g. 34540 – partial epilepsy, with impairment of consciousness without mention of intractable epilepsy
 - h. 34541 – partial epilepsy, with impairment of consciousness with intractable epilepsy
 - i. 34550 – partial epilepsy, without mention of impairment of consciousness without mention of intractable epilepsy
 - j. 34551 – partial epilepsy, without mention of impairment of consciousness with intractable epilepsy
 - k. 34560 – infantile spasms without mention of intractable epilepsy
 - l. 34570 – epilepsy partialis continua without mention of intractable epilepsy
 - m. 34571 – epilepsy partialis continua with intractable epilepsy
 - n. 34580 – other forms of epilepsy without mention of intractable epilepsy
 - o. 34581 – other forms of epilepsy with intractable epilepsy
 - p. 34590 – epilepsy, unspecified without mention of intractable epilepsy
 - q. 34591 – epilepsy, unspecified with intractable epilepsy
 - r. 78039 – other convulsions
 - s. 9070 – epilepsy due to late effects of intracranial injury.

Influenza Treatment:

Prescription drug claims for neuraminidase inhibitors zanamivir (Relenza[®]) and oseltamivir (Tamiflu[®]) will be paid for dates of service during the influenza (flu) season only (October 1 through April 30) and will be limited to one course of therapy per beneficiary per flu season. According to the Kansas Department of Health and Environment, the Centers for Disease Control consider the flu season in Kansas to be from mid-October through mid-April. One course of therapy for both Relenza[®] and Tamiflu[®] are defined by the company in the package insert as five days of therapy.

Ketorolac (Toradol[®])

Claims submitted for greater than a five day supply will be denied.

Long-Term Care Units (LTCU):

Hospitals approved by SRS with long-term care units may bill for covered drugs dispensed for use by Medicaid beneficiaries. The following guidelines apply only to LTCUs, where automatic stop orders in the acute care area might result in an unreasonable number of billings for drugs used on a continuing basis by LTCU residents.

Therapeutic Class	Days Supply Payable
Antibiotics	7 days
Anticoagulants	7 days
Narcotics, Stimulants, and Depressants	7 days
Steroids	7 days
Other drugs given on an irregular or PRN basis	30 days
Drugs given on a continuing maintenance schedule	31 days
Injectable drugs normally supplied in single dose ampules	7 days
Injectable drugs normally supplied in multiple dose vials	vial size

When the quantity of medication ordered by the physician conflicts with the hospital's policy regarding automatic stop orders or maximum dispensing quantities, the days supply guidelines as described above should be used for billing.

Medication used on a continuing or permanent basis should be billed for a 31 day supply.

When a physician orders a short course of drug therapy, the quantity of medication should be billed on a single claim form.

Billing for medication for LTCU patients must be done: 1) monthly, or 2) upon discharge of the patient (using the date medication was **dispensed** rather than date of administration).