




State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: September 30, 2021

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Edits for HIV agents, Sacubitril/Valsartan (Entresto[®]), and Dapagliflozin (Farxiga[®])

Effective October 1, 2021, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review Board (DUR), will have updated Point of Sale (POS) edits for HIV agents, sacubitril/valsartan (Entresto[®]), and dapagliflozin (Farxiga[®]). The updated edits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

HIV Agents

An incoming pharmacy claim for a HIV medication will deny when there is an active prescription on file for another HIV medication containing the same active ingredient(s).

The incoming claim will deny with the following therapeutic duplication at POS:

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

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

After consultation with the prescriber, the pharmacist may override the therapeutic duplication denial. This consultation is necessary to confirm that the (1) prescriber is aware of the current claim and/or (2) the addition of a second agent is necessary (i.e. change in therapy). The pharmacist may submit the following codes at POS to override the claim denial, if the prescriber deems the therapeutic duplication medically necessary:

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)

Sacubitril/Valsartan (Entresto[®])

Pharmacy claims for sacubitril/valsartan (Entresto[®]) require the submission of an ICD-10-CM diagnosis code at Point of Sale. The covered diagnosis for sacubitril/valsartan (Entresto[®]) is listed in the chart below.

Generic Name – Brand	Diagnosis Description	ICD-10-CM Diagnosis Code
Sacubitril/Valsartan ⁻ Entresto [®]	Heart Failure	I50*

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

A pharmacy claim will deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in **NCPDP field 424-DO** (Diagnosis Code) with:

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

FFS Only: **NCPDP rejection code 39** (Missing/Invalid ICD-10-CM diagnosis code) mapped to **EOB Code 575** (Missing/Invalid ICD-10-CM diagnosis code).

In cases where the diagnosis code is missing or invalid and the prescriber cannot be reached, if the pharmacist determines that filling the prescription is an emergency, the denial may be overridden. The notation of “Emergency Prescription” should be written on the hard copy prescription or in the pharmacy’s electronic record keeping system. The claim can be overridden by entering a “03” in **NCPDP field 418-DI** (Level of Service).

Dapagliflozin (Farxiga[®])

Currently, pharmacy claims for dapagliflozin (Farxiga[®]) submitted with a diagnosis code for heart failure (I50*) will bypass the POS prior drug use requirement for either metformin or any SGLT2 agent. As of 10/1/2021, pharmacy claims for dapagliflozin (Farxiga[®]) submitted with a diagnosis code for chronic kidney disease (N18*) will also bypass the POS prior drug use requirement for either metformin or any SGLT2 agent.

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

Additional Information:

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

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and criteria.

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	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	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.

PG/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies