



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

MEMORANDUM

DATE: December 9, 2019

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: *Jov* Jen Steele, Medicaid Director *MB*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Diagnosis Code Requirement and Quantity Limits for Sumatriptan Nasal Spray (Tosymra®)

Effective December 15, 2019, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement a diagnosis code requirement and quantity limit at Point of Sale (POS) for sumatriptan nasal spray (Tosymra®). The diagnosis code requirement and quantity limit apply to FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Diagnosis Code Requirement

Prescriptions for sumatriptan nasal spray (Tosymra®) will require a valid diagnosis code for recipients < 18 years of age. The diagnosis code must be entered in **NCPDP field 424-DO (Diagnosis Code)**. The acceptable ICD-10-CM diagnosis codes are listed in the chart.

Diagnosis	ICD-10-CM Diagnosis Code
Migraine	G43.0*, G43.1*, G43.7*

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

Pharmacy claims submitted without an acceptable diagnosis code will deny with the following:

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

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

Override Procedure for Missing/Invalid Diagnosis Code

FFS Only: Override provisions are available only as an emergency override. The pharmacist must document the emergency and enter a “03” in **NCPDP field 418-DI** (Level of Service).

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

Quantity Limits

Prescriptions for sumatriptan nasal spray (Tosymra®) will have a quantity limit of 6 (six) 10 mg single-dose disposable units per rolling 30 days.

Pharmacy claims that exceed the quantity limit will deny with the following:

FFS Only: **NCPDP reject code 76** (Quantity and/or days supply exceeds program maximum) mapped to **EOB code 457** (Quantity and/or days supply exceeds program maximum.)

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

Override Procedure for Exceeding the Quantity Limit

FFS Only: After consultation with the prescribing provider, the pharmacist may override the quantity limit by submitting the following:

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

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

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

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

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

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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