

April 2006

Provider Bulletin Number 640a

Pharmacy Providers

Prior authorization required for fentanyl lozenge (Actiq)

Effective with dates of service on and after June 5, 2006, fentanyl lozenge (Actiq®) will require prior authorization. The quantity will be limited to four units per day.

Refer to the *Pharmacy Provider Manual*, Section 8400, 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 8-10.

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 lozenge (Actiq®)

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

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 5 days supply will be denied.