



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

MEMORANDUM

DATE: November 27, 2019

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: ^{MS} Jen Steele, Medicaid Director

SUBJECT: Louisiana Medicaid Updated Clinical Edits for Attention Deficit Disorder/
Attention Deficit Hyperactivity Disorder (ADD/ADHD) and Antidepressant
Medications

Effective December 1, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will update clinical edits at Point of Sale (POS) for ADD/ADHD and antidepressant medications. The clinical updates apply to FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare).

ADD/ADHD Medications

The five MCOs will align with FFS Medicaid and implement updated criteria for attention deficit disorder and attention deficit hyperactivity disorder medications.

Clinical Authorization

ADD/ADHD medications will require clinical authorization for recipients under 6 years of age. Pharmacy claims without an approved clinical authorization will deny with the following:

FFS Only: NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required).

MCO Only: The pharmacy claim will deny with a NCPDP reject code.

Age Limits

Pharmacy claims for modafinil (Provigil®) and armodafinil (Nuvigil®) will deny at Point of Sale (POS) when the recipient is 16 years old or younger with the following:

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

MCO Only: The pharmacy claim will deny with a NCPDP reject code.

Concurrent Use

Pharmacy claims for modafinil (Provigil®) and armodafinil (Nuvigil®) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for a sedative hypnotic with the following:

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

MCO Only: The pharmacy claim will deny with a **NCPDP reject code**.

Override for Concurrent Use with Sedative Hypnotics:

MCO Only: If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

FFS Only: After consultation with the prescriber to verify the necessity of both agents, the pharmacist may override the denial by submitting:

NCPDP 439-E4 field (Reason for Service Code) **NN** (Unnecessary Drug)

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

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

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the Single PDL and the updated ADD/ADHD medication criteria.

Therapeutic Duplication

The five MCOs will align with FFS Medicaid and implement therapeutic duplications for ADD/ADHD medications.

1. Pharmacy claims for modafinil (Provigil®) and armodafinil (Nuvigil®) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for either modafinil (Provigil®) and armodafinil (Nuvigil®) with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).

MCO Only: The pharmacy claim will deny with a **NCPDP reject code**.

2. Pharmacy claims for modafinil (Provigil®) and armodafinil (Nuvigil®) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for other stimulants or atomoxetine (Strattera®) with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).

MCO Only: The pharmacy claim will deny with a **NCPDP reject code**.

Override for Therapeutic Duplication with Stimulant or Atomoxetine (Strattera®):

MCO Only: After consultation with the prescriber, to verify the necessity of the therapeutic duplication, the pharmacist can override the claim. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

FFS Only: After consultation with the prescriber, to verify the necessity of the therapeutic duplication, the pharmacist may override the denial by submitting the following codes at POS in:

NCPDP 439-E4 field (Reason for Service Code) TD (Therapeutic Duplication)

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

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

Antidepressant Medications

The five MCOs will align with FFS Medicaid and update clinical edits for antidepressants.

Clinical Authorization

Pharmacy claims for antidepressant medications will require clinical authorization for recipients under 6 years of age. Pharmacy claims without an approved clinical authorization will deny with the following:

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 066** (Clinical Authorization Required).

MCO Only: The pharmacy claim will deny with a **NCPDP reject code**.

Therapeutic Duplication

Pharmacy claims for a tricyclic antidepressant will deny if there is an active claim on the recipient's file for a tricyclic antidepressant. Likewise, pharmacy claims for selective serotonin reuptake inhibitors (SSRIs) will deny if there is an active claim on the recipient's file for a SSRI.

The therapeutic duplication will deny at POS with the following codes:

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).

MCO Only: The pharmacy claim will deny with a **NCPDP reject code**.

MCO Only: After consultation with the prescriber, to verify the necessity of the therapeutic duplication, the pharmacist can override the claim. If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

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FFS Only: After consultation with the prescriber, to verify the necessity of the therapeutic duplication, the pharmacist may override the denial by submitting the following codes at POS in:

NCPDP 439-E4 field (Reason for Service Code) **TD** (Therapeutic Duplication)

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

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

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the Single PDL, which is an inclusive listing of preferred/non-preferred drugs, criteria, and forms.

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 appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	DXC Technology	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
United Healthcare	Optum Rx	(866) 328-3108

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