




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

**MEMORANDUM**

**DATE:** November 20, 2014  
**TO:** Louisiana Medicaid Providers  
**FROM:**   
J. Ruth Kennedy, Medicaid Director  
**SUBJECT:** Edits on Provigil® (Modafinil) and Nuvigil® (Armodafinil) for La. Medicaid Pharmacy Program

Effective November 26, 2014, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established limits on Provigil® (Modafinil) and Nuvigil® (Armodafinil).

**Diagnosis Codes**

Pharmacy claims for Provigil® (Modafinil) and Nuvigil® (Armodafinil) will require a diagnosis code in NCPDP field 424-DO (Diagnosis Code). Appropriate diagnosis codes are:

ICD-9 code	Diagnosis
327.23	Obstructive sleep apnea (OSA)
327.36	Circadian rhythm sleep disorder, shift work type
347, 347.0, 347.00, 347.01, 347.1, 347.10, 347.11	Narcolepsy

The ICD-9-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Claims submitted without an appropriate diagnosis code will deny at Point of Sale (POS) with:

**NCPDP reject code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)**

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

**Therapeutic Duplication**

Pharmacy claims for Provigil® (Modafinil) or Nuvigil® (Armodafinil) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for either Provigil® (Modafinil) or Nuvigil® (Armodafinil) with:

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

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

**Therapeutic Duplication with Stimulants**

Pharmacy claims for Provigil® (Modafinil) or Nuvigil® (Armodafinil) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for other stimulants or Strattera® (Atomoxetine) with:

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

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

**NCPDP 439-E4 field (Reason for Service Code) TD (Therapeutic Duplication)  
NCPDP 440-E5 field (Professional Service Code) MO (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.

**Concurrent Use with Sedative Hypnotics**

Pharmacy claims for Provigil® (Modafinil) or Nuvigil® (Armodafinil) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for a sedative hypnotic with:

**NCPDP reject code 88 (DUR Reject Error) mapped to  
EOB code 531 (Drug Use Not Warranted)**

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

**NCPDP 439-E4 field (Reason for Service Code) NN (Unnecessary Drug)  
NCPDP 440-E5 field (Professional Service Code) MO (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.

**Age Limits**

Pharmacy claims for Provigil® (Modafinil) or Nuvigil® (Armodafinil) will deny at Point of Sale (POS) when the recipient is 16 years old or younger 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.

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](http://www.lamedicaid.com).

MCJ/MBW/ESF

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