

**September 2006**

**Provider Bulletin Number 684**

## **Pharmacy Providers**

### **Celebrex No Longer Requires Prior Authorization**

Effective with dates of service on and after May 12, 2006, Celebrex<sup>®</sup> no longer requires prior authorization.

**Note:** There continues to be a quantity restriction of no more than 62 Celebrex capsules per month for the 100mg and 200mg strengths and no more than 31 capsules per month for the 400mg strength.

### **State Maximum Allowable Cost Changes**

Please note the following State Maximum Allowable Cost (SMAC) changes, along with the effective dates:

- Nefazodone 50mg tablet (Serzone<sup>®</sup>) increased to \$0.40 per tablet with dates of service on and after July 1, 2006
- Nefazodone 100mg tablet (Serzone) increased to \$0.40 per tablet with dates of service on and after July 1, 2006
- Etodolac 400mg sustained release 24-hour tablet (Lodine XL<sup>®</sup>) increased to \$0.68 per tablet with dates of service on and after August 1, 2006
- Quinine sulfate 325mg capsule increased to \$0.45 per capsule with dates of service on and after September 1, 2006

### **Manual Update**

The long term care returned medication process released in Pharmacy Bulletin 543 on November 8, 2005, was added to the Billing Information section of the *Pharmacy Provider Manual* on the Kansas Medical Assistance Program (KMAP) Web site at <https://www.kmap-state-ks.us>. Refer to Section 7010 for more details.

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, please view the *Pharmacy Provider Manual*, page 7-6, and *Pharmacy Federal and State Pricing Manual*, pages 12, 21, and 24.

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.

**Long Term Care Returned Medication Process**

Due to concerns raised with misapplication of the National Council for Prescription Drug Program's (NCPDP's) Version 5.1 Quantity Dispensed (442-E7) and Days Supply (405-D5) fields, please note the changes below in the process to receive incentive payments for returned medications for beneficiaries residing in long term care facilities. Beginning November 1, 2005, KMAP recommends processing an adjustment as the first step of the incentive fee process (as opposed to a POS reversal). This is particularly important if your POS software does not allow for appropriate tracking of reversed or resubmitted claims in returned medication situations.

1. Process an adjustment for the original paid claim and original prescription number. The adjusted claim is to reflect the quantity of drug used. See Section 5600 in the *General Billing Provider Manual* for procedures to submit an adjustment. Submit completed adjustment request forms to KMAP via mail, KMAP Web site, or fax (785-274-4296). For information on how to submit an adjustment on the KMAP secured Web site, contact the Customer Service Center at 1-800-933-6593, option 0.
2. Document the following information and submit to the address below:
  - a. Date of original service (dispense date), original prescription number, and original claim internal control number (ICN)
  - b. Date adjustment was submitted to KMAP
  - c. Dollar amount of unused medication, called credited prescription amount (CPA)

To calculate the CPA, subtract the dispensing fee (\$3.40) from the original payment. Divide that amount by the number of units (tabs/caps) originally dispensed, resulting in the paid amount per unit. Multiply the paid amount per unit by the number of unused tabs/caps that were returned, resulting in the CPA. KMAP uses the CPA to calculate the incentive fee, based on the table below. If the CPA is less than \$5.00, no incentive fee is paid.

**Credited Prescription Amount Incentive Fee**

\$0.01 to \$4.99.....	\$0.00
\$5.00 to \$8.25.....	\$1.70
\$8.26 to \$11.50.....	\$2.50
\$11.51 to \$14.75.....	\$3.25
\$14.76 to \$17.99.....	\$4.00
\$18.00 and over.....	\$4.50

**Submit the required information to:**

Kansas Medical Assistance Program  
 Attn: Pharmacy – LTC Returned Medications  
 PO Box 3571  
 Topeka, KS 66601-9604

# The Kansas Medical Assistance Program

## State Maximum Allowable Cost (SMAC) and Federal Maximum Allowable Cost (MAC) Listings

<u>Generic Name</u>	<u>Dose</u>	<u>SMAC Price</u>	<u>Federal MAC Price</u>
ETODOLAC	400mg, Tab, Oral	0.30000	
	500mg, Tab, Oral	0.40000	
	400mg, 24Hr SR Tab, Oral	0.68000	
	500mg, 24Hr SR Tab, Oral	0.85000	
	600mg, 24Hr SR Tab, Oral	1.55000	
	200mg, Cap, Oral		0.58500
	300mg, Cap, Oral	0.34000	
FAMOTIDINE	20mg, Tab, Oral		0.15000
	40mg, Tab, Oral	0.25000	
FELODIPINE	2.5mg, SR 24H, Tab, Oral	1.25380	
	5mg, SR 24H, Tab, Oral	1.25380	
	10mg, SR 24H, Tab, Oral	1.60000	
FENOPROFEN CALCIUM	600mg, Tab, Oral		0.24000
FLECAINIDE ACETATE	50mg, Tab, Oral		0.86100
	100mg, Tab, Oral		1.40700
	150mg, Tab, Oral		1.93280
FLUCONAZOLE	50mg, Tab, Oral	0.18800	
	100mg, Tab, Oral	0.31000	
	150mg, Tab, Oral	0.44700	
	200mg, Tab, Oral	0.42000	
FLUOCINONIDE	0.05%, Cream, Topical		0.07900
	0.05%, Gel, Topical, up to 59gms		0.49650
	0.05%, Gel, Topical, > 59gms	0.35000	
	0.05%, Soln, Topical		0.24830
FLUOCINONIDE ACETONIDE	0.01%, Cream, Topical, 15gm	0.06080	
	0.025%, Cream, Topical, 15gm	0.07280	
	0.025%, Oint, Topical, 15gm	0.07120	
	0.05%, Oint, Topical	0.44670	
FLUOCINONIDE EMULSIFIED BASE (FLUOCINONIDE -E)	0.05%, Cream, Topical, 60mg		0.24530

