



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

MEMORANDUM

DATE: October 27, 2023
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Kimberly Sullivan, Interim Medicaid Executive Director *KLS*
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Prior Use Requirement- October 2023

Effective October 28, 2023, 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 new Point of Sale (POS) prior use requirements on select drugs. The prior use requirement applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare). On October 28, 2023, Magellan Medicaid Administration (MMA) will serve as the Pharmacy Benefits Manager (PBM) for MCO pharmacy claims

An incoming pharmacy claim for an agent will require evidence of previous use or a paid claim for the requested medication or another medication within the same therapeutic class.

Pharmacy claims for drugs subject to a prior use requirement, which have no evidence of prior use will deny at POS 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 531** (Drug Use Not Warranted.)

Override provisions are available if the prescriber needs to override the edit. After consultation with the prescriber to verify medical necessity, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 field (Reason for Service Code) – **NN** (Unnecessary Drug)
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 Prior Drug Use Requirement for Aripiprazole (Abilify Asimtufii®)

An incoming pharmacy claim for aripiprazole (Abilify Asimtufii®) will deny if there is no evidence in paid claims of at least one claim of oral aripiprazole or any aripiprazole injectable product in the previous 365 days. If there is no evidence of paid claim for either an oral or injectable aripiprazole product in the previous 365 days, the incoming claim will deny.

Point of Sale Prior Drug Use Requirement for Risperidone (Uzedv™)

An incoming pharmacy claim for risperidone (Uzedv™) will deny if there is no evidence in paid claims of at least one claim of oral risperidone or any risperidone injectable product in the previous 365 days. If there is no evidence of paid claim for either an oral or injectable risperidone product in the previous 365 days, the incoming claim will deny.

Point of Sale Prior Drug Use Requirement for Paliperidone (Invega Sustenna®)

An incoming pharmacy claim for paliperidone (Invega Sustenna®) will deny if there is no evidence in paid claims of at least one claim of oral/injectable paliperidone or risperidone product in the previous 365 days. If there is no evidence of paid claim for either an oral/injectable paliperidone or risperidone product in the previous 365 days, the incoming claim will deny.

Point of Sale Prior Drug Use Requirement for Paliperidone (Invega Trinza®)

An incoming pharmacy claim for paliperidone (Invega Trinza®) will deny if there is no evidence in paid claims of **FOUR** claims of paliperidone (Invega Sustenna®) in the previous 120-day period or **ONE** claim for paliperidone (Invega Trinza®) or paliperidone (Invega Hafyera™) in the previous 365 days. If there is no evidence of paid claim(s) for either prior use requirement in the previous 365 days, the incoming claim will deny.

Point of Sale Prior Drug Use Requirement for Risperidone (Perseris®, Risperdal Consta®)

An incoming pharmacy claim for risperidone (Perseris®, Risperdal Consta®) will deny if there is no evidence in paid claims of at least one claim of oral risperidone or any risperidone injectable product in the previous 365 days. If there is no evidence of paid claim for either an oral or injectable risperidone product in the previous 365 days, the incoming claim will deny.

Additional Information:

MCO Only: If an override is required, or additional assistance needed, contact Magellan's pharmacy help desk. (See contact information below.)

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 clinical 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

*On October 23, 2023, the Magellan pharmacy help desk will be the appropriate contact for the MCO plans.

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