State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: May 12, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Michael Boutte, Medicaid Deputy Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Edits for
May 2020

Effective May 15, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy
Program and Managed Care Organizations (MCOs) will implement new edits at Point of
Sale (POS). The new clinical requirements apply to pharmacy claims for FFS and
Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana
Healthcare Connections, and United Healthcare).

Diagnosis Code Requirement
Pharmacy claims for select agents require a diagnosis code. The agents listed in the
following chart will require a valid diagnosis code at Point of Sale (POS) in **NCPDP
field 424-DO** (Diagnosis Code).

Generic Name	Brand Name	Description of Diagnosis	ICD-10-CM Diagnosis Code
Doxepin Cream	Prudoxin®, Zonalon®	Atopic Dermatitis	L20*
		Lichen Simplex Chronicus	L28.0

*any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM
diagnosis code

Pharmacy claims submitted with a missing or invalid diagnosis code will deny with the following:

<u>FFS Only:</u>   **NCPDP reject code 39** (Missing or Invalid Diagnosis Code) mapped to

<u>FFS Only:</u>   **EOB code 575** (Missing or Invalid Diagnosis Code).

<u>MCO Only:</u> The pharmacy claim will deny with a **NCPDP rejection code**.

Note: The numeric diagnosis code must be documented on the prescription by either the prescriber or the pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile.

The diagnosis code requirement at POS has been removed for lenalidomide (Revlimid®) and lumacaftor/ivacaftor (Orkambi®).

<u>Therapeutic Duplication</u>

Pharmacy claims for doxepin cream, Prudoxin®, and Zonalon® will deny with a therapeutic duplication if there is an active claim on the recipient's file for doxepin cream, Prudoxin®, or Zonalon®.

A pharmacy claim for a Glucagon-Like Peptide-1 (GLP-1) receptor agonist will deny with a therapeutic duplication if there is an active claim on the recipient's file for a Dipeptidyl Peptidase-4 (DPP-4) inhibitor. A pharmacy claim for a DPP-4 inhibitor will deny with a therapeutic duplication if there is an active claim on the recipient's file for a GLP-1 receptor agonist.

A pharmacy claim for a sulfonylurea will deny if there is an active claim on the recipient's file for another sulfonylurea.

Pharmacy claims rejecting due to a therapeutic duplication will deny with the following:

<u>FFS Only:</u>   **NCPDP reject code 88** (DUR Reject Error) mapped to

<u>FFS Only:</u>   **EOB code 482** (Therapeutic Duplication).

<u>MCO Only:</u> The pharmacy claim will deny with a **NCPDP rejection code**.

Override Procedure for Therapeutic Duplication of GLP-1 receptor agonists with DPP-4 inhibitors

FFS Only: After consultation with the prescriber, the pharmacist may override the therapeutic duplication denial if deemed medically necessary. The pharmacist may override the claim denial by submitting the following at POS:

NCPDP 439-E4 Field (Reason for Service Code) **TD** (Therapeutic Duplication)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

MCO Only: If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

Age Limits
Pharmacy claims for doxepin cream (Prudoxin®, Zonalon®) will deny when the recipient is less than 18 years old with the following at POS:

FFS Only: **NCPDP reject code 60** (Product/Service Not Covered for Patient Age)
  mapped to
FFS Only: **EOB code 234** (P/F Age Restriction).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Quantity Limits
Pharmacy claims for select agents are subject to the following quantity limits.

Generic Name	Brand Name	Quantity Limit
Doxepin Cream	Prudoxin®, Zonalon®	45 g/30 days
Tolvaptan	Samsca® 15mg	30 tablets/30 days
	Samsca® 30 mg	60 tablets/30 days
Penicillamine	Cuprimine®	240 capsules/30 days
	Depen®	240 tablets/30 days

Pharmacy claims, which exceed the maximum quantity limit, will deny with the following:

FFS Only: **NCPDP reject code 76** (Quantity and/or days' supply exceeds program maximum) mapped to
FFS Only: **EOB code 457** (Quantity and/or days' supply exceeds program maximum).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Override Procedure for Exceeding the Quantity Limit for Penicillamine (Cuprimine® and Depen®)

FFS Only: Upon consultation with the prescriber to verify the necessity of exceeding the quantity limit, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)

MCO Only: If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

Clinical Authorization
Pharmacy claims for select agents require clinical authorization. The select agents requiring clinical authorization are listed in the following chart.

Clinical Authorization Required	
Generic Name	**Brand Name**
Brexanolone	Zulresso®
Carglumic Acid	Carbaglu®
Crofelemer	Mytesi®
Deflazacort	Emflaza®
Elexacaftor/Ivacaftor/ Tezacaftor	Trikafta®
Glycerol Phenylbutyrate	Ravicti®
Golodirsen	Vyondys 53®
Penicillamine	Cuprimine®, Depen®
Sodium Phenylbutyrate	Buphenyl®
Tolvaptan	Jynarque®, Samsca®

Pharmacy claims submitted without an approved clinical authorization will deny at Point of Sale (POS) with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to

FFS Only: **EOB code 066** (Clinical Authorization Required).

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Override Procedure for Clinical Authorization

FFS Only: Override provisions should be addressed through the Clinical Authorization process.

MCO Only: If additional assistance is needed, contact the health plan. (See contact information at the end of this document.)

Additional Information

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, "**03**" can be entered in **NCPDP field 418-DI** (Level of Service). Refer to www.lamedicaid.com for the POS User Guide for drug specific override procedures.

MCO Only: If an override is required, or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

MCO and FFS: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form,* medication, and criteria.

The following chart provides a summary of the clinical edits for the May 15, 2020 implementation.

Generic Name	Brand Name	Age Limit	Clinical Authorization	Diagnosis Code Requirement	Maximum Dose	Quantity Limit	Therapeutic Duplication	Updates to Current Criteria
Brexanolone	Zulresso®		X					
Carglumic Acid	Carbaglu®		X					
Crofelemer	Mytesi®		X					
Deflazacort	Emflaza®		X					
Doxepin Cream	Prudoxin®, Zonalon®	X		X		X	X	
Elexacaftor/Ivacaftor/ Tezacaftor	Trikafta®		X					
Eteplirsen	Exondys 51®							X
Glycerol Phenylbutyrate	Ravicti®		X					
Golodirsen	Vyondys 53®		X					
Ivacaftor	Kalydeco®							X
Lumacaftor/Ivacaftor	Orkambi®							X
Penicillamine	Cuprimine®, Depen®		X			X		
Sodium Phenylbutyrate	Buphenyl®		X					
Tezacaftor/Ivacaftor	Symdeko®							X
Tolvaptan	Jynarque®		X					
Tolvaptan	Samsca®		X			X		
Classes of Medications								
Behavioral Health Agents Not on PDL/NPDL								X
Cytokine and CAM Antagonists								X
DPP-4 Inhibitors							X	
GLP-1 Agonists							X	
Glucocorticoids, Oral								X
Sulfonylureas							X	

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	DXC Technology	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

MB/MBW/GJS

c: Healthy Louisiana Plans
        Melwyn B. Wendt
        DXC Technology