



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

MEMORANDUM

DATE: November 30, 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) Quantity Limits and Duration of Therapy Edits on Anticoagulants

Effective December 12, 2018, the Louisiana Medicaid Fee for Service Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement POS quantity limits and duration of therapy edits on anticoagulant agents.

Quantity Limits

The quantity limits for the anticoagulant agents are listed in the chart below.

Generic	Representative Brand	Dosage Form	Quantity Limit
Apixaban	Eliquis®	Tablet	60 units/30 days
Apixaban Starter Pack	Eliquis® Starter Pack	Tablet Dose Pack	1 unit/365 days
Dabigatran Etexilate Mesylate	Pradaxa®	Capsule	60 units/30 days
Dalteparin Sodium	Fragmin®	Vial/Syringe	60 units/30 days
Edoxaban Tosylate	Savaysa®	Tablet	30 units/30 days
Enoxaparin Sodium	Lovenox®	Vial/Syringe	60 units/30 days
Fondaparinux Sodium	Arixtra®	Syringe	30 units/30 days
Rivaroxaban 2.5mg	Xarelto®	Tablet	60 units/30 days
Rivaroxaban 10mg, 15mg & 20mg	Xarelto®	Tablet	30 units/30 days
Rivaroxaban Starter Pack	Xarelto® Starter Pack	Tablet Dose Pack	1 unit/365 days

Pharmacy claims which exceed the quantity limit will deny with:

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

EOB Code 457 (Quantity and/or days supply exceeds program maximum).

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The pharmacist may override the claim denial for a quantity limit after consultation with the prescriber by submitting the following in:

NCPDP 439-E4 field (Reason for Service Code) **EX** (Excessive Quantity)

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

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

Duration of Therapy

The duration of therapy limit for select anticoagulants are listed in the chart below.

Generic	Representative Brand	Maximum Duration of Therapy*
Dalteparin	Fragmin®	35 days
Enoxaparin	Lovenox®	35 days
Fondaparinux Sodium	Arixtra®	35 days

*Maximum 35-day course of therapy within a 90-day period

Pharmacy claims exceeding the maximum duration of therapy for anticoagulants will deny with:

NCPDP rejection code 88 (DUR reject error) mapped to

EOB code 656 (Exceeds Maximum Duration of Therapy).

The pharmacist may override the claim denial for duration of therapy after consultation with the prescriber by submitting the following in:

NCPDP 439-E4 field (Reason for Service Code) **MX** (Excessive Duration)

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

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

Exemptions

Pharmacy claims are **exempt** from the maximum duration of therapy edit when there is a diagnosis code of the following submitted in **NCPDP-field 424-DO**:

Diagnosis Code	Description
C00.*-C96.*	Cancer
O00.*-O9A.*	Pregnancy
* - any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code	

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Emergency override provisions are available for denied anticoagulant pharmacy claims. When the pharmacist cannot reach the prescriber, the pharmacist, using his/her professional judgment, may deem the filling of the prescription to be an 'emergency.' In these emergency cases, the pharmacist must indicate 'Emergency Prescription' and document the emergency on the hardcopy prescription or in the pharmacy's electronic recordkeeping system. The pharmacist may override the pharmacy claim at POS by:

entering '03' in NCPDP field 418-DI (Level of Service).

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 DXC Technology (formerly Molina) 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