



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

March 20, 2014

Re: Therapeutic Duplication of Antihistamines and/or Antihistamine Decongestant Combination Products for Louisiana Legacy Medicaid and Shared Health Plans.

Dear Medicaid Provider:

The Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has expanded therapeutic duplication denials with first and/or second generation antihistamines and antihistamine decongestant products.

Effective April 1, 2014, pharmacy claims for first and/or second generation antihistamines and antihistamine decongestant products will deny if there is an active claim on the recipient's file for another first and/or second generation antihistamine or antihistamine decongestant product. Claims will deny at Point Of Sale (POS) with:

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

Claims for antihistamines/antihistamines and antihistamine decongestants/antihistamine decongestants will not have override provisions at the Point of Sale (POS). However, a change in therapy from an antihistamine to an antihistamine decongestant or the reverse will have override provisions. The pharmacist may override the denial of these claims after consultation with the prescriber by submitting in:

NCPDP 439-E4 field (Reason for Service Code) TD (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code) M0 (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.

Exclusions: Claims for diphenhydramine, hydroxyzine HCl, and hydroxyzine pamoate will not be included in this edit.

Compliance associated with program policy will be verified through the pharmacy compliance audit program.

If you need clarification, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980, or refer to www.lamedicaid.com. Your continued cooperation and support of the Louisiana Medicaid Program efforts are greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Ruth Kennedy", written in black ink.

J.Ruth Kennedy
Medicaid Director

JRK/esf