General Providers

Tamper-Resistant Prescription Requirements

Effective with processing dates on and after October 1, 2008, written prescriptions for Kansas Medical Assistance Program (KMAP) beneficiaries must meet all three Centers for Medicare and Medicaid Services (CMS) requirements. This is to remain in compliance with the requirement for all written, nonelectronic prescriptions to be submitted on tamper-resistant pads or paper.

CMS Requirements of a Tamper-Resistant Prescription Pad or Paper

1. At least one industry-recognized feature designed to prevent unauthorized copying of a completed or blank prescription form
2. At least one industry-recognized feature designed to prevent the erasure or modification of information written on the prescription by the prescriber
3. At least one industry-recognized feature designed to prevent the use of counterfeit prescription forms

Prescriptions exempt from the tamper-resistant requirement include:
- Electronic, faxed, or verbal prescriptions
- Prescriptions covered by a managed care entity
- Medications dispensed directly to patients by the prescribing provider
- In most situations when drugs are provided in certain institutional and clinical facilities

Providers who write prescriptions for KMAP beneficiaries are responsible for obtaining the appropriate tamper-resistant prescription pads or paper from vendors. The Kansas Health Policy Authority (KHPA) will not endorse specific vendors to supply tamper-resistant prescription pads or paper. Prescriptions will be considered valid only if they meet the CMS requirements.

For previous publications on this issue, refer to General Bulletins 798, 7120, and 832. For frequently asked questions refer to the CMS Web site at:
More information about this law can be found on the following Web site:
http://www.rules.house.gov/110/special_rules/hr2206_senate/hr2206_amnd1_senate.pdf or

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, pages 8-7 through 8-10.

If you have any questions, please contact Customer Service 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.

EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Kansas Health Policy Authority.
After the PDL Advisory Committee and DUR Board recommendations, and as published in the Kansas Register, new prescriptions for the nonpreferred drugs will require prior authorization.

The PDL KMAP Coverage List(s) and the Prior Authorization Request forms can be found via the website at: http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/default.html

As other therapeutic drug classes are evaluated by the PDL Advisory Committee and the DUR Board, KMAP will publish this information to providers.

Prior Authorization

Prior authorization forms (non-PDL drugs) that require prior authorization are available at: http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/PriorAuthorizationPAForms.html

Prescription Filing Requirement

All prescriptions dispensed must be filed in accordance with regulations of the Board of Pharmacy. The records must be kept in such a manner as to allow reasonable ease of audit by agents of KHPA, appropriate agents of the federal government, or authorized agents of utilization review committees operating under the authority of either state or federal agencies. This requirement applies with equal force to all providers of pharmaceutical services.

Tamper-Resistant Prescriptions

All written, nonelectronic prescriptions for outpatient drugs for KMAP beneficiaries must be written on tamper-resistant pads or paper, as required in Section 1903(i)(23) of the Social Security Act; 42 U.S.C. Sec. 1396b(i)(23).

CMS Requirements of a Tamper-Resistant Prescription Pad or Paper

Effective on and after October 1, 2008, written prescriptions for KMAP beneficiaries must have all three of the following requirements to be considered tamper-resistant:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form
2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms

Prescriptions exempt from the tamper-resistant requirements include the following:

- Electronic, faxed, or verbal prescriptions
- Prescriptions covered by a managed care entity
- Medications dispensed directly to patients by the prescribing provider
- In most situations when drugs are provided in certain institutional and clinical facilities
Clarification for Specific Situations

Emergency Filling
A pharmacy may fill a prescription on an emergency basis and dispense the full prescription to the patient only if the pharmacy obtains a compliant prescription in writing or via telephone, fax, or e-prescription within 72 hours.

Institutional Setting
A prescription is considered “tamper-resistant” when a written order is prepared in an institutional setting, and all of the three following requirements have been met:

- The doctor or medical assistant writes the order into the medical record.
- The order is given by medical staff directly to the pharmacy.
- The patient never has the opportunity to handle the written order.

Controlled Substances
Federal and Kansas laws require all Schedule II controlled substance prescriptions to be written. If a nontamper resistant Schedule II controlled substance prescription is presented to a pharmacy and is compliant with federal and Kansas laws, then the prescription can be considered tamper-resistant through telephone, fax, or e-prescription verification.

Prescription Transfer
When a prescription for a KMAP beneficiary is transferred from one pharmacy to another, the pharmacy receiving the prescription must verify with the original pharmacy that the prescription met the tamper-resistant requirements. This verification can be done by telephone or fax. The receiving pharmacy does not need to obtain direct confirmation from the prescribing provider.

Compliance
The primary responsibility for auditing KMAP providers rests with KHPA. However, there are some circumstances in which CMS, the Office of the Inspector General of the U.S. Department of Health and Human Services, or some other federal agency may have occasion to audit a pharmacy provider. When this occurs, the federal agency will have the authority to determine compliance with the tamper-resistant requirements.

Retroactive Eligibility
When a KMAP beneficiary is retroactively eligible, the previously filled prescriptions will be considered tamper-resistant. Any future original or refill prescriptions must be tamper-resistant.

Refills on Prescriptions Dated Prior to April 1, 2008
If the original prescription was dated and presented to the pharmacy prior to April 1, 2008, then the prescription and its refills do not have to be tamper-resistant.

Refills
A refill may only be provided when specifically ordered by the practitioner. A prescription may be refilled in accordance with applicable federal and state laws up to one year from date of issue for non-controlled drugs, after which time a new prescription must be obtained. Refills on controlled substances are limited by applicable federal and state law. The refill date and the initials of the dispensing pharmacist must be recorded on the patient record or on the front or back of the prescription for all refills.
Telephone Prescriptions
Telephoned prescriptions, when allowed by applicable federal and state laws and promptly reduced to writing, are acceptable; however, the signature initials of the pharmacist receiving the prescription must be indicated on the prescription.

Drug Benefit Limitations

Amphetamines, Amphetamine mixtures and Amphetamine-Like Drugs:
Amphetamines, amphetamine mixtures and amphetamine-like drugs require an ICD-9 diagnosis code to be entered on the claim. Applicable diagnoses are:
ADD 31400
ADHD 31401
Cataplexy and Narcolepsy 347
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 noncovered. They are covered free of charge through local health departments. Use of antitubercular drugs for conditions other than tuberculosis requires prior authorization.

Benzodiazepines (with dates of service on and after January 7, 2005)
The daily limits on benzodiazepines are as follows:
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.

Buprenorphine/Naloxone (Suboxone) and Buprenorphine (Subutex)
Effective with dates of service on and after March 1, 2007, Buprenorphine/Naloxone (Suboxone®) and Buprenorphine (Subutex®) require prior authorization. Daily dosing is not to exceed 40 mg per day.

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 are 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.

**Fentanyl Citrate Transmucosal Systems (Actiq)**
Prior authorization is required for Actiq. PA criteria include the following:
- Beneficiary must be 16 years of age or older
- Quantity limit of four units (lozenges) per day
- Prescriber must be an oncologist or pain specialist
- Beneficiary must have a diagnosis of malignant cancer
- Beneficiary must be receiving opioid therapy and be considered opioid tolerant

**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 34500 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