



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 Age Requirement at Point of Sale (POS) for Codeine and Tramadol Containing Products

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 an age requirement at POS for codeine and tramadol containing products.

Age Limit

The acceptable age requirements for codeine and tramadol containing products are listed in the chart.

| Description | Age (Y=Year) |
|------------------------------|--------------|
| Codeine (Single Ingredient) | ≥18 Y |
| Codeine Combination Product | ≥12 Y |
| Tramadol | ≥17 Y |
| Tramadol Combination Product | ≥17 Y |

Pharmacy claims for **single ingredient codeine products** will deny at POS if the recipient is less than 18 years of age with:

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

Medicaid FFS Pharmacy Age Requirement for Codeine and Tramadol Products

June 20, 2018

Page 2

Pharmacy claims for **codeine combination products** will deny at POS if the recipient is less than 12 years of age with:

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

Pharmacy claims for **tramadol and tramadol combination products** will deny at POS if the recipient is less than 17 years of age 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 the following at POS:

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 also document the reason for the 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