



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

October 20, 2008

Dear Pharmacist:

Louisiana Medicaid's Pharmacy Benefits Management (LMPBM) staff and Louisiana Medicaid's Drug Utilization Review (DUR) Board are charged with assuring that pharmacy services billed to Medicaid are appropriate and medically necessary. In compliance with federal and state regulations, the LMPBM continually reviews pharmacy claims to assure they are reimbursed in accordance with Medicaid's policies and procedures. In the upcoming months, Louisiana Medicaid's Pharmacy Benefits Program will update the following edits to help ensure appropriate billing for pharmacy services.

- Therapeutic duplication edits effective October 29, 2008 for several classes of drugs including:
 - **Antihypertensive Agents,**
 - **Proton Pump Inhibitors and**
 - **Sedative Hypnotic Agents**
- High dose edits effective November 1, 2008 for the following drugs:
 - **Medroxyprogesterone Acetate Injectable** and
 - **Nuvaring®.**

Other Policy Updates

- The LMPBM Program no longer requires a history of insulin to be present in order for insulin syringes or needles claims to process.
- New package size and decimal quantity edits effective October 1, 2008.
- **Effective October 1, 2008, all written, non-electronic prescriptions for recipients must be tamper-resistant. Prescriptions must contain all three characteristics required by statute.**

Please see the enclosures for specific information.

If you have concerns or comments regarding this correspondence, you may contact the LMPBM Section at 225-342-9768. We appreciate your continued cooperation and support of our DUR efforts as well as new policies.

Sincerely,

Jerry Phillips
Director

Enclosures

JP/mjt

Therapeutic Duplication

To help ensure the safety and well being of Medicaid recipients and to avoid duplication of benefits, the classes of drugs listed below will be reviewed for therapeutic duplications. **Effective October 29, 2008**, any incoming claim for a drug in these therapeutic classes will deny when the recipient has an active prescription for another drug in the same therapeutic class on his file. As new agents within these specified therapeutic classes are marketed, they will be included in the screening process to prevent therapeutic duplications. The antihypertensive agents being reviewed include:

- Angiotensin Converting Enzyme Inhibitors (ACEIs)
- Angiotensin Receptor Antagonists (ARBs)
- Angiotensin Receptor Antagonist/ Calcium Channel Blocker Combinations
- Angiotensin Receptor Antagonist/Thiazide Diuretic Combinations
- Angiotensin Converting Enzyme Inhibitor/Calcium Channel Blocker combinations
- Angiotensin Converting Enzyme Inhibitor/Diuretic Combinations
- Beta-adrenergic Blocking Agents
- Beta-adrenergic Blocking Agent/Diuretic Combinations
- Calcium Channel Blocking Agents
- Calcium Channel Blocking Agent/Antihyperlipidemia Combinations

In addition, the therapeutic classes listed below will also be screened for therapeutic duplications.

- Proton Pump Inhibitors
- Sedative Hypnotic Agents

The incoming duplicate claim will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication)

The pharmacist may override the denial **after consultation with the prescriber** in isolated instances when a change in medication therapy is requested by a prescriber before the course of the active prescription is exhausted. An active prescription is a prescription in which the days supply has not expired.

Each override requires documentation which may be accomplished either by direct notation of the approval on the hard copy or electronically through such means as pharmacists notes/comments, etc., depending on your particular software, and is readily retrievable when requested by audit staff.

To override the prescription, the pharmacist must supply the codes listed below with the Point of Sale submission.

- NCPDP 439-E4** field (Reason for Service Code) – **TD** (Therapeutic Duplication)
- NCPDP 440-E5** field (Professional Service Code) - **MO** (Prescriber Consulted)
- NCPDP 441-E6** field (Result of Service Code) - **1G** (Filled with Prescriber Approval)

High Dose Edits for Medroxyprogesterone Acetate Injectable and Nuvaring®.

Effective **November 1, 2008** the Medicaid Pharmacy Program will deny any pharmacy claim submitted for:

- Medroxyprogesterone Acetate injectable for a days supply less than 84 with a bill quantity of one for female recipients. Quantities of two and greater will not be payable with no provision for override as they exceed the program maximum of a 100 days supply.
- Medroxyprogesterone Acetate sub-q 104 injectable for a days supply less than 84 with a bill quantity of 0.65 for female recipients. Quantities of 1.3 and greater will not be payable with no provision for override as they exceed the program maximum of a 100 days supply.
- Nuvaring (etonogestrel/ethinyl estradiol vaginal ring) for quantities of four and greater. There is no provision for override as these claims exceed the program maximum of a 100 days supply.
 - In addition, there will be a valid days supply range dependent on the quantity billed:
 - If quantity = 1, then Days Supply must be 21 to 28,
 - If quantity = 2, then Days Supply must be 42 to 56,
 - If quantity = 3, then Days Supply must be 63 to 84.

