



**Kansas
Medical Assistance
Program**



PHARMACY PROVIDERS

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications can be found at the KMAP web site: <https://www.kmap-state-ks.us>

State Maximum Allowable Cost (SMAC) Addition

Effective for claims with dates of service on or after May 1, 2004, the following drug has a new SMAC price:

Oxycodone/aspirin 4.88/325mg

\$0.60 per tab

PDL Product Name Change

According to the FDA and Andrx Laboratories, Inc.® (labeler ID 62022), effective August 15, 2004, all products with the Altocor® (lovastatin extended-release tablets) name will be withdrawn from distribution and may not be sold. Altocor® will be replaced with Altoprev®, which is the same as Altocor® in all ways, including ingredients, dosage form, strengths, appearance, manufacturer, price, etc. Claims submitted for Altocor® after August 15, 2004 will be denied.

Send requests for a hard copy of the revised manual pages to: Publications Coordinator, 3600 SW Topeka Blvd, Suite 204, Topeka, Kansas 66611 or email: publications@ksxix.hcg.eds.com. Specify the bulletin by provider type, date, and include your mailing address with a specified individual or office if possible.

Reminders

- COX II DRUGS: When requesting a PA for COX II drugs (Celecoxib/Celebrex®, Valdecoxib/Bextra® or Rofecoxib/Vioxx®), please use the COX II PA Form; not the NSAID PDL/PA Form.
- OVERRIDE CODES are only to be used when criteria has been met. For Pro-DUR alert claim denials and criteria for exceptions, see Provider Manual Section 8400, pages 8-14 and 8-15. For exception criteria and allowable override instructions for claim denials due to exceeding a 31 day supply, see Provider Manual Section 8400, pages 8-9 and 8-10. For exception criteria and allowable override instructions for claim denials due to exceeding the 5 single-source prescriptions per calendar month, see Provider Manual Section 8400, pages 8-17 and 8-18.

Clarification to Exclusions of Certain Drugs to the Five Single Source Monthly Limit

Effective with dates of service on and after July 16, 2004, drugs used to treat MOST mental illnesses will be systematically excluded from the five single-source prescriptions per month limit.

Reprexain® Limitation

Reprexain® (ibuprofen/hydrocodone bitartrate 200/5mg) is indicated for short-term management (less than 10 days) of acute pain, per package insert. There is a limit of 50 tablets per fill.

Non-coverage of Syntest H.S. and Syntest D.S.

Per the Centers for Medicare & Medicaid Services, Syntest H.S.® (Esterfied Estrogens and Methyltestosterone 0.625/1.25mg) and Syntest D.S.® (Esterfied Estrogens and Methyltestosterone 1.25/2.5mg) have a DESI rating of 5 and therefore will not be covered for dates of service on or after June 30, 2004.

Non-coverage of NDCs

Per CMS release #132, under the heading “Coverage of Non-Drug Products”, the Centers for Medicare & Medicaid Services states that pre-filled saline syringes and pre-filled heparin sodium flush syringes (containing less than 200 units) “are not drugs and CMS has determined that they cannot be covered under the Drug Rebate Program.” Therefore, KMAP CANNOT cover these NDCs under the Pharmacy Program.

Furthermore, CMS is “...currently investigating labelers active in the drug rebate program that are reporting non-drugs...and, upon finding these NDCs, ...will report them...to be immediately pulled... Supplies, devices and all other non-drug products (by FDA standards) are not covered under the drug rebate program.”

Included in this release are several Abbott NDCs, considered non-drugs that had coverage terminated as of July 1, 2004. One of the most noted products was Pedialyte®. In a subsequent CMS Release, several oral electrolyte NDCs have been identified by CMS as non-drugs and will become non-covered as of October 1, 2004. Because of this, KMAP will non-cover all other oral OTC electrolyte solution NDCs as of October 1, 2004.

As CMS identifies NDCs as non-drugs, KMAP will move toward non-covering the entire group of related NDCs. Depending upon CMS notification and direction, KMAP will strive to notify providers in advance.

To review CMS Releases, visit:
<http://www.cma.hhs.gov/medicaid/drugs1.asp>

Entering a Submission Clarification Code On Paper Pharmacy Claims

When criteria has been met to override a claim denial with a Submission Clarification Code, those submitting via paper must enter the value in the corresponding line of the REMARKS section of the claim form. For example, enter the following:

“Submission Clarification Code: 07” (when criteria has been met to exceed the 5 single-source prescriptions per calendar month)

Or

“Submission Clarification Code: 02” (when criteria has been met to exceed a 31 days supply)

PDL/PA Forms

The KMAP PDL/PA Request Forms have been updated. PDL/PA Request Forms along with the forms for Non-PDL drugs that require a PA Request Form (i.e. COX II's & Synagis®) can be downloaded from the following website:

www.srskansas.org/hcp/medicalpolicy/pharmacy