

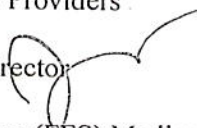


State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: June 22, 2017

TO: All Louisiana Medicaid Providers

FROM: Jen Steele, Medicaid Director 

SUBJECT: Louisiana Fee-for-Service (FFS) Medicaid Point of Sale (POS) Edits for triptans, olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®), and amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®)

Effective June 27, 2017, the Louisiana Department of Health (LDH) Pharmacy Program in conjunction with the Louisiana Medicaid Drug Utilization Review (DUR) Board will implement Point of Sale Edits for triptans, olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®), and amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®).

Triptans

Pharmacy claims for triptans for recipients < 18 years will require a valid diagnosis code in NCPDP field 424-DO (Diagnosis Code) at Point of Sale (POS). Triptans are identified in the following chart.

Generic Name	Representative Brand(s)
Almotriptan	Axert®
Eletriptan	Relpax®
Frovatriptan	Frova®
Naratriptan	Amerge®
Rizatriptan	Maxalt®, Maxalt MLT®
Sumatriptan	Alsuma®, Imitrex®, Sumavel®, Zecuity®
Zolmitriptan	Zomig®, Zomig ZMT®

The acceptable ICD-10-CM diagnosis codes for triptans in recipients less than 18 years are as follows:

Description	ICD-10-CM Diagnosis Code
Migraine diagnosis	G43.0*, G43.1*, G43.7*

Pharmacy claims submitted without a valid diagnosis code at POS will deny with:

NCPDP rejection code 39 (Missing or Invalid diagnosis code) mapped to **EOB code 575** (Missing or Invalid diagnosis code).

Tribenzor® and Exforge HCT®

Pharmacy claims for olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®) and amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®) will require prior drug use of two drug therapies from these select drug classes: calcium channel blockers, angiotensin receptor blockers, and/or diuretics.

If previous claims for drugs in 2 of these 3 drug classes (calcium channel blockers, angiotensin receptor blockers, and/or diuretics) are not identified, the pharmacy claim will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to **EOB Code 449** (Requires Prior Use of Drugs in 2 of these classes- CA BLKR, AR BLKR, and DIURETIC).

The pharmacist may override the claim denial after consultation with the prescriber by submitting:

NCPDP 439-E4 field (Reason for Service Code) PP (Plan Protocol)

NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)

NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

Exception:

The prior drug use edit will be bypassed under the following conditions:

- 1) When a claim for olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®), is submitted AND a claim for olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®) exists within the last 12 months.
- 2) When a claim for amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®), is submitted AND a claim for amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®) exists within the last 12 months.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

POS Edits for Triptans, Tribenzor®, and Exforge HCT®

June 22, 2017

Page 3

If you have questions about the contents of this memo, you may contact the Molina Point of Sale (POS) Help Desk (800) 648-0790 or Fee for Service (FFS) Pharmacy Help Desk at (800) 437-9101 or refer to www.lamedicaid.com.

JS/MBW/GJS

c: Healthy Louisiana Plans
 Melwyn B. Wendt
 Molina