



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

**MEMORANDUM**

**DATE:** May 12, 2020  
**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists  
**FROM:** Michael Boutte, Medicaid Deputy Director  
**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale (POS) Edits for Asenapine (Secuado®)

Effective May 15, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement new edits at Point of Sale (POS) for asenapine (Secuado®). The new clinical requirements apply to pharmacy claims for FFS and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare).

**Maximum Daily Dose Limits**

*Pharmacy claims for recipients 0-17 years of age will deny at POS.*

Pharmacy claims for asenapine (Secuado®) for recipients 0-5 years of age will deny with the following:

**FFS Only:** NCPDP reject code 88 (DUR reject error) mapped to

**FFS Only:** EOB code 066 (Clinical Authorization Required).

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

**Override Procedures for Exceeding the Maximum Dose Limit for Asenapine (Secuado®) for Recipients 0-5 Years of Age**

**FFS Only:** Override provisions should be addressed through the Behavioral Health Clinical Prior Authorization (PA) process.

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

Pharmacy claims for asenapine (Secuado®) for recipients 6-17 years of age will deny with the following:

FFS Only: **NCPDP reject code 88** (DUR reject error) mapped to

FFS Only: **EOB code 325** (Exceeds Maximum Daily Dose-Override Using PA Process).

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

### **Override Procedures for Exceeding the Maximum Dose Limit for Asenapine (Secuado®) for Recipients 6-17 Years of Age**

FFS Only: Override provisions should be addressed through the Prior Authorization (PA) process.

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

### **Quantity Limits**

Pharmacy claims for asenapine (Secuado®) will have a quantity limit of 30 patches per 30 days.

Pharmacy claims, which exceed the maximum quantity limit, will deny with the following:

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

FFS Only: **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 for Asenapine (Secuado®)**

FFS Only: Override provisions are available, if deemed an emergency, by entering a "03" in **NCPDP field 418-DI** (Level of Service.)

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

### **Therapeutic Duplication**

A pharmacy claim for asenapine (Secuado®) will deny with a therapeutic duplication if the recipient has an active prescription on file for any traditional and/or atypical oral antipsychotic. Conversely, a pharmacy claim submitted for a traditional or atypical oral antipsychotic will deny if the recipient has an active prescription on file for asenapine (Secuado®).

Pharmacy claims rejecting due to a therapeutic duplication will deny with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to

FFS Only: **EOB code 482** (Therapeutic Duplication).

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

### **Override Procedure for Therapeutic Duplication of Asenapine (Secuado®)**

FFS Only: After consultation with the prescriber, the pharmacist may override the therapeutic duplication denial if deemed medically necessary.

The pharmacist may override the claim denial by submitting the following at POS:

**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)

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

### **Additional Information**

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, “**03**” can be entered in **NCPDP field 418-DI** (Level of Service). Refer to [www.lamedicaid.com](http://www.lamedicaid.com) for the POS User Guide for drug specific override procedures.

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

MCO and FFS: 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, 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.

<b>Healthcare Provider</b>	<b>Pharmacy Help Desk</b>	<b>Pharmacy Help Desk Phone Number</b>
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
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.

MB/MBW/GJS

c: Healthy Louisiana Plans  
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