



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

**MEMORANDUM**

**DATE:** June 20, 2018

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Jen Steele, Medicaid Director

**SUBJECT:** Louisiana Medicaid Fee for Service (FFS) Pharmacy Clinical Pre-Authorization and Diagnosis Code Requirement at Point of Sale (POS) for Nusinersen Sodium/PF (Spinraza®) and Eteplirsen (Exondys 51®)

Effective June 26, 2018, the Louisiana Department of Health (LDH) Pharmacy Program in conjunction with the Louisiana Medicaid Drug Utilization Review (LADUR) Program will implement clinical pre-authorization and diagnosis code requirements at Point of Sale (POS) for nusinersen sodium/PF (Spinraza®) and eteplirsen (Exondys 51®).

**Clinical Pre-Authorization Requirement**

Pharmacy claims for nusinersen sodium/PF (Spinraza®) and eteplirsen (Exondys 51®) will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the Pharmacy Clinical Pre-Authorization Form in full and fax it to 1-866-797-2329.

Pharmacy claims for nusinersen sodium/PF (Spinraza®) and eteplirsen (Exondys 51®) submitted without a clinical pre-authorization will deny at Point of Sale (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.

Refer to [www.lamedicaid.com](http://www.lamedicaid.com) for the Pharmacy Clinical Pre-Authorization Form.

**Diagnosis Code Requirement**

The acceptable diagnosis codes for nusinersen sodium/PF (Spinraza®) and eteplirsen (Exondys 51®) are listed in the chart.

Medicaid FFS Pharmacy Clinical Pre-Authorization and Diagnosis Code Requirement for Nusinersen Sodium/PF (Spinraza®) and Eteplirsen (Exondys 51®)

June 20, 2018

Page 2

Medication	Diagnosis	ICD-10-CM Diagnosis Code
Nusinersen Sodium/PF (Spinraza®)	Spinal Muscular Atrophy	G12.0; G12.1
Eteplirsen (Exondys 51®)	Duchenne Muscular Dystrophy	G71.0

\* -- any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code

Pharmacy claims for nusinersen sodium/PF (Spinraza®) and eteplirsen (Exondys 51®) submitted without an acceptable diagnosis code will deny with:

**NCPDP reject code 39** (Missing or Invalid Diagnosis Code) mapped to **EOB code 575** (Missing or Invalid Diagnosis Code).

When the prescribing practitioner does not indicate a diagnosis code on the prescription and when the prescriber cannot be reached, a denial for a missing diagnosis code may be overridden if the pharmacist determines that the recipient cannot wait to receive the medication. The pharmacist may override the denial by:

entering “03” in **NCPDP field 418-DI** (Level of Service) specifying an emergency.

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

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

If you have questions about pharmacy claims billing, you may contact the Molina pharmacy help desk at (800) 648-0790.

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

JS/MBW/GJS

c: Healthy Louisiana Plans  
Melwyn B. Wendt  
Molina