John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: April 1, 2021

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director Tara A. LeBlanc

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Edits for April 2021

Effective April 7, 2021, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review Board (DUR), will implement Point of Sale (POS) edits for select medications. The edits apply to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Edits

Point of Sale edits will be applied to the following agents, medications, and therapeutic classes.

- Albuterol and Levalbuterol – **Quantity Limit**
- Crisaborole (Eucrisa®) – **Quantity Limit and Prior Use**
- Cannabidiol (Epidiolex®) – **Prior Use**
- Lofexidine (Lucemyra®) – **Age Limit, Diagnosis Code, Maximum Daily Dose, and Quantity Limit**
- Naltrexone Tablets – **Age Limit, Diagnosis Code, Drug-Drug Interaction, and Therapeutic Duplication**
- Oxybate Salts (Calcium, Magnesium, Potassium and Sodium) Oral, (Xywav™) – **Therapeutic Duplication**
- Skeletal Muscle Relaxants – **Age Limit and Quantity Limit**
- **POS Updates**

Quantity Limit

Pharmacy claims for agents which exceed the maximum quantity limit will deny with:

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

FFS Only: **NCPDP rejection error 76** (Plan Limitations Exceeded) mapped to **EOB Code 457** (Quantity and/or days' supply exceeds program maximum).

Excluding skeletal muscle relaxants*, 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)

*Overrides for skeletal muscle relaxants are available through the prior authorization process.

Maximum Daily Dose
Pharmacy claims which exceed the maximum daily dose will deny with:

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

FFS Only: **NCPDP rejection error 88** (DUR Reject Error) mapped to **EOB Code 529** (Exceeds maximum daily dose)

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **HD** (Maximum Daily Dose)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Age Limit
Pharmacy claims for agents outside the covered age will deny with:

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

FFS Only: **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age) mapped to **EOB code 234** (P/F Age Restriction)

Override for Skeletal Muscle Relaxants: After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) **PA** (Drug-Age)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Diagnosis Codes

A pharmacy claim will deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in **NCPDP field 424-DO** (Diagnosis Code) with:

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

FFS Only: **NCPDP rejection code 39** (Missing or Invalid ICD-10-CM diagnosis code) mapped to **EOB Code 575** (Missing or Invalid ICD-10-CM diagnosis code).

Therapeutic Duplication

Pharmacy claims with a therapeutic duplication will have the following denial:

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

FFS Only: **NCPDP rejection code 88** (DUR reject code) mapped to **EOB code 482** (Therapeutic Duplication-TD).

After consultation with the prescriber, the pharmacist may override the therapeutic duplication denial. This consultation is necessary to confirm that the (1) prescriber is aware of the current claim and/or (2) the addition of a second agent is necessary (i.e. change in therapy). The pharmacist may submit the following codes at POS to override the claim denial, if the prescriber deems the therapeutic duplication medically necessary:

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)

Drug-Drug Interaction

Pharmacy claims with a drug-drug interaction will deny with the following:

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

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 471** (Drug to Drug Interaction).

After consultation with the prescriber to verify the necessity of concurrent therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **DD** (Drug-Drug Interaction)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Prior Use

Pharmacy claims for prior use which do not meet prior use requirements (for the select drug) will deny with the following:

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

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to a drug specific prior use **EOB Code.** (See Enclosure.)

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

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

Additional Information

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

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 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 list, and criteria.

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

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	Gainwell Technologies	(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.

TL/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies
Enclosure

Point of Sale Edits for Select Drugs-April 2021

Albuterol and Levalbuterol

Albuterol and levalbuterol inhalers are subject to a quantity limit of 6 inhalers per 365 days.

Pharmacy claims for albuterol and levalbuterol inhalers will bypass the yearly quantity limit (6 inhalers) when submitted with an appropriate bypass diagnosis code.

Bypass Diagnosis Codes for the Quantity Limit for Albuterol and Levalbuterol Inhalers

Generic – **Brand Example**	**Diagnosis Description**	**ICD-10-CM Diagnosis Code(s)**
Albuterol – ProAir HFA®, Proventil HFA®, Ventolin HFA® **YQ** Levalbuterol – Xopenex HFA® **YQ** *Yearly Quantity Limit (YQ)* *Applies to FFS and All MCOs*	Bronchitis, not specified	J40
	Chronic Airway Obstruction	J44.9
	Cystic Fibrosis	E84.*
	Emphysema	J43.*
	Obstructive Chronic Bronchitis, Chronic Obstructive Asthma	J44.*
* – any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code		

Crisaborole (Eucrisa®)

Pharmacy claims for crisaborole (Eucrisa®) are subject to a quantity limit of 300 gm per rolling 365 days.

