




State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: January 5, 2016

TO: All Louisiana Fee for Service (FFS) Medicaid Providers

FROM: 
J. Ruth Kennedy, Medicaid Director

SUBJECT: FFS Edits on Ombitasvir/paritaprevir/ritonavir (Technivie®) and Daclatasvir (Daklinza®) for La. Medicaid Pharmacy Program

Effective January 12, 2016 the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established Point of Sale (POS) edits on Ombitasvir/paritaprevir/ritonavir (Technivie®) and Daclatasvir (Daklinza®).

Quantity Limits

Pharmacy claims for Ombitasvir/paritaprevir/ritonavir (Technivie®) and Daclatasvir (Daklinza®) will have quantity limits every rolling 28 days as follows:

Medication	Units allowed every 28 days
Ombitasvir/paritaprevir/ritonavir (Technivie®)	56
Daclatasvir (Daklinza®)	28

Claims will deny at Point of Sale (POS) when quantity limits are exceeded with:

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

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

Early Refill

Pharmacy claims for Ombitasvir/paritaprevir/ritonavir (Technivie®) or Daclatasvir (Daklinza®) will not be allowed to process for payment before 89% of the days' supply has been exhausted. Claims will deny at Point of Sale (POS) when refilled too early with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 447 ER (Compliance Monitoring/Early or Late Refill)**

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

NCPDP 439-E4 field (Reason for Service Code) ER (Overuse/Early Refill)
NCPDP 440-E5 field (Professional Service Code) MØ (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Therapeutic Duplication

Pharmacy claims for Ombitasvir/paritaprevir/ritonavir (Technivie®) will deny when the recipient has a claim on file (active or inactive) for boceprevir (Victrelis®), telaprevir (Incivek®), simeprevir (Olysio®), sofosbuvir (Sovaldi®), ledipasvir/sofosbuvir (Harvoni®), Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira®), or Daclatasvir (Daklinza®) within the last 12 months. Also claims for boceprevir (Victrelis®), telaprevir (Incivek®), simeprevir (Olysio®), sofosbuvir (Sovaldi®), ledipasvir/sofosbuvir (Harvoni®), Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira®), or Daclatasvir (Daklinza®) will deny when the recipient has a claim on file for Ombitasvir/paritaprevir/ritonavir (Technivie®) within the last 12 months with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 482 TD (Therapeutic Duplication)**

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

Pharmacy claims for Daclatasvir (Daklinza®) will deny when the recipient has a claim on file (active or inactive) for boceprevir (Victrelis®), telaprevir (Incivek®), simeprevir (Olysio®), ledipasvir/sofosbuvir (Harvoni®), Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira®), or Ombitasvir/paritaprevir/ritonavir (Technivie®) within the last 12 months. Also claims for boceprevir (Victrelis®), telaprevir (Incivek®), simeprevir (Olysio®), ledipasvir/sofosbuvir (Harvoni®), Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira®), or Ombitasvir/paritaprevir/ritonavir (Technivie®) will deny when the recipient has a claim on file for Daclatasvir (Daklinza®) within the last 12 months with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 482 TD (Therapeutic Duplication)**

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

Diagnosis Code Requirement

Pharmacy claims for Ombitasvir/paritaprevir/ritonavir (Technivie®) and Daclatasvir (Daklinza®) will require a diagnosis code of **B18.2** in NCPDP field 424-DO (Diagnosis Code). Claims submitted without a diagnosis code at POS 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)

The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system. There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

Physician Prescriber Requirements

The prescribing physician must have a specialty of gastroenterology or infectious disease for any of the Direct Acting Antiviral Hepatitis C Agents to process including Ombitasvir/paritaprevir/ritonavir (Technivie®) and Daclatasvir (Daklinza®). Pharmacy claims from prescribers without these specialties will deny with:

NCPDP reject code 71 (Prescriber is not covered) mapped to EOB code 514 (Prescribing provider does not have prescriptive authority)

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

For currently enrolled doctors of osteopathic medicine to update their specialty please refer to form at:

http://www.lamedicaid.com/provweb1/Provider_Enrollment/DoctorOsteopathicMedicineSpecialtyChangeForm.pdf

For currently enrolled physicians to update their specialty please refer to form at:

http://www.lamedicaid.com/provweb1/Provider_Enrollment/PhysicianProviderSpecialtyChangeForm.pdf

Age Limits

Pharmacy claims for Ombitasvir/paritaprevir/ritonavir (Technivie®) or Daclatasvir (Daklinza®) will deny when the recipient is 17 years old or younger at 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.

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.

Ombitasvir/paritaprevir/ritonavir (Technivie®) and Daclatasvir (Daklinza®)

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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.

JRK/MBW/ESF

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