John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

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

MEMORANDUM

DATE: March 25, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Prior Use
                 Requirement- April 2022

Effective April 1, 2022, 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 a new Point of Sale (POS) prior use requirement. The prior use requirement applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale (POS) Prior Drug Use Requirement for Paliperidone Palmitate (Invega Hafyera™)

An incoming pharmacy claim for paliperidone palmitate (Invega Hafyera™) will deny if there is no evidence of paid claim(s) for any **ONE** of the medications listed below including the requested medication:

- FOUR (4) claims for Invega Sustenna® in the previous 120-day period; **OR**
- ONE (1) claim for Invega Trinza® in the previous 90-day period; **OR**
- ONE (1) claim for Invega Hafyera™ in the previous 365 days.

If the specified number of claims is not identified within the time period stated above, the incoming pharmacy claim for paliperidone palmitate (Invega Hafyera™) will deny at POS with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to
              EOB code 531 (Drug Use Not Warranted)

After consultation with the prescriber to verify the necessity of the requested therapy, 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) – **M0** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) – **1G** (Filled with Prescriber Approval)

Point of Sale (POS) Prior Drug Use Requirement for Ruxolitinib (Opzelura™)
An incoming pharmacy claim for ruxolitinib (Opzelura™) will deny if there is no evidence of **ONE** paid pharmacy claim in the previous 180 days for any of the following medications:

- Ruxolitinib (Opzelura™); **OR**
- Topical corticosteroid; **OR**
- Topical calcineurin inhibitor.

If there are no claims for the above medications identified within the previous 180 days, the incoming pharmacy claim for ruxolitinib (Opzelura™) will deny at POS with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

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

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

NCPDP 439-E4 Field (Reason for Service Code) – **PP** (Plan Protocol)
NCPDP 440-E5 Field (Professional Service Code) – **M0** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) – **1G** (Filled with Prescriber Approval)

Point of Sale (POS) Prior Drug Use Requirement for Lorazepam (Loreev XR™)
An incoming pharmacy claim for lorazepam (Loreev XR™) will deny if there is no evidence of a pharmacy claim for **ONE** of the following in the most recent 30-day period:
- a quantity of at least 90 lorazepam immediate-release tablets; **OR**
- any quantity of lorazepam (Loreev XR™).

If there is no evidence of either of these claims that would show prior use, then a claim submitted for lorazepam (Loreev XR™) will deny at POS with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to
                    EOB code 362 (Prior Use of Lorazepam)

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) **– PP** (Plan Protocol)
NCPDP 440-E5 Field (Professional Service Code) **– M0** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **– 1G (**Filled with Prescriber Approval)

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.

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	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.

PG/MBW/GJS

c: Healthy Louisiana Plans
        Melwyn B. Wendt
        Gainwell Technologies