State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: January 15, 2016

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

FROM: Jen Steele, Interim Medicaid Director

SUBJECT: FFS Edits on Xyrem® (Sodium Oxybate) for La. Medicaid Pharmacy Program

Effective January 22, 2016, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established clinical pre-authorization criteria and Point of Sale (POS) edits on Xyrem® (Sodium Oxybate).

Clinical Pre-authorization
Claims for Xyrem® (Sodium Oxybate) will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization. Prescribers must complete the Pharmacy Clinical Pre-Authorization Form in full and fax to 1-866-797-2329. See complete instructions enclosed on page two of this document or refer to www.lamedicaid.com.

Pharmacy claims for these medications will deny with:

> **NCPDP reject code 88 (DUR Reject Error) mapped to**
> **EOB code 066 (Clinical Pre-Authorization Required)**

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

Therapeutic Duplication
Pharmacy claims for Xyrem® (Sodium Oxybate) will deny when the recipient has an active claim on file for a CNS depressant (see attached list). Also claims for CNS depressants (see attached list) will deny when the recipient has an active claim on file for Xyrem® (Sodium Oxybate) 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.

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.

JS/MBW/ESF

c: Bayou Health Plans
      Dr. James Hussey
      Dr. Rebekah Gee
      Dr. Rochelle Dunham
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Clinical Pre-Authorization Criteria and Point-of-Sale (POS) Edit
for Xyrem® (Sodium Oxybate) for Fee-For-Service Medicaid Recipients

Clinical Pre-Authorization Criteria

Requests for Xyrem® (sodium oxybate) will be considered for approval if all of the following criteria are met:

1. Recipient has a documented diagnosis of narcolepsy or cataplexy.
2. Prescribing provider is a Board Certified Neurologist or a Board Certified Sleep Medicine Physician.

Point-of-Sale (POS) Edit

Therapeutic Duplication

Incoming prescriptions for Xyrem® (sodium oxybate) will deny at Point-of-Sale (POS) when there is at least one active prescription on the recipient's file for any of the CNS depressant medications listed below. An active prescription is a prescription in which the days supply has not expired. Alternatively, incoming prescriptions for any of the CNS depressant medications listed below will deny at POS when there is an active prescription on the recipient's file for Xyrem® (sodium oxybate).

CNS depressant medications include the following agents, whether given as a single entity or as a component of a combination product:

Alprazolam	Dantrolene	Metaxalone	Quazepam
Baclofen	Diazepam	Methadone	Ramelteon
Buprenorphine	Dihydrocodeine	Methocarbamol	Remifentanil
Buspirone	Doxepin	Midazolam	Secobarbital
Butabarbital	Estazolam	Morphine	Sufentanil
Butalbital	Eszopiclone	Nalbuphine	Suvorexant
Butorphanol	Fentanyl	Opium	Tapentadol
Carisoprodol	Flurazepam	Orphenadrine	Tasimelteon
Chlordiazepoxide	Hydrocodone	Oxazepam	Temazepam
Chlorzoxazone	Hydromorphone	Oxycodone	Tizanidine
Clonazepam	Levorphanol	Oxymorphone	Tramadol
Clorazepate	Lorazepam	Paregoric	Triazolam
Codeine	Meperidine	Pentazocine	Zaleplon
Cyclobenzaprine	Meprobamate	Phenobarbital	Zolpidem

Louisiana Medicaid
Pharmacy Clinical Pre-Authorization Form

Fax or Mail this form to:
1-866-797-2329
La Medicaid RxPA Operations
ULM School of Pharmacy
1800 Bienville Drive
Monroe, LA 71201-3765

MEMBER INFORMATION

Revised Date: 2/12/2015

Patient Name:	Last Name	First Name		MI

Date of Birth:	Sex: ☐ Male ☐ Female		Height:	Weight:

Address:	City	State	Zip Code

Phone #:	Medicaid Recipient ID#: (required)	Plan Policy ID#: (optional)

PRESCRIBING PRACTITIONER INFORMATION

Practice Name:	Specialty:	NPI # (2):

Prescribing Practitioner Name:	Medicaid Provider ID #: (required)	NPI # (1):	DEA/License #:

Address:	City	State	Zip Code

Phone #:	Fax #:	Office Contact:	EPSDT Support Coordinator (Name / Address): (optional)

MEDICATION INFORMATION

Drug Name:	Dosage Form:	Quantity:

Strength:	Directions:

Dispense as Written: ☐ Yes ☐ No	Substitutes Permitted: ☐ Yes ☐ No	Number of Refills:

Currently on This Medication: ☐ Yes ☐ No	Other Medications Tried toTreat This Condition:	Dates:

List Other Current Medications:
☐ *See attached list*

Reasons for Discontinuation of Tried Therapies:

Diagnosis/Indication:	ICD Diagnosis Code:

Rationale and/or Other Information Relevant (☐ *included* lab results) to the Review of This Authorization Request:

Drug Allergies:

PHARMACY INFORMATION (Optional)

Pharmacy Name:	Phone #:	Fax #:

Prescribing Practitioner Signature: **Date:**

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For more information, refer to www.lamedicaid.com and follow the "Pharmacy and Prescribing Providers" link.