



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

MEMORANDUM

DATE: August 15, 2018
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 Naltrexone Injection (Vivitrol®)

Effective September 4, 2018, the Louisiana Medicaid Fee for Service Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (LADUR) Board will implement POS edits for naltrexone injection (Vivitrol®). The LADUR Board impacts Fee for Service and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare) clinical pharmacy initiatives.

The National Council for Prescription Drug Programs (NCPDP) denial codes listed below will apply to both FFS and MCO pharmacy claims. The EOB codes will apply to FFS pharmacy claims only.

Naltrexone Injection (Vivitrol®)

Diagnosis Code Requirement

The acceptable diagnosis code(s) for naltrexone injection (Vivitrol®) are listed below.

| Medication | Diagnosis Description | ICD-10-CM Diagnosis Code |
|----------------------------------|-----------------------|--------------------------|
| Naltrexone Injection (Vivitrol®) | Alcohol Dependence | F10.2* |
| | Opioid Dependence | F11.2* |

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

Pharmacy claims submitted without an acceptable diagnosis code at POS will deny with:

**NCPDP reject code 39 (Missing or Invalid diagnosis code) mapped to
FFS ONLY: EOB code 575 (Missing or Invalid diagnosis code).**

Age Limit

Pharmacy claims for naltrexone injection (Vivitrol®) will deny when the recipient is less than 18 years old with:

**NCPDP reject code 60 (Product/Service Not Covered for Patient Age) mapped to
FFS ONLY: EOB code 234 (P/F Age Restriction).**

Quantity Limit

Pharmacy claims for naltrexone injection (Vivitrol®) greater than 1 unit (380mg/vial dose kit) per 28 rolling days will deny at POS with:

**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).**

Drug-Drug Interaction

Pharmacy claims for naltrexone injection (Vivitrol®) prescriptions will deny if there is an active claim on the recipient's file for an opioid. Pharmacy claims for opioid prescriptions will deny if there is an active claim on the recipient's file for Vivitrol®.

Pharmacy claims for these medications will deny at POS with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
FFS ONLY: EOB code 471 (Drug to Drug Interaction).**

After consultation with the prescriber to verify the necessity of concurrent therapy, the pharmacist may override the denial by submitting the following override at POS:

**NCPDP 439-E4 field (Reason for Service Code) DD (Drug-Drug Interaction)
NCPDP 440-E5 field (Professional Service Code) MØ (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval).**

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).

MCO ONLY: Override provisions are available through contact with the health plan's pharmacy help desk listed 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 | Molina | (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
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