




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

MEMORANDUM

DATE: September 2, 2016
TO: All Louisiana Fee for Service (FFS) Medicaid Providers
FROM: Jen Steele, Medicaid Director 
SUBJECT: FFS Pharmacy Point of Sale (POS) Edits for suvorexant (Belsomra®), brexpiprazole (Rexulti®), paliperidone (Invega Trinza®), and aripiprazole (Aristada®)

Effective September 6, 2016, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established Point of Sale (POS) edits on suvorexant (Belsomra®), brexpiprazole (Rexulti®), paliperidone (Invega Trinza®), and aripiprazole (Aristada®).

SUVOREXANT (BELSOMRA®)

Maximum Dose for Suvorexant (Belsomra®)

Pharmacy claims for suvorexant (Belsomra®) when the dose exceeds the maximum recommended dose of 20mg/day will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 529 (Exceeds Maximum Daily Dose)**

There are no override provisions through the POS system using NCPDP service codes.

BREXPIPIRAZOLE (REXULTI®)

Dose Limit for brexpiprazole (Rexulti®)

Recipients 0-5 years old

Pharmacy claims for brexpiprazole (Rexulti®) for recipients 0-5 years old will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Pre-Authorization Required)**

Override provisions should be addressed through the Clinical Pre-Authorization process.

Recipients 6-15 years old

Pharmacy claims for any strength of brexpiprazole (Rexulti®) for recipients 6-15 years old will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329)**

Overrides will be addressed using an Override Request Form (Rx PA16) and through contact with staff at the Prior Authorization Unit at the University of Louisiana at Monroe (ULM).

Recipients 16 – 17 years old

Pharmacy claims for brexpiprazole (Rexulti®) for recipients 16 – 17 years old, when the dose exceeds 4mg/day, will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329)**

Overrides will be addressed using an Override Request Form (Rx PA16) and through contact with staff at the Prior Authorization Unit at the University of Louisiana at Monroe (ULM).

Recipients 18 years old or older

Pharmacy claims for brexpiprazole (Rexulti®) for recipients 18 years old or older, when the dose exceeds 4mg/day, will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 529 (Exceeds maximum daily dose)**

After consultation with the prescriber to verify the necessity of a dose greater than the max dose for a recipient 18 years old or older, the pharmacist may override the denial 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)**

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Diagnosis Requirement for brexpiprazole (Rexulti®)

For brexpiprazole (Rexulti®), a valid ICD-10-CM diagnosis code listed below must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9

Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Pharmacy claims for Brexpiprazole (Rexulti®) submitted at POS without an appropriate diagnosis code will deny with:

NCPDP reject code 39 (Missing or Invalid diagnosis code) mapped to EOB code 575 (Missing or Invalid diagnosis code)

Prescribing providers may call Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe (ULM) at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the ICD-10-CM diagnosis codes submitted are not included in the table of covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the antipsychotic prescription to be an “emergency”. In these emergency cases, the pharmacist must indicate “Emergency Prescription” on the hardcopy prescription or in the pharmacy’s electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing the ‘alternative’ ICD-10-CM diagnosis code in the NCPDP field 424-DO (Diagnosis Code) and by placing ‘03’ in NCPDP 418-DI field (Level of Service)

PALIPERIDONE (INVEGA TRINZA®)

Prior Drug Use Requirement for paliperidone (Invega Trinza®)

Pharmacy claims for paliperidone (Invega Trinza®) will deny if there are no previous claims for paliperidone (Invega Sustanna®) with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 531 (Drug Use Not Warranted)**

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

**NCPDP 439-E4 field (Reason for Service Code) NN (Unnecessary Drug)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)**

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Quantity Limit for paliperidone (Invega Trinza®)

Pharmacy claims for paliperidone (Invega Trinza®) will have a quantity limit of 1 kit every rolling 90 days, claims exceeding the quantity limit will reject with:

**NCPDP reject code 76 (Quantity and/or days supply exceeds program maximum)
mapped to
EOB code 457 (Quantity and/or days supply exceeds program maximum)**

There are no override provisions through the POS system using NCPDP service codes; however, emergency provisions are available by contacting the University of Louisiana at Monroe (ULM) Prior Authorization (PA) desk at (866) 730-4357.

Age Limit for paliperidone (Invega Trinza®)

Recipients 0-5 years old

Pharmacy claims for paliperidone (Invega Trinza®) for recipients 0-5 years old will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Pre-Authorization Required)**

Override provisions should be addressed through the Clinical Pre-Authorization process.