If a quantity is billed with an incorrect days supply, claims will deny with:

NCPDP rejection code 76 (Plan Limitations Exceeded) mapped to **EOB code 457** (Quantity and/or Days Supply Exceeds Program Maximum)

Pharmacists are allowed to override the denial on days supply after consultation with the prescriber, subsequent documentation of approval and by submitting in:

NCPDP 439-E4 field (Reason for Service Code) - **HD** (High Dose)

NCPDP 440-E5 field (Professional Service Code) - **M0** (Prescriber Consulted)

NCPDP 441-E6 field (Result of Service Code) - **1G** (Filled with Prescriber Approval)

This required supporting documentation must be retained by the pharmacy as evidence of compliance with program policy. This documentation may be accomplished either by direct notation on the hard copy or electronically through such means as pharmacists notes/comments, etc., depending on your particular software, and is readily retrievable when requested by audit staff.

Disposable Insulin Syringe Policy Change

Louisiana Medicaid Pharmacy Program no longer requires a history of insulin to be present in order for insulin syringes or needles to process.

Claims for insulin syringes or needles will no longer deny with:

NCPDP rejection code 80 (Drug Diagnosis Mismatch) mapped to **EOB code 668** (No Patient History of Insulin Requirement)

Package Size/Decimal Quantity Edits

Effective **October 1, 2008**, the Medicaid Pharmacy Program denies any pharmacy claim submitted with a metric decimal quantity other than the package size of the products listed below that are available or a multiple of the package size.

When the incorrect quantity is submitted on the pharmacy claim, the claim will deny with:

NCPDP rejection code 18 (Missing or Invalid Metric Quantity) mapped to **EOB code 120** (Quantity Invalid/Missing)

These pharmacy claims can be re-submitted for processing with the correct decimal quantity or package size.

The following NDC numbers will be added to the list of medications that will deny should the incorrect metric decimal quantity or package size be submitted on the pharmacy claims. The Medicaid Pharmacy program will add additional medications available in metric quantity or unbreakable package sizes to this list in the future. For a complete list, please refer to LMPBM Provider Manual Appendix E – List of Medications and Correct Decimal Quantity Measures found at www.lamedicaid.com.

Edits added for October 1, 2008 Implementation:

NDC	DRUG NAME	STRENGTH	PACKAGE SIZE		EXAMPLES OF DECIMAL		
00186037020	SYMBICORT	160-4.5MCG	10.2	GRAMS	10.2	20.4	30.6
00186037028	SYMBICORT	160-4.5MCG	6	GRAMS	6	12	18
00186037220	SYMBICORT	80-4.5MCG	10.2	GRAMS	10.2	20.4	30.6
00186037228	SYMBICORT	80-4.5MCG	6.9	GRAMS	6.9	13.8	20.7
59310057920	PROAIR HFA	90MCG	8.5	GRAMS	8.5	17	25.5
63032002100	LUXIQ	0.12%	100	GRAMS	100	200	300
63032003100	OLUX	0.05%	100	GRAMS	100	200	300
00065033230	PATANASE	0.60%	30.5	GRAMS	30.5	61	91.5
00173045301	FLONASE	50MCG	16	GRAMS	16	32	48
00054327099	FLUTICASONE PROPIONATE	50MCG	16	GRAMS	16	32	48
49884039877	FLUTICASONE PROPIONATE	50MCG	16	GRAMS	16	32	48
50383070016	FLUTICASONE PROPIONATE	50MCG	16	GRAMS	16	32	48
60505082901	FLUTICASONE PROPIONATE	50MCG	16	GRAMS	16	32	48
00173075300	VERAMYST	27.5MCG	10	GRAMS	10	20	30
00456067299	AEROBID	250MCG	7	GRAMS	7	14	21
63402070101	OMNARIS	50MCG	12.5	GRAMS	12.5	25	37.5
00173071500	ADVAIR HFA	45-21MCG	12	GRAMS	12	24	36
00173071600	ADVAIR HFA	115-21MCG	12	GRAMS	12	24	36
00173071700	ADVAIR HFA	230-21MCG	12	GRAMS	12	24	36

We appreciate your continued participation in the Louisiana Medicaid Pharmacy Benefits Management Program. Should you have any questions concerning the adjudication of pharmacy claims, please call the Pharmacy POS Help Desk at 1-800-648-0790 or 225-237-3381.

Tamper Resistant Prescription Pads

Effective **October 1, 2008**, in order to comply with the “TMA, Abstinence Education, and QI Program Extension Act of 2007” (H.R. 3668) and the “U.S. Troop Readiness, Veterans’ Health Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007” (H.R. 2206), **Louisiana Medicaid requires written, non-electronic prescriptions for recipients to be tamper-resistant.**

Since **April 1, 2008**, Medicaid has allowed prescriptions to be compliant with only **one** of the features below. For **dates of service on or after October 1, 2008**, to be considered tamper-resistant, a prescription which is handwritten, printed from an EMR (electronic medical record) or an ePrescribing application must contain **all three** characteristics listed below. Exceeding these guidelines is permissible.

- **One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form,**
- **One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber; and**
- **One or more industry-recognized features designed to prevent the use of counterfeit prescription forms**

This provision **applies** to all **written (non-electronic) prescriptions:**

- For outpatient drugs including over-the-counter drugs paid by the Medicaid Pharmacy Program
- Regardless of whether Medicaid is the primary or secondary payer

The tamper-resistant requirement **does not apply** to prescriptions which are:

- Communicated by the prescriber to the pharmacy electronically, verbally or by facsimile;
- Refills of written prescriptions presented at the pharmacy prior to October 1, 2008.

