

**April 2006**

**Provider Bulletin Number 622**

## **Pharmacy Providers**

### **Erectile Dysfunction Drugs and Provider Manual Update**

Effective with dates of service on or after January 1, 2006, erectile dysfunction drugs will no longer be covered by Kansas Medical Assistance Program.

The section regarding therapeutic categories of drugs generally not covered in the *Pharmacy Provider Manual* has been updated. Please view this manual at <https://www.kmap-state-ks.us>.

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, select the *Pharmacy Provider Manual*, page 8-20.

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.

**Benefits Non-Covered:**

The beneficiary is allotted money for miscellaneous expenditures within their monthly budget; consequently, some pharmacy items are not covered. The following represent examples of items that are not covered:

- Medical supplies (as determined by FDA)
- Over-the-counter laxatives and stool softeners
- Over-the-counter nutritional supplements such as vitamins and minerals
- Routine feminine hygiene products
- Topical antiseptic and first aid preparations

Therapeutic categories of drugs generally not covered are:

- DESI less-than-effective drugs and their Identical, Related, and Similar (IRS) drugs
- Benzodiazepines
- Erectile dysfunction
- Cosmetic purposes
- Symptomatic relief of cough and colds
- Drugs designated by the Secretary of Health and Human Services
- Drugs with a manufacturer imposed restricted distribution system which requires the additional purchase of associated tests or services from the manufacturer or its designee
- Promotion of fertility
- Gender-specific medications if prescribed to the gender for which they are not FDA-approved or medically necessary
- Hair growth
- Non legend (OTC)
- Weight reduction with exception of those requiring prior authorization
- Weight gain