Recipients 6-17 years old

Pharmacy claims for paliperidone (Invega Trinza®) will deny when the recipient is 6-17 years old at POS with:

**NCPDP reject code 60 (Product/Service Not Covered for Patient Age) mapped to
EOB code 234 (P/F Age Restriction)**

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

- NCPDP 439-E4 field (Reason for Service Code) PA (Drug-Age)**
- NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)**
- NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)**

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Diagnosis Requirement for paliperidone (Invega Trinza®)

For paliperidone (Invega Trinza®), a valid ICD-10-CM diagnosis code listed below must be submitted at POS and documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Pharmacy claims for Paliperidone (Invega Trinza®) submitted at POS without an appropriate diagnosis code will deny with:

**NCPDP reject code 39 (Missing or Invalid diagnosis code) mapped to
EOB code 575 (Missing or Invalid diagnosis code)**

Prescribing providers may call Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe (ULM) at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the ICD-10-CM diagnosis codes submitted are not included in the table of covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the antipsychotic prescription to be an “emergency”. In these emergency cases, the pharmacist must indicate “Emergency Prescription” on the hardcopy prescription or in the pharmacy’s electronic recordkeeping system AND may override the diagnosis code requirement by:

**Placing the ‘alternative’ ICD-10-CM diagnosis code in the NCPDP field 424-DO
(Diagnosis Code) and by placing ‘03’ in NCPDP 418-DI field (Level of Service)**

ARIPIPIRAZOLE (ARISTADA®)

Prior Drug Use Requirement for aripiprazole (Aristada®)

Pharmacy claims for aripiprazole (Aristada®) will deny if there are no claims for oral aripiprazole within the most current 30 day period with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB Code 531 (Drug Use Not Warranted)**

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

- NCPDP 439-E4 field (Reason for Service Code) NN (Unnecessary Drug)**
- NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)**
- NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)**

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy’s electronic recordkeeping system.

Quantity Limit for aripiprazole (Aristada®)

Pharmacy claims for aripiprazole (Aristada®) will have quantity limits of:

STRENGTH	QUANTITY LIMIT
441mg syringe	2 units every 28 days
662mg syringe	1 unit every 28 days
882mg syringe	1 unit every 28 days

Claims exceeding the quantity limit will reject with:

NCPDP reject code 76 (Quantity and/or days supply exceeds program maximum) mapped to EOB code 457 (Quantity and/or days supply exceeds program maximum)

There are no override provisions through the POS system using NCPDP service codes; however, emergency provisions are available by contacting the University of Louisiana at Monroe (ULM) Prior Authorization (PA) desk at (866) 730-4357.

Age Limit for aripiprazole (Aristada®)

Recipients 0-5 years old

Pharmacy claims for aripiprazole (Aristada®) for recipients 0-5 years old will deny at POS with:

NCPDP reject code 88 (DUR Reject Error) mapped to EOB code 066 (Clinical Pre-Authorization Required)

Override provisions should be addressed through the Clinical Pre-Authorization process.

Recipients 6-17 years old

Pharmacy claims for aripiprazole (Aristada®) will deny when the recipient is 6-17 years old at POS with:

NCPDP reject code 60 (Product/Service Not Covered for Patient Age) mapped to EOB code 234 (P/F Age Restriction)

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) PA (Drug-Age)

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

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

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Diagnosis Requirement for aripiprazole (Aristada®)

For aripiprazole (Aristada®), a valid ICD-10-CM diagnosis code listed below must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9

Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Aripiprazole (Aristada®) claims submitted at POS without an appropriate diagnosis will deny with:

NCPDP reject code 39 (Missing or Invalid diagnosis code) mapped to EOB code 575 (Missing or Invalid diagnosis code)

Prescribing providers may call Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe (ULM) at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the ICD-10-CM diagnosis codes submitted are not included in the table of covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the antipsychotic prescription to be an “emergency”. In these emergency cases, the pharmacist must indicate “Emergency Prescription” on the hardcopy prescription or in the pharmacy’s electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing the ‘alternative’ ICD-10-CM diagnosis code in the NCPDP field 424-DO (Diagnosis Code) and by placing ‘03’ in NCPDP 418-DI field (Level of Service)

FFS Pharmacy Point of Sale (POS) Edits for suvorexant (Belsomra®), brexpiprazole (Rexulti®),
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Compliance associated with program policy will be verified through our Louisiana
Medicaid Pharmacy Compliance Audit Program.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to
coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy
Help Desk at (800) 437-9101 or refer to www.lamedicaid.com.

JS/MBW/ESF

c: Dr. James Hussey
Healthy Louisiana Plans
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Molina