

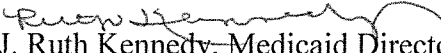


**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**MEMORANDUM**

**DATE:** December 4, 2014

**TO:** All Louisiana Medicaid Providers

**FROM:**   
J. Ruth Kennedy, Medicaid Director

**SUBJECT:** Edits on Lidocaine Patches, Exjade® (Deferasirox), and Nexplanon® (Etonogestrel) for La. Medicaid Pharmacy Program

Effective December 10, 2014, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established limits on lidocaine patches (Lidoderm® and generic), Exjade® (deferasirox), and Nexplanon® (etonogestrel).

**Lidocaine Patches (Lidoderm® and generic) Quantity Limits**

Pharmacy claims for lidocaine patches (Lidoderm® and generic) will be limited to 30 patches in a rolling 30 days. Claims submitted over this limit will deny at Point of Sale (POS) with:

**NCPDP reject code 76 (Quantity and/or days' supply exceeds program maximum) mapped to  
EOB code 153 (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)**

Overrides for quantities greater than 30 patches in 30 rolling calendar days will be addressed using an Override Request Form (Rx PA16) and through contact with staff at the Prior Authorization Unit housed at University of Louisiana (ULM).

**Exjade® (Deferasirox) Diagnosis Code Requirements and Age Limits**

**Recipient 2 years old or less**

Pharmacy claims for Exjade® (deferasirox) will deny for recipients 2 years old or less at Point of Sale (POS) with:

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

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

**Recipient 2-9 years old**

Pharmacy claims for Exjade® (deferiasirox) require a diagnosis code in NCPDP field 424-DO (Diagnosis Code) of 275.02 (Chronic iron overload due to blood transfusions) at Point of Sale (POS) for 2-9 year olds. The ICD-9-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy’s electronic recordkeeping system. Claims submitted without this diagnosis code will deny with:

**NCPDP reject code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)**

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

**Recipient 10 years old and older**

Pharmacy claims for Exjade® (deferiasirox) will require a diagnosis code in NCPDP field 424-DO (Diagnosis Code) at Point of Sale (POS) for 10 year olds and older. Appropriate diagnosis codes are:

<b>Covered Indications at Point of Sale (POS)</b>	<b>ICD-9-CM Diagnosis Code(s)</b>
<b>2 years and up</b>	
Chronic iron overload due to blood transfusions	275.02
<b>10 years and up</b>	
Chronic iron overload in non-transfusion-dependent thalassemia (NTDT) syndromes:	
β-thalassemia intermedia	282.44
Hemoglobin E/β-thalassemia	282.47
Hemoglobin S/ β-thalassemia	282.41, 282.42
Hemoglobin C/ β-thalassemia	282.49
α-thalassemia intermedia [hemoglobin H disease]	282.43

The ICD-9-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy’s electronic recordkeeping system. Claims submitted without an approved diagnosis code will deny with:

**NCPDP reject code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)**

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

**Nexplanon® (Etonogestrel) Quantity Limits**

Pharmacy claims for Nexplanon® (etonogestrel) will be limited to one implant every 2 years. Claims submitted before the time limit with deny at the Point of Sale (POS) with:

**NCPDP reject error 76 (Quantity and/or days’ supply exceeds program maximum) mapped to EOB code 457 (Quantity and/or days’ supply exceeds program maximum)**

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

**NCPDP 439-E4 field (Reason for Service Code) EX (Excessive Quantity)**

**NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)**

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

Compliance associated with program policy will be verified through our Louisiana Medicaid Pharmacy Compliance Audit Program.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101 or refer to [www.lamedicaid.com](http://www.lamedicaid.com).

MCJ/MBW/ESF

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