If a prescription does not meet the requirements for tamper-resistance, pharmacies may obtain verbal confirmation and document appropriately. The pharmacy does not need to speak with the prescriber directly. They may receive confirmation from a nurse or administrative staff person who has authority to act on behalf of the prescriber. **Emergency fills** with non-compliant written prescriptions are permissible as long as the prescriber provides a verbal, faxed, electronic or compliant written prescription within 72 hours after the date on which the prescription was filled. If an emergency fill is confirmed with a verbal order, the pharmacist must document the call on the face of the written prescription.

When a recipient has **retroactive eligibility**, pharmacies are not required to obtain compliant prescriptions for the period of retroactive eligibility. However, the pharmacy must obtain a tamper-resistant prescription for any refills after the date of eligibility.

Prior guidance for **prescriptions generated from an EMR or an ePrescribing application** stated that tamper-resistant paper would be necessary for the prescriptions to be compliant with the October 1, 2008 deadline. CMS has clarified this statement. Although special paper may be utilized, prescriptions generated by these applications may be printed on plain paper and be fully compliant with all three categories of the tamper-resistant regulations presuming they contain at least one feature from each of the three categories. The first category which is to prevent unauthorized copying of a completed or blank prescription form may be met by these systems by utilizing microprinting or a “void” pantograph accompanied by a reverse “Rx”. For descriptions of these best practices, refer to the table below.

The National Council for Prescription Drug Programs (NCPDP) formed a focus group to identify **best practices** and made recommendations regarding tamper-resistant prescriptions. Recently the group has strongly suggested the following best practices to meet the tamper-resistant requirements.

Best Practices for Tamper Resistant Printed Prescriptions

<p>Category 1 – Copy Resistance: One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.</p>	
Feature	Description
“Void,” “Illegal” or “Copy” pantograph with or without Reverse “Rx”	<p>The word “Void,” “Illegal” or “Copy” appears when the prescription is photocopied. The pantograph should be configured so as not to obscure the security feature description contained on the prescription, the patient and prescriber demographics, or the medication and directions.</p> <p>The Reverse Rx disappears when copied at a light setting – thus making the pantograph more effective in copy resistance. The pantograph may be used with a reverse Rx, but Reverse Rx is not effective as a feature by itself.</p>
Microprinting signature line for prescriptions generated by an EMR if they cannot produce “Void,” “Illegal” or “Copy” pantograph with or without Reverse Rx	Very small font which is legible (readable) when viewed at 5x magnification or greater, and illegible when copied.
<p>Category 2 – Erasure / Modification Resistance: One or more industry-recognized features designed to prevent the erasure of modification of information written / printed on the prescription by the prescriber.</p>	
Feature	Description
An erasure revealing background (resists erasures and alterations) for written prescriptions or printed on “toner-lock” paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions.	<p>Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form.</p> <p>Toner-lock paper is special printer paper that establishes a strong bond between laser-printed text and paper, making erasure obvious. Note – this is NOT necessary for inkjet printers – as the ink from inkjet printers is absorbed into normal “bond” paper.</p>
Quantity check off boxes, refill indicator (circle number of refill or “NR”), or border characteristics (dispense and refill number bordered by asterisks and optionally spelled out) for prescriptions generated by an EMR	<p>In addition to the written quantity on the prescription, quantities are indicated in ranges.</p> <p>The refill indicator indicates the number of refills on the prescription. Refill number must be used to be a valid prescription.</p> <p>Quantities and refill # are surrounded by special characters such as an asterisk to prevent modification, e.g. QTY **50**</p>
<p>Category 3 – Counterfeit Resistance: One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.</p>	
Feature	Description
Security features and descriptions listed on prescriptions	Complete list of the security features on the prescription paper aids pharmacists in identification of features and determine compliance

In addition to the best practices listed above, a list of other tamper-resistant features recognized by the work group is on the Medicaid website at www.lamedicaid.com.

Louisiana Medicaid recommends that a listing of the security features of the prescription be printed to meet the third requirement. This will assist the pharmacist in identifying that the prescription is tamper-resistant.

The Medicaid Pharmacy Section has received numerous inquiries regarding this new requirement. Prescribers have contacted local printers who are able to meet the tamper-resistant prescription pad criteria. Additionally, prescribers may consult the National Association of State Medicaid Directors (NASMD) website at www.nasmd.org for vendors of compliant prescription pads.

It is the responsibility of the prescriber to obtain and purchase tamper-resistant prescription pads.

Examples of tamper-resistant prescriptions and other guidance are posted at www.lamedicaid.com as well as the Centers of Medicare and Medicaid Services website at www.cms.hhs.gov.

Any questions regarding this policy should be directed to Louisiana Medicaid Pharmacy Program 1-800-437-9101 or 225-342-9768.

Your cooperation and adherence to this policy will ensure Louisiana's Medicaid recipients receive their needed medication. It is greatly appreciated.