



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: December 22, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

Tara A. LeBlanc

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Prior Use Edit
for Cariprazine (Vraylar[®]) and Lurasidone (Latuda[®])

Effective January 1, 2021, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will have a prior use requirement when submitting a pharmacy claim for cariprazine (Vraylar[®]) and lurasidone (Latuda[®]) at Point of Sale (POS). These drugs will be preferred with no prior authorization requirements, but they will have a prior use requirement. The prior use applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Prior Use

Pharmacy claims for cariprazine (Vraylar[®]) and lurasidone (Latuda[®]) will be approved at Point of Sale if there is evidence of prior use of the requested medication or a preferred generic antipsychotic agent.

If there is no evidence of prior use of the requested medication or a preferred generic antipsychotic agent within the previous 90 days, claims submitted for cariprazine (Vraylar[®]) and lurasidone (Latuda[®]) will reject at POS with the following:

FFS Only: NCPDP reject code 88 (DUR reject code) mapped to
EOB code 150 (Requires Prior Use of Preferred Generic).

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

After consultation with the prescriber, the pharmacist may override the prior use requirement. The pharmacist may submit the following codes at POS to override the prior use edit, if the prescriber deems it medically necessary:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)

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

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

A prior use claim denial for cariprazine (Vraylar®) and lurasidone (Latuda®) will not post if the recipient had a preferred generic antipsychotic drug in select therapeutic classes within the previous 90 days. The select antipsychotics which meet the requirement for a cariprazine (Vraylar®) or lurasidone (Latuda®) claim to bypass the prior use edit are listed on the Preferred Drug List (PDL).

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.

Additional Information:

MCO Only: 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.

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.

TL/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies