

**April 2006**

**Provider Bulletin Number 637**

## **Pharmacy Providers**

### **Diagnosis Restriction Changes for Amphetamines, Amphetamine Mixtures, and Modafinil**

Effective with dates of service on and after May 1, 2006, the following changes will occur for covered diagnoses:

Amphetamines, Amphetamine Mixtures, Amphetamine-like drugs

- Attention Deficit Disorder (ADD) (ICD-9 code 31400) will continue to be a covered diagnosis.
- Attention Deficit Disorder with Hyperactivity (ADHD) (ICD-9 code 31401) will continue to be a covered diagnosis.
- Cataplexy and Narcolepsy (ICD-9 code 347) will continue to be a covered diagnosis.
- Depressive Disorder (ICD-9 code 311) will no longer be a covered diagnosis.

Modafinil (Provigil®)

- Cataplexy and Narcolepsy (ICD-9 code 347) will continue to be a covered diagnosis.
- Obstructive Sleep Apnea/Hypopnea Syndrome (ICD-9 code 78057) will become a covered diagnosis.
- Shift Work Sleep Disorder (ICD-9 code 30745) will become a covered diagnosis.
- Unspecified Hypersomnia (ICD-9 code 78054) will no longer be a covered diagnosis.

Refer to the *Pharmacy Provider Manual* for additional information.

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*, pages 8-9 and 8-12.

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.

**Drug Benefit Limitations:****Amphetamines, Amphetamine mixtures and Amphetamine-like Drugs:**

Amphetamines, amphetamine mixtures and amphetamine-like drugs require a diagnosis, ICD-9 code to be entered on the claim. Applicable diagnoses are:

ADD	31400
ADHD	31401
Cataplexy and Narcolepsy	347
<del>Depression *</del>	<del>311</del>

~~\* Amphetamines are not appropriate as first line treatment or mono-therapy for depression or when a beneficiary will respond to a non-controlled antidepressant. In cases of severe, refractory depression, when amphetamines may be indicated to augment other antidepressant therapy, a diagnosis code of 311 (depression) may be submitted. Submissions for amphetamines will be monitored to ensure appropriate use.~~

**Note:** KMAP does not cover amphetamines, amphetamine mixtures and amphetamine-like drugs when used to treat diagnoses other than the above mentioned.

**Antitubercular Antibiotics:**

Antitubercular drugs are non-covered. They are covered free of charge through local health departments. Use of antitubercular drugs for conditions other than tuberculosis require prior authorization.

**Benzodiazepines:** (with dates of service on and after January 7, 2005)

**Alprazolam (Xanax®) – 120 mg/30 days**  
**Diazepam (Valium®) – 1200 mg/30 days**  
**Clorazepate (Tranxene®) – 2700 mg/30 days**  
**Temazepam (Restoril®) – 900 mg/30 days**  
**Lorazepam (Ativan®) – 180 mg/30 days**

**Note:** Xanax XR® (alprazolam), Tranxene SD® (clorazepate) and Niravam® (alprazolam) are excluded from benzodiazepine coverage. Coverage of new benzodiazepine products will be determined by KMAP.

**Butorphanol:**

Butorphanol claims in excess of 12.5 units per calendar month will be denied. (One spray pump equals 2.5 cc or 2.5 billing units).

**Emergency Rx Dispensing:**

When a prescription is dispensed that requires prior authorization (PA) in an emergency situation or after regular PA office hours, the pharmacy should call the PA unit and leave a message on the answering machine indicating date, time, beneficiary ID and the medication being dispensed. This will be taken as intent to begin the PA process. Only a quantity that will provide treatment to the beneficiary until the next business day should be dispensed until PA can be secured. The PA unit will return the telephone message the next working day and process a PA if medical criteria is met. The remainder of the prescription can be dispensed at that time. If PA is denied, only the portion of the medication dispensed emergently during non-working hours/days will be reimbursed.

**Maintenance Drug Allowable Criteria:**

Covered drugs designated as “maintenance drugs” by KMAP must be dispensed in a 31-day supply if the physician’s order is written for a 31-day supply or greater. This criteria is for all pharmacy providers, including Adult Care Home providers.

An override is allowed if the beneficiary meets one of the following criteria:

- A single unit dispensed, such as DepoProvera® 150 mg, for contraceptive purposes, exceeds a 31-day supply
- A child's school requires a separate medication supply
- Primary insurance requires more than 31-days supply, AND primary made a payment. (If primary payment is identified on the claim, the system will automatically override.)

The allowable override is a value of "02" (other override) in the NCPDP submission clarification override code field. For web claims, the allowable override is the text option “Other Override” in the Submission Clarification Code field. Providers utilizing the override code must keep written documentation of the reason for use.

Unauthorized reduction of prescription quantities is considered prescription splitting and is not allowed.

Schedule II, III, IV, and V drugs are exempt from minimum quantity limitation requirements, but should be prescribed and dispensed in reasonable quantities.

**Maximum Allowable Quantities:**

No more than a 31-day supply of medication per prescription may be dispensed at one time.

**Modafinil (Provigil):**

Modafinil (Provigil®) is covered for the following diagnoses and ICD-9 codes:

Cataplexy and Narcolepsy	347
Obstructive Sleep Apnea/Hypopnea	78057
Shift Work Sleep Disorder	30745

**Note:** KMAP does not cover Modafinil (Provigil) when used to treat diagnoses other than the above mentioned.