



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

MEMORANDUM

DATE: April 22, 2016
TO: All Louisiana Fee for Service (FFS) Medicaid Providers
FROM: Jen Steele, Interim Medicaid Director
SUBJECT: FFS Edits on Buprenorphine/Naloxone Products and Botox[®]/Xeomin[®] for Louisiana Medicaid Pharmacy Program

Effective April 26, 2016, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established the following edits at pharmacy Point of Sale (POS).

Quantity Limits on Buprenorphine-Naloxone Products

Pharmacy claims for buprenorphine-naloxone products will have quantity limits as indicated in the following chart:

Product	Dose Form Route	Buprenorphine/Naloxone Strength		Quantity Limit (units/day)
Bunavail [®]	Film Buccal	2.1mg	0.3mg	1
		4.2mg	0.7mg	2
		6.3mg	1mg	2
Buprenorphine/Naloxone	Tablet Sublingual	2mg	0.5mg	1
		8mg	2mg	2
Suboxone [®]	Film Sublingual	2mg	0.5mg	1
		4mg	1mg	1
		8mg	2mg	2
		12mg	3mg	2
Zubsolv [®]	Tablet Sublingual	1.4mg	0.36mg	1
		2.9mg	0.71mg	1
		5.7mg	1.4mg	1
		8.6mg	2.1mg	2
		11.4mg	2.9mg	1

Claims will deny at Point of Sale (POS) when the quantity limit is exceeded with:

**NCPDP reject code 76 (Quantity and/or days supply exceeds program maximum) mapped to
EOB code 457 (Quantity and/or days supply exceeds program maximum)**

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

Maximum Daily Dosage Limits

- As a reminder, according to the current Louisiana Medicaid Fee-for-Service Buprenorphine/Naloxone Policy, maximum daily dosage limits are based on the amount of buprenorphine or the buprenorphine equivalent. Refer to specific product prescribing information for buprenorphine equivalent dosing.
- A maximum of up to 24mg/day of buprenorphine (or buprenorphine equivalent) is allowed per recipient for an initial ninety consecutive day period.
- After the initial ninety consecutive day period, a maximum of up to 16mg/day of buprenorphine (or buprenorphine equivalent) is allowed per recipient.

Claims will deny at Point of Sale (POS) when the maximum daily dose is exceeded with:

**NCPDP reject code 88 (DUR Reject Code) mapped to
EOB code 529 (Exceeds Maximum Daily Dose)**

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

All other current edits on Buprenorphine/Naloxone products will still apply.

Quantity Limits on Botox[®] (OnabotulinumtoxinA) and Xeomin[®] (IncobotulinumtoxinA)

Pharmacy claims for Botox[®] (OnabotulinumtoxinA) will have quantity limits of 6 units every rolling 90 days for the 100 unit vial and 3 units every rolling 90 days for the 200 unit vial. Pharmacy claims for Xeomin[®] (IncobotulinumtoxinA) will have quantity limits of 400 units every rolling 90 days.

Claims will deny at Point of Sale (POS) when the quantity limit is exceeded with:

**NCPDP reject code 76 (Quantity and/or days supply exceeds program maximum) mapped to
EOB code 457 (Quantity and/or days supply exceeds program maximum)**

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

New diagnoses codes for Botox[®] (OnabotulinumtoxinA) and Xeomin[®] (IncobotulinumtoxinA)

Lower Limb Spasticity has been added to the ICD-10 codes accepted for Botox[®] (OnabotulinumtoxinA). Upper Limb Spasticity has been added to the ICD-10 codes accepted for Xeomin[®] (IncobotulinumtoxinA). See chart below for complete list of acceptable diagnosis codes.

Acceptable Diagnosis Codes for Botox[®] (OnabotulinumtoxinA)

Axillary Hyperhidrosis	L74.510
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Migraine (Prophylaxis)	G43.7*
Overactive Bladder	N32.81
Strabismus	H49*, H50*, H51*
Upper or Lower Limb Spasticity Associated with Multiple Sclerosis (Relapsing)	G35
Upper or Lower Limb Spasticity Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
Upper or Lower Limb Spasticity Associated with Spastic Hemiplegia	G81.1*
Upper or Lower Limb Spasticity Associated with Complete Quadriplegia	G82.53
Upper or Lower Limb Spasticity Associated with Incomplete Quadriplegia	G82.54
Upper Limb Spasticity Associated with Diplegia of Upper Limb	G83.0
Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects Cerebrovascular Disease	I69.●31, I69.●32, I69.●33, I69.●34, I69.●39, I69.●41, I69.●42, I69.●43, I69.●44, I69.●49

Acceptable Diagnosis Codes for Botox[®] (OnabotulinumtoxinA) (continued)

Upper or Lower Limb Spasticity Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
Upper or Lower Limb Spasticity Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*
Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	N36.44, N31.9

* - any number or letter or combination of UP TO FOUR numbers and letters of a valid ICD-10-CM code

• - any ONE number or letter of a valid ICD-10 code

Acceptable Diagnosis Codes for Xeomin[®] (IncobotulinumtoxinA)

Blepharospasm	G24.5
Cervical Dystonia	G24.3
Upper Limb Spasticity Associated with Multiple Sclerosis (Relapsing)	G35
Upper Limb Spasticity Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9
Upper Limb Spasticity Associated with Spastic Hemiplegia	G81.1*
Upper Limb Spasticity Associated with C5-C7 Complete Quadriplegia	G82.53
Upper Limb Spasticity Associated with C5-C7 Incomplete Quadriplegia	G82.54
Upper Limb Spasticity Associated with Diplegia of Upper Limb	G83.0
Spasticity Associated with Monoplegia of Upper Limb	G83.2*
Spasticity Associated with Monoplegia of Upper Limb due to Late Effects Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39
Upper Limb Spasticity Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease	I69.•51, I69.•52, I69.•53, I69.•54, I69.•59
Upper Limb Spasticity Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
Upper Limb Spasticity Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*

* - any number or letter or combination of UP TO FOUR numbers and letters of a valid ICD-10-CM code

• - any ONE number or letter of a valid ICD-10 code

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

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