



State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: January 2, 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 Pimavanserin (Nuplazid®)

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 pimavanserin (Nuplazid®). The LADUR Board impacts Fee for Service and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) clinical initiatives.

Pimavanserin (Nuplazid®)

Clinical Pre-Authorization (FFS Pharmacy Claims Only)

Pharmacy claims will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the *Louisiana Uniform Prescription Drug Prior Authorization Form* in full and fax it to 1-866-797-2329.

Pharmacy claims submitted without an approved clinical pre-authorization will deny at Point of Sale (POS) with:

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

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

Override provisions should be addressed through the Clinical Pre-Authorization process.

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

Diagnosis Code Requirement (FFS and MCO Pharmacy Claims)

Pharmacy claims for pimavanserin (Nuplazid®) will require an acceptable ICD-10-CM diagnosis code of G20 (Parkinson's disease) entered in **NCPDP field 424-DO (Diagnosis Code)**.

Pharmacy claims for pimavanserin (Nuplazid®) 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).

Quantity Limit (FFS and MCO Pharmacy Claims)

Pharmacy claims for pimavanserin (Nuplazid®) for quantities greater than 60 (17mg) tablets or 30 (34mg) capsules per rolling 30 days will deny at POS with:

MCO and FFS: NCPDP rejection 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).

For **MCO pharmacy claims**, a request to override a denial can be obtained by contacting the specific plan's pharmacy help desk.

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)

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.

Medicaid FFS and MCO Pharmacy POS Edits for Pimavanserin (Nuplazid®)

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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	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