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## State Maximum Allowable Cost (SMAC) and Federal Maximum Allowable Cost (MAC) Listings

<u>Generic Name</u>	<u>Dose</u>	<u>SMAC Price</u>	<u>Federal MAC Price</u>
NEFAZODONE HCL	50mg, Tab, Oral	0.40000	
	100mg, Tab, Oral	0.40000	
	150mg, Tab, Oral	0.28200	
	200mg, Tab, Oral	0.27000	
	250mg, Tab, Oral	0.31400	
NIACIN	500mg, Tab, Oral		0.03900
NICARDIPINE HCL	20mg, Cap, Oral	0.20000	
	30mg, Cap, Oral	0.30000	
NITROFURANTOIN	50mg, Macrocrystals Cap, Oral	0.79860	
	100mg, Macrocrystals Cap, Oral	1.20300	
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE	100mg, Cap, Oral	0.97000	
NITROGLYCERIN	0.3mg, SL Tab, Oral	0.07000	
	0.4mg, SL Tab, Oral	0.07000	
	0.1mg/hr 24Hr ,TD Patch	0.61000	
	0.2mg/hr 24Hr ,TD Patch	0.71250	
	0.4mg HR, Transdermal Patch TD24	0.85200	
	0.6mg HR, Transdermal Patch TD24	0.47540	
NIZATIDINE	150mg, Cap, Oral	0.45000	
	300mg, Cap, Oral	1.46000	
NORTRIPTYLINE HCL	10mg, Cap, Oral		0.10190
	25mg, Cap, Oral		0.14060
	50mg, Cap, Oral		0.17220
	75mg, Cap, Oral		0.22030
NYSTATIN	100,000u/gm, Cream, Topical		0.07550
	100,000/gm, Oint, Topical		0.10190
	100,000 Units/Gram, Pwd, Topical, 15gm		1.74800
NYSTATIN/TRIAMCINOLONE ACETONIDE	100,000u/gm; 0.1%, Cream, Topical		0.09750
	100,000u/gm; 0.1%, Oint, Topical		0.09750
OFLOXACIN	200mg, Tab, Oral	2.65000	
	300mg, Tab, Oral	2.80000	
	400mg, Tab, Oral	2.85000	
	0.3%, Soln/Drops, Ophth, 5ml		6.74700

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<u>Generic Name</u>	<u>Dose</u>	<u>SMAC Price</u>	<u>Federal MAC Price</u>
PROPRANOLOL HCL	10mg, Tab, Oral		0.05850
	20mg, Tab, Oral	0.06300	
	40mg, Tab, Oral		0.08480
	60mg, Tab, Oral	0.13180	
	80mg, Tab, Oral		0.10200
PSEUDOEPHEDRINE HCL; TRIPROLIDINE HCL	60mg; 2.5mg, Tab, Oral		0.03360
PYRIDOSTIGMINE BROMIDE	60mg, Tab, Oral		0.58320
QUINAPRIL	5mg, Tab, Oral	0.67000	
	10mg, Tab, Oral	0.67000	
	20mg, Tab, Oral	0.67000	
	40mg, Tab, Oral	0.67000	
QUININE SULFATE	325mg, Cap, Oral	0.45000	
	260mg, Tab, Oral	0.21720	
RANITIDINE HCL	150mg, Tab, Oral	0.10000	
	300mg, Tab, Oral	0.20000	
	150mg, Cap, Oral	0.57500	
	300mg, Cap, Oral	1.00000	
RIBAVIRIN	200mg, Cap, Oral	4.66660	
RIFAMPIN	300mg, Cap, Oral	1.33000	
RIMANTADINE HYDROCHLORIDE	100mg, Tab, Oral	1.20000	
SELEGILINE HCL	5mg, Tab, Oral	0.17780	
	5mg, Cap, Oral	1.70000	
SELENIUM SULFIDE	2.5%, Lotion/Shampoo, Topical	0.03500	
SILVER SULFADIAZINE	1%, Cream, Topical	0.11000	
SOTALOL HYDROCHLORIDE	80mg, Tab, Oral	0.32000	
	120mg, Tab, Oral	0.40000	
	160mg, Tab, Oral	0.49000	
	240mg, Tab, Oral	0.64000	
SPIRONOLACTONE	25mg, Tab, Oral		0.30000
	50mg, Tab, Oral	0.45000	
	100mg, Tab, Oral	0.65000	
SUCRALFATE	1gm, Tab, Oral	0.21000	