

Department of Health and Hospitals Bureau of Health Services Financing

MEMORANDUM

DATE:

May 12, 2014

TO:

All Louisiana Medicaid Providers

FROM:

J. Ruth Kennedy, Medicaid Director

SUBJECT:

Additional Edits on Victrelis® (boceprevir), Incivek® (telaprevir),

Sovaldi® (sofosbuvir), and Olysio® (simeprevir) for Louisiana Legacy

Medicaid and Shared Health Plans

The Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established additional limits on Victrelis® (boceprevir), Incivek® (telaprevir), Sovaldi® (sofosbuvir), and Olysio® (simeprevir) effective May 30, 2014.

Early Refill

Pharmacy claims for Victrelis® (boceprevir), Incivek® (telaprevir), Sovaldi® (sofosbuvir), or Olysio® (simeprevir) 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 submitted too early with:

NCPDP rejection 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.

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Therapeutic Duplication

Pharmacy claims for Victrelis® (boceprevir), Incivek® (telaprevir), or Olysio® (simeprevir) will deny when there is an active claim on file for another one of these same agents [Victrelis® (boceprevir), Incivek® (telaprevir), or Olysio® (simeprevir)] with:

NCPDP rejection code 88 (DUR Reject Error) Mapped to EOB 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, send a fax to (225) 342-1980, or refer to www.lamedicaid.com.

MCJ/MBW/ESF

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