Pharmacy claims for crisaborole (Eucrisa®) are subject to a prior use edit. If there is no evidence of prior use of crisaborole (Eucrisa®), a topical corticosteroid or a topical calcineurin inhibitor within the previous 180 days, pharmacy claims submitted for crisaborole (Eucrisa®), will deny with the following:

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

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to
EOB Code 281 (Prior Use of Topical Steroid/Calcineurin Inhibitor)

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Cannabidiol (Epidiolex®)

Pharmacy claims for cannabidiol (Epidiolex®) have a prior use requirement (in a previous 365-day period) of the following:

- **ONE** paid claim for cannabidiol (Epidiolex®); **OR**
- A paid claim in the previous 365 days for at least **TWO** of the following agents (brand/generic or preferred/non-preferred formulations) below:
  - Clobazam
  - Felbamate
  - Lamotrigine
  - Levetiracetam
  - Rufinamide
  - Topiramate
  - Valproate derivatives

If there is no evidence of prior use of cannabidiol (Epidiolex®) or two of the specified anticonvulsants (brand/generic or preferred/non-preferred) within the previous 365 days, pharmacy claims submitted for cannabidiol (Epidiolex®), will deny with the following:

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

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to
EOB Code 214 (Prior Use Anticonvulsant)

Upon consultation with the prescriber to verify the necessity of the requested therapy, the pharmacist may override the denial by submitting the following override at POS:

NCPDP 439-E4 field (Reason for Service Code) **PP** (Plan Protocol)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Lofexidine (Lucemyra®)

Pharmacy claims for lofexidine (Lucemyra®) will deny for recipients 17 years or younger.

Pharmacy claims for lofexidine (Lucemyra®) are subject to a maximum daily dose of 2.88 mg (16 tablets) per day.

Pharmacy claims for lofexidine (Lucemyra®) tablets are limited to a 14-day supply (224 tablets) per 6-month period (180 days).

Pharmacy claims for lofexidine (Lucemyra®) have the following diagnosis code requirement. (See chart below)

Generic – Brand Example	**Diagnosis Description**	**ICD-10-CM Diagnosis Code(s)**
Lofexidine – Lucemyra®	Opioid abuse with withdrawal	F11.13
	Opioid dependence with withdrawal	F11.23
	Opioid use, unspecified with withdrawal	F11.93

Naltrexone Tablets

Pharmacy claims for naltrexone tablets will deny for recipients 17 years or younger.

Pharmacy claims for naltrexone tablets have the following diagnosis code requirement. (See chart below.)

Generic Name	**Diagnosis Description**	**ICD-10-CM Diagnosis Code(s)**
Naltrexone Tablets	Opioid dependence	F11.2*
	Alcohol dependence	F10.2*
	* – any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD–10–CM diagnosis code	

Pharmacy claims for naltrexone tablets will deny at Point of Sale (POS) with a drug-drug interaction when there is an active claim on the recipient's file for an opioid or buprenorphine-containing product. Pharmacy claims for opioids or buprenorphine-containing products will deny with a drug-drug interaction when there is an active claim on the recipient's file for naltrexone tablet.

Incoming pharmacy claims for any naltrexone agent will deny for therapeutic duplication when the recipient has an active prescription on file for any other naltrexone agent.

Oxybate Salts (Calcium, Magnesium, Potassium and Sodium) Oral, (Xywav™)

Incoming prescriptions for oxybate salts (calcium, magnesium, potassium and sodium) oral, (Xywav™) will deny with a therapeutic duplication when there is an active prescription on the recipient's file for a CNS depressant medication, whether as a single entity or as a component of a combination product. An active prescription is a prescription in which the days' supply has not expired. Alternately, incoming prescriptions for a CNS depressant medication will deny with a therapeutic duplication when there is an active prescription on the recipient's file for oxybate salts (calcium, magnesium, potassium and sodium) oral, (Xywav™).

MCO Only: Overrides are available through the prior authorization process.

Skeletal Muscle Relaxants

Pharmacy claims for skeletal muscle relaxants that contain codeine (carisoprodol-aspirin-codeine) will deny at the POS if the recipient is less than 12 years of age.

Pharmacy claims for skeletal muscle relaxants are subject to a quantity limit. (See chart below.)

Medication	Quantity Limit per 30 days
Baclofen 10mg	120 Units
Baclofen 20mg	120 Units
Cyclobenzaprine 5mg	90 Units
Cyclobenzaprine 7.5mg	90 Units
Cyclobenzaprine 10mg	90 Units
Cyclobenzaprine 15mg	30 Units
Cyclobenzaprine 30mg	30 Units
Tizanidine 2mg	90 Units
Tizanidine 4mg	90 Units
Tizanidine 6mg	180 Units

FFS and MCO: Overrides are available through the prior authorization process.

POS Updates

- The diagnosis code requirement for somatropin was removed at POS and is included in the criteria.
- There is a 3-month (84 day) duration of therapy edit at POS for sofosbuvir/velpatasvir (Epclusa®) – Generic.
- There are clinical criteria updates for the following agents:
    - Tofacitinib (Xeljanz®) has a new indication of polyarticular juvenile idiopathic arthritis and new formulation.
    - Golimumab (Simponi Aria®) has a new indication.
    - Ivacaftor (Kalydeco®) has a modified age requirement for cystic fibrosis (CF) mutation.
    - C1 esterase inhibitor-human (Haegarda®) has a modified age requirement in routine prophylaxis against hereditary angioedema attacks.
    - Cefiderocol (Fetroja®) has a new indication of hospital-acquired bacterial pneumonia, and ventilator-associated bacterial pneumonia.
    - Voxelotor (Oxbryta®) has updated clinical criteria.
- There are quantity limits on the following acne agents:
    - Tretinoin cream (0.05% and 0.1%) – 45 gm/30 days
    - Sulfacetamide sodium/sulfur cleanser (9%-4%) – 473 ml/30 days
    - Sulfacetamide sodium/sulfur cleanser (9.8%-4.8%) – 285 gm/30 days
    - Sulfacetamide sodium/sulfur suspension (10%-5%) – 30gm/30 days