



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

MEMORANDUM

DATE: January 3, 2019
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Jen Steele, Medicaid Director
SUBJECT: Louisiana Medicaid Fee for Service (FFS) and Medicaid Managed Care Organizations (MCOs) Pharmacy Point of Sale (POS) Edits for Aripiprazole (Aristada Initio®) and Risperidone (Perseris®)

Effective January 9, 2019, 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 aripiprazole (Aristada Initio®) and risperidone (Perseris®). The LADUR Board impacts Fee for Service and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) clinical initiatives.

Maximum Daily Dose (FFS and MCO Pharmacy Claims)

Pharmacy claims for aripiprazole (Aristada Initio®) and risperidone (Perseris®) for recipients 0-5 years old, which exceed the maximum daily recommended dose (0mg) will deny at POS with:

MCO and FFS: NCPDP reject code 88 (DUR Reject Error) mapped to
FFS Only: EOB Code 066 (Clinical Pre-Authorization Required)

To submit a **FFS Clinical Pre-Authorization request**, the prescriber must complete the *Louisiana Uniform Prescription Drug Prior Authorization Form* in full and fax it to (866)-797-2329.

Refer to <https://www.lamedicaid.com/provweb1/Pharmacy/rxpa/rxpaindex.htm> for the *Louisiana Uniform Prescription Drug Prior Authorization Form* and Criteria.

Pharmacy claims for aripiprazole (Aristada Initio®) and risperidone (Perseris®) for recipients 6-17 years old, which exceed the maximum daily recommended dose (0mg) will deny at POS with:

Medicaid FFS and MCO Pharmacy POS Edits for Aripiprazole (Aristada Initio®) and Risperidone (Perseris®)
January 3, 2019
Page 2

MCO and FFS: NCPDP reject code 88 (DUR Reject Error) mapped to
FFS Only: EOB Code 325 (Exceeds Maximum Daily Dose- MD Fax Form to (866)-797-2329).

For **FFS pharmacy claims**, to override the maximum daily dose for recipients 6-17 years old, the prescriber must complete the *Louisiana Uniform Prescription Drug Prior Authorization Form* in full and fax it to (866)-797-2329.

For **MCO pharmacy claims**, to override a maximum daily dose denial, contact the plan's pharmacy help desk. See reference chart at the end of this letter.

Quantity Limits (FFS and MCO Pharmacy Claims)

Pharmacy claims for aripiprazole (Aristada Initio®) and risperidone (Perseris®) for a quantity greater than 1 prefilled syringe per 18-month period will deny at POS with:

MCO and FFS: NCPDP reject error 76 (Quantity and/or days supply exceeds program maximum) mapped to

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

For **MCO pharmacy claims**, to override a quantity limit denial, contact the plan's pharmacy help desk. See reference chart at the end of this letter.

For **FFS pharmacy claims**, the quantity limit can be overridden if the prescriber deems it necessary. The pharmacist may override the claim denial after consultation with the prescriber, by submitting the following at POS:

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)

Diagnosis Code Requirement (FFS and MCO Pharmacy Claims)

Pharmacy claims for aripiprazole (Aristada Initio®) and risperidone (Perseris®) will require an acceptable ICD-10-CM diagnosis code entered in **NCPDP field 424-DO (Diagnosis Code)**.

Medicaid FFS and MCO Pharmacy POS Edits for Aripiprazole (Aristada Initio®) and Risperidone (Perseris®)

January 3, 2019

Page 3

The acceptable diagnosis codes are listed in the chart.

Medication	Diagnosis Description	Diagnosis Code
Aripiprazole (Aristada Initio®) and Risperidone (Perseris®)	Agitation or Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84*
	Delusions, Dementia, Psychoses or Agitation in Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
	Bipolar Depression, Bipolar Disorder, Agitation or Psychoses in Bipolar Disorder, Agitation or Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
	Major Depressive Disorder, Agitation or Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Schizophrenia or Schizoaffective Disorder or Agitation in Schizophrenia or Schizoaffective Disorder	F20.*, F25.*	

Medicaid FFS and MCO Pharmacy POS Edits for Aripiprazole (Aristada Initio®) and Risperidone (Perseris®)

January 3, 2019

Page 4

Pharmacy claims for aripiprazole (Aristada Initio®) and risperidone (Perseris®) submitted without an acceptable or missing diagnosis code will deny with:

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

FFS Only: 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 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	Express Scripts	(844) 367-6111
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