



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

**MEMORANDUM**

**DATE:** April 1, 2024  
**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists  
**FROM:** Kimberly Sullivan, Medicaid Executive Director *KCS*  
**SUBJECT:** Louisiana Medicaid Pharmacy Point of Sale Edits for  
Therapeutic Duplication and Prior Use- April 2024

Effective April 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 new Point of Sale (POS) edits for therapeutic duplication and prior use of select medications. The edits apply to pharmacy claims submitted to Gainwell for FFS and to Magellan MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

**Point of Sale Therapeutic Duplication of a GLP-1 Receptor Agonist with Another GLP-1 Receptor Agonist**

An incoming pharmacy claim for a GLP-1 receptor agonist will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other GLP-1 receptor agonist with the following:

Denial from Gainwell (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).

Denial from Magellan (MCO Only): **NCPDP rejection code 88** (DUR Reject Error).

MCO and FFS: After consultation with the prescriber, the pharmacist may override the denial by submitting the following override codes 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)

**Point of Sale Therapeutic Duplication of Risperidone IM Injection (Rykindo®) with any Other Injectable Antipsychotic Agent**

An incoming pharmacy claim for risperidone IM injection (Rykindo®) will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other injectable antipsychotic agents with the following:

Denial from Gainwell (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).

Denial from Magellan (MCO Only): **NCPDP rejection code 88** (DUR Reject Error).

MCO and FFS: After consultation with the prescriber, the pharmacist may override the denial by submitting the following override codes 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)

**Point of Sale Prior Drug Use Requirement for Risperidone IM Injection (Rykindo®)**

An incoming pharmacy claim for risperidone IM injection (Rykindo®) will deny if there is no evidence in paid claims of at least one oral or injectable risperidone claim in the previous 365 days. If there is no evidence of paid claim(s) for either an oral or injectable risperidone product in the previous 365 days, the incoming claim will deny with:

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

Denial from Magellan (MCO Only): **NCPDP 608/50831** Previous use of an oral or injectable form required.

MCO and FFS: After consultation with the prescriber, 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)

**Additional Information:**

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, criteria, and diagnosis code list.

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

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Magellan.

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

<b>Healthcare Provider</b>	<b>Pharmacy Help Desk</b>	<b>Pharmacy Help Desk Phone Number</b>
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