




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

MEMORANDUM

DATE: January 29, 2015
TO: All Louisiana Medicaid Providers
FROM: 
J. Ruth Kennedy, Medicaid Director
SUBJECT: Edits for Latuda®, Saphris®, and Fanapt® for Louisiana Medicaid Legacy/Fee for Service (FFS) Pharmacy Program

Effective February 4, 2015, the Louisiana Medicaid FFS Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established edits for Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine) for recipients less than 18 years old.

Recipients 16 or 17 years old

Pharmacy claims for Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine) for recipients 16 or 17 years old when the dose exceeds the maximum recommended dose noted below will deny at Point of Sale (POS) with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329)**

Medication	Max Dose for 16 or 17 years old
Latuda® (Lurasidone)	80 mg
Fanapt® (Iloperidone)	16 mg
Saphris® (Asenapine)	10 mg

Overrides 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).

Recipients 15 years old or less

All pharmacy claims for any strength of Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine) will deny for recipients 15 years old or less at Point of Sale (POS) with:

**NCPDP reject code 88 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329)**

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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.

MCJ/MBW/ESF

c: Bayou Health Plans
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