

5.3.3. Dispensing Limitations

- **Anorexics**
Weight management diagnoses will be denied. Prior Approval required for age 21 years and over.
- **Anti-Fungal**
Anti-Fungal limitation is 180 day supply per calendar year. Days Supply limitation will deny with NCPDP Error Code 76 and message: “Days Supply Limited per Year by Program.”
- **Biosynthetic Growth Hormone**
Prior Approval and documentation of appropriate diagnosis required.
- **Enzymes and other specialty drugs**
Vendor Drug reimburses the following products: Tyvaso Kit, Naglazyme, Fabrazyme, Ceprotin, Cerezyme, Adagen, Myozyme, Elaprase, Sucraid, Cinryze and Aldurazyme. Also, Zelboraf, Teduglutide, Korlym, Juxtapid, Kynamro, require in-house prior approval. Approvals are valid for a maximum of one year.
- **Erectile Dysfunction drugs**
Erectile Dysfunction drugs are no longer covered effective January 1, 2006.
- **Family Planning**
Claims for family planning drugs for a non-contraceptive diagnosis should be submitted on-line with an acceptable value contained in “Prior Authorization Type Code” (461-EU) and “Prior Authorization Number Submitted” (462-EV).
- **Migraine**
Migraine medications are limited to specific quantities per calendar month for each drug. Limitation denies for NCPDP Error Code 76 with message: “Exceeds Max Product Quantity/Month – MI”.
- **Pediculosis treatment**
Doctors can write one prescription for the beneficiary in an amount that would cover the whole family if a child is diagnosed with lice or scabies.
- **Prenatal Vitamins**
Prenatal Vitamins Limitation is for females under the age of 50 only:
 - Age limitation denies for NCPDP Error Code 6D with message: “Product Not Covered for Patient Age – PN”.
 - Gender limitation denies for NCPDP Error Code 61 with message: “Product Not Covered for Patient Gender – PN”.
- **Pulmozyme, Tobramycin (Tobi), and Cayston**
Prior approval with documentation of appropriate diagnosis required for CSHCN only.
- **Stadol**
Stadol limitation is 10 ml per calendar month (4 bottles). Limitation denies for NCPDP Error Code 76 with message: “Exceeds Max Product Quantity/Month – ST”.
- **Synagis**
Synagisfi is a prescription medication that is used to help prevent a serious lung disease caused by respiratory syncytial virus (RSV) in infants and children at high risk for severe lung disease from RSV. Prior approvals for fee-for-service Synagis claims will be available through the Vendor Drug Program beginning September 23, 2013. Prior approvals for CSHCN Synagis claims will be available through the CSHCN program beginning September 23, 2013. The National Drug Codes (NDCs) for Synagis will be active in the Texas VDP formulary beginning September 23, 2013.
- **Xenical**
Obesity management diagnoses will be denied. Prior Approval and documentation of hyperlipidemia required.

Appropriate prior authorization forms, when required, are available at <http://www.txvendordrug.com/>.