



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

MEMORANDUM

DATE: December 14, 2018

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Fee for Service (FFS) Pharmacy Point of Sale (POS) Edits for Incretin Mimetic/Enhancers: Prior Use of Metformin Required and Maximum Daily Dose Limits

Effective December 19, 2018, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement POS edits for incretin mimetic/enhancers requiring prior use of metformin. Also, maximum daily dose limits will be implemented for incretin mimetic/enhancers.

Incretin Mimetic/Enhancers: Prior Use of Metformin Required

An incoming pharmacy claim for an incretin mimetic/enhancer will require evidence of previous use of metformin or a paid claim for the requested medication or another medication within the same therapeutic class.

An incoming claim for the incretin mimetic/enhancer will deny if there is no evidence of a paid claim(s) for at least 90 days of metformin therapy OR there is no evidence of at least 60 days of paid claims for the requested medication (or another incretin mimetic/enhancer).

Pharmacy claims with no prior use of an incretin mimetic/enhancer or metformin will deny with:

**NCPDP reject code 88 (DUR reject error) mapped to
EOB code 563 (Requires Prior Use of Metformin).**

Overrides are available if authorized by the prescriber. Upon consultation with the prescriber to verify the necessity of the incretin mimetic/enhancer therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) PP (Plan Protocol)

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

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

Maximum Dose Limits for Incretin Mimetic/Enhancers

The maximum dose for select incretin mimetic/enhancers are listed in the chart.

Medication (Brand Name Example)	Maximum Dose
Alogliptin (Nesina®)	25mg/day
Alogliptin/Metformin (Kazano®)	25mg/2000mg per day
Alogliptin/Pioglitazone (Oseni®)	25mg/45mg per day
Dulaglutide (Trulicity®)	1.5mg/week
Exenatide (Bydureon®, Bydureon® BCise™)	2mg/week
Exenatide (Byetta®)	20mcg/day
Linagliptin (Tradjenta®)	5mg/day
Linagliptin/Metformin (Jentadueto®, Jentadueto XR®)	5mg/2000mg per day
Liraglutide (Victoza®)	1.8mg/day
Lixisenatide (Adlyxin®, Adlyxin® Starter Kit)	20mcg/day
Pramlintide (Symlin®)	Type 1 diabetes: 60mcg SQ immediately prior to each major meal
	Type 2 diabetes: 120mcg SQ immediately prior to each major meal
Saxagliptin (Onglyza®)	5mg/day
Saxagliptin/Metformin ER (Kombiglyze XR®)	5mg/2000mg per day
Semaglutide (Ozempic®)	1mg/week
Sitagliptin (Januvia®)	100mg/day
Sitagliptin/Metformin (Janumet®, Janumet XR®)	100mg/2000mg per day

*Authorization at POS is required to exceed maximum doses.

Pharmacy claims which exceed the maximum daily dose for incretin mimetic/enhancers will deny at POS with:

NCPDP reject code 88 (DUR reject error) mapped to EOB code 529 (Exceeds Maximum Daily Dose).

Override procedures are available if the prescriber needs to exceed the maximum daily dose. After consultation with the prescriber to authorize the necessity of a dose greater than the maximum daily dose for a recipient, the pharmacist may override the denial by submitting the following at POS:

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

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

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

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 FFS pharmacy claims billing, you may contact DXC Technology (formerly Molina) pharmacy help desk by phone 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
DXC Technology