



**Kansas  
Medical Assistance  
Program**



October 2004

Provider Notice Number 443

# PHARMACY PROVIDERS

## PREFERRED DRUG LIST CHANGES

**Effective for claims with dates of service on and after November 1, 2004, the following changes will apply to the drugs listed below.**

### PROTON PUMP INHIBITORS

Esomeprazole (Nexium®) will become Preferred.

Pantoprazole (Protonix®) will change from Preferred to Non-preferred and will require prior authorization.

### HMG-CoA REDUCTASE INHIBITORS

Fluvastatin (Lescol®), Lovastatin (Mevacor®, including its generic equivalents and Altoprev®, formerly Altocor®) and Rosuvastatin (Crestor®) will become Non-preferred and will require prior authorization.

### NON STEROIDAL ANTI-INFLAMMATORY DRUGS

Nabumetone (Relafen®, including its generic equivalents) and Diclofenac Sodium/Misoprostol (Arthrotec®) will become Non-preferred and will require prior authorization.

#### NOTES:

- Drugs in these classes that are not mentioned remain unchanged.
- Cox II Inhibitors are not on the Preferred Drug List and will continue to require prior authorization.

To view Preferred Drug List (PDL) updates or to download prior authorization request forms access [www.srskansas.org/hcp/medicalpolicy/pharmacy](http://www.srskansas.org/hcp/medicalpolicy/pharmacy)

CONTINUE ON BACK

## REMINDERS

**OVERRIDE CODE:** An override code is available for the “Duration Exceeds 31 Days Supply” limitation in the following situations:

- The day supply dispensed is the smallest unit available and exceeds the 31 day limit:
  - Depo Provera®, 150 mg IM for contraceptive purposes, exceeds the 31 day limit
  - Seasonale® oral contraceptive, which is only available in a three-month dose pack
- A child’s school requires a separate medication supply
- The beneficiary’s primary insurance requires more than 31 days supply and the primary insurance made a payment

For drug claims that meet the criteria listed above, the NCPDP 5.1 Submission Clarification Code value of “02” (Other Override) may be used. Pharmacies must keep written documentation explaining the reason for using this override code.

**NON-COVERED SERVICES:** Participating providers are not to charge Medicaid beneficiaries for non-covered services unless the provider has informed the consumer, in advance and in writing, that the consumer is responsible for the non-covered services [Kansas Administrative Regulation 30-5-59, section (e)(4)]. Once informed, the beneficiary has the option to receive and pay for the non-covered service, or decline the service.

**SPENDDOWN:** For beneficiaries on spenddown, it is important that a claim be submitted for non-covered services even though it will be denied. The out-of pocket expense will then be applied to the beneficiary’s spenddown and the balance will be updated per the automated system.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site: <https://www.kmap-state-ks.us>.