



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

MEMORANDUM

DATE: October 5, 2020
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Tara A. LeBlanc, Interim Medicaid Executive Director *Tara A LeBlanc*
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Edits-
October 2020

Effective October 7, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement Point of Sale (POS) edits for select medications. The edits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare).

Quantity Limits

Select medications will have quantity limits listed in the following chart.

Generic Name	Brand Name	Quantity Limit
Empagliflozin/linagliptin/ metformin HCl	Trijardy® XR 10/5/1000	30 tablets / 30 days
	Trijardy® XR 25/5/1000	30 tablets / 30 days
	Trijardy® XR 5/2.5/1000	60 tablets / 30 days
	Trijardy® XR 12.5/2.5/1000	60 tablets / 30 days
Lemborexant	Dayvigo™	7 tablets / 30 days
Nintedaib	Ofev®	60 capsules / 30 days
Pirfenidone	Esbriet®	90 capsules or tablets / 30 days
Selumetinib	Koselugo™	120 capsules / 30 days
Voxekitir	Oxbryta®	90 tablets / 30 days

Pharmacy claims for medications which exceed the maximum quantity limit will deny with:

FFS Only: NCPDP rejection error 76 (Quantity and/or days' supply exceeds program maximum) mapped to EOB Code 457 (Quantity and/or days' supply exceeds program maximum).

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

FFS Override for Exceeding the Maximum Quantity Limit

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override 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)

Maximum Dose Limit

Pharmacy claims for lemborexant (Dayvigo®) which exceed the maximum dose of 10 mg/day will deny with:

FFS Only: NCPDP rejection error 88 (DUR Reject Error) mapped to EOB Code 529 (Exceeds maximum daily dose)

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

Prior Use Requirement

An incoming claim for empagliflozin/linagliptin/metformin (Trijardy® XR), will deny if there is no evidence of one of the following in paid claims:

- at least a 90-day supply of ONE of the following in the previous 180-day period:
 - metformin AND either a DPP-4 or an SGLT2; OR
 - a combination product of DPP-4/metformin or SGLT2/metformin; OR
- at least a 60-day supply of empagliflozin/linagliptin/metformin (Trijardy® XR) in the previous 90-day period.

Pharmacy claims with no prior use identified will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB Code 080 (Requires Prior Use Metformin and DPP-4 or SGLT2)

Overrides are available if authorized by the prescriber. Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

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)

Therapeutic Duplication

A pharmacy claim for Trijardy® XR (empagliflozin/linagliptin/metformin HCl) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for another DPP-4 inhibitor or a SGLT2 Inhibitor. Conversely, a claim for a DPP-4 inhibitor or a SGLT2 Inhibitor will deny at POS when there is an active claim on the recipient's file for Trijardy® XR (empagliflozin/linagliptin/metformin HCl). Pharmacy claims will deny with:

**FFS Only: NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB Code 482 (Therapeutic Duplication - TD)**

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

After consultation with the prescriber, the pharmacist may override the therapeutic duplication denial. This consultation is necessary to confirm that the (1) prescriber is aware of the current antihyperglycemic claim and/or (2) the addition of a different antihyperglycemic is necessary (i.e. change in therapy). The pharmacist may override the claim denial after consultation with the prescriber by submitting:

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)

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 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 list, 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.

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	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

c: Healthy Louisiana Plans
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DXC Technology