



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

MEMORANDUM

DATE: December 21, 2023

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Interim Medicaid Executive Director *KLS*

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Edits for Buprenorphine Extended-Release Injection (Brixadi™)

Effective January 1, 2024, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement Point of Sale (POS) edits for buprenorphine extended-release injection (Brixadi™). The authorization applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Pharmacy claims for buprenorphine extended-release injection (Brixadi™) are subject to the following edits:

- Age limit
- Concurrent Use
- Drug-drug interaction
- Therapeutic Duplication
- Quantity Limits

Point of Sale Age Limit for Brixadi™

An incoming pharmacy claim for buprenorphine extended-release injection (Brixadi™) will deny when the recipient is less than 18 years of age on the date of service with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code 60** (Product/Service Not Covered for Patient Age).

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

No override provisions at Point of Sale.

Point of Sale Concurrent Use Edit of Brixadi™ with Benzodiazepines or Opioids

An incoming pharmacy claim for buprenorphine extended-release injection (Brixadi™) will not deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a benzodiazepine or opioid prescription. However, an incoming pharmacy claim for a benzodiazepine or opioid will deny if the recipient has an active prescription for buprenorphine extended-release injection (Brixadi™) with the following:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code 88** (DUR Reject Error).

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 423** (Additive Toxicity).

FFS and MCO Override: 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) **AT** (Additive Toxicity)

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

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

Point of Sale Drug-Drug Interaction of Brixadi™ with Naltrexone Products

An incoming pharmacy claim for buprenorphine extended-release injection (Brixadi™) will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any naltrexone tablets or naltrexone extended-release injectable suspension (Vivitrol®) and vice versa. The pharmacy claim will deny with the following:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code 88** (DUR Reject Error).

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

FFS and MCO Override: After 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) **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)

Point of Sale Therapeutic Duplication of Brixadi™ with any Other Buprenorphine or Buprenorphine/Naloxone Agents

An incoming pharmacy claim for buprenorphine extended-release injection (Brixadi™) will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other buprenorphine or buprenorphine/naloxone agents with the following:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code 88** (DUR Reject Error).

FFS Only: **NCPDP rejection code** mapped to **EOB code 482** (Therapeutic Duplication).

FFS and MCO Override: After 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:

439-E4 Field (Reason for Service Code) **TD** (Therapeutic Duplication)

440-E5 Field (Professional Service Code) **MØ** (Prescriber Consulted)

441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval).

Note: If the prescriptions are written by the same prescriber, the denial can be overridden at POS. If the prescriptions are written by different prescribers, the incoming claim will deny with no POS override.

Point of Sale Quantity Limit for Brixadi™

The quantity limits for buprenorphine extended-release injection (Brixadi™) are listed in the chart below.

Medication	Quantity Limit
Buprenorphine Extended-Release Injection (Brixadi™) 8mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 16mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 24mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 32mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 64mg (monthly)	1 unit/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 96mg (monthly)	1 unit/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 128mg (monthly)	1 unit/21 days

Note: A quantity limit override option is not available for buprenorphine extended-release injection (Brixadi™) agents. Refer to the end of the document under “Additional Information,” if an override is needed.

Additional Information:

FFS and MCO: 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 and override procedures.

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.

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, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Magellan	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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.

KS/MBW/GJS

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