John Bel Edwards
GOVERNOR

Stephen R. Russo, JD
INTERIM SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

M E M O R A N D U M

DATE: February 27, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Michael Boutte, Medicaid Deputy Director

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale (POS) Clinical Edits for March 2020

Effective March 2, 2020, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will implement new clinical edits at Point of Sale (POS). The new clinical requirements apply to pharmacy claims for FFS and Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Clinical Authorization
Pharmacy claims for select agents require a clinical authorization. (See chart at the end of document.)

Pharmacy claims submitted without an approved clinical authorization will deny at Point of Sale (POS) with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to
FFS Only: **EOB code 066** (Clinical Authorization Required).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

FFS Only: Override provisions should be addressed through the Clinical Authorization process.

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

Diagnosis Code Requirement

Pharmacy claims for select agents require a diagnosis code. The agents listed in the following chart will require a valid diagnosis code in **NCPDP field 424-DO** (Diagnosis Code) at Point of Sale (POS).

Medication	Description of Diagnosis	ICD-10-CM Diagnosis Code
Sunosi™ (solriamfetol)	Obstructive Sleep Apnea	G47.33
	Narcolepsy	G47.4*
Wakix® (pitolisant)	Narcolepsy	G47.4*
Rilutek® (riluzole) Tiglutik™ (riluzole) Radicava® (edaravone)	Amyotrophic lateral sclerosis	G12.21
Onpattro® (patisiran) Tegsedi™ (inotersen)	Polyneuropathy of hereditary transthyretin-mediated amyloidosis	E85.1
Myobloc® (rimabotulinumtoxinB)	Chronic sialorrhea	K11.7
Egrifta® (tesamorelin)	Human immunodeficiency virus [HIV] disease	B20

* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code

Pharmacy claims submitted with a missing or invalid diagnosis code will deny with the following:

FFS Only: **NCPDP reject code 39** (Missing or Invalid Diagnosis Code) mapped to
FFS Only: **EOB code 575** (Missing or Invalid Diagnosis Code).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Note: The numeric diagnosis code must be documented on the prescription by either the prescriber or the pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile.

Therapeutic Duplication

1. Pharmacy claims for solriamfetol (Sunosi™) or pitolisant (Wakix®) will deny at POS when there is an active claim on the recipient's file for either solriamfetol (Sunosi™), pitolisant (Wakix®), modafinil (Provigil®) or armodafinil (Nuvigil®). Also, modafinil (Provigil®) and armodafinil (Nuvigil®) should deny at POS when there is an active claim on the recipient's file for either solriamfetol (Sunosi™) or pitolisant (Wakix®).

2. Pharmacy claims for solriamfetol (Sunosi™) or pitolisant (Wakix®) will deny if there is an active claim on the recipient's file for another stimulant or atomoxetine (Strattera®).

Pharmacy claims rejecting due to a therapeutic duplication will deny with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to
FFS Only: **EOB code 482** (Therapeutic Duplication).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**.

Override Procedure for Therapeutic Duplication with Another Stimulant or Atomoxetine (Strattera®)

FFS Only: 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 active stimulant claim and (2) the addition of a different stimulant is necessary (i.e. change in therapy). The pharmacist may override the claim denial after consultation with the prescriber by submitting:

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)

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

Concurrent Use

Pharmacy claims for solriamfetol (Sunosi™) or pitolisant (Wakix®) will deny if there is an active claim on the recipient's file for a sedative hypnotic. Pharmacy claims for a sedative hypnotic will deny if there is an active claim on the recipient's file for solriamfetol (Sunosi™) or pitolisant (Wakix®).

Pharmacy claims rejecting due to concurrent use will deny at POS with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to
FFS Only: **EOB code 423** (Additive Toxicity).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code.**

Override Procedure for Concurrent Use

FFS Only: 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)

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

Age Limits
Pharmacy claims for solriamfetol (Sunosi™) or pitolisant (Wakix®) will deny when the recipient is less than 18 years old with the following:

FFS Only: **NCPDP reject code 60** (Product/Service Not Covered for Patient Age) mapped to
FFS Only: **EOB code 234** (P/F Age Restriction).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code.**

Prior Use
Pharmacy claims for semaglutide (Rybelsus®) will require previous use of metformin or a paid claim for semaglutide (Rybelsus®) or another Incretin Mimetic Enhancers. An incoming claim for semaglutide (Rybelsus®) will deny if there is no evidence of a paid claim(s) for at least 90 days of metformin therapy in the previous 180-day period or if there is no evidence of paid claims of at least 60 days of semaglutide (Rybelsus®) or other Incretin Mimetic/Enhancers within the previous 90 days.

Pharmacy claims with no prior use of metformin or a paid claim for semaglutide (Rybelsus®) or another Incretin Mimetic/Enhancers will deny with the following:

FFS Only: **NCPDP reject code 88** (DUR Reject Error) mapped to
FFS Only: **EOB code 563** (Requires Prior Use of Metformin).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code.**

Override Procedure for No Prior Use of Metformin

Overrides are available if authorized by the prescriber. 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)

Quantity Limits
Pharmacy claims for select agents are subject to quantity limits as listed in the following chart.

Generic Name	Brand Name	Quantity Limit
Zoledronic Acid	Reclast®	1 vial/365 days
Dextromethorphan/Quinidine	Nuedexta®	60 tablets/30 days
Tafamidis	Vyndagel®	120 capsules/30 days
Tafamidis	Vyndamax®	30 capsules/30days

Pharmacy claims, which exceed the maximum quantity limit, will deny with the following:
FFS Only: **NCPDP reject code 76** (Quantity and/or days' supply exceeds program maximum) mapped to
FFS Only: **EOB code 457** (Quantity and/or days' supply exceeds program maximum).
MCO Only: The pharmacy claim will deny with a **NCPDP rejection code.**

Override Procedure for Exceeding the Quantity Limit

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) **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)

Modification of Clinical Criteria
Mepolizumab injection (Nucala®) and nusinersen (Spinraza®) have modified clinical criteria. Nusinersen (Spinraza®) has a specific prior authorization (PA) form.

Additional Information
FFS Only: Most pharmacy claim denials can be overridden in emergency situations through Point of Sale. If 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 requested or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

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, and criteria.

The following chart provides a summary of the clinical edits for the March 2, 2020 implementation.

Generic Name	Brand Name	Clinical Authorization	Diagnosis Code Requirement	Therapeutic Duplication	Concurrent Use	Age Limit	Prior Use of Metformin	Quantity Limit
Cannabidiol	Epidiolex®	x						
Caplacizumab-yhdp	Cablivi®	x						
Corticotropin	Acthar®	x						
Dextromethorphan/ Quinidine	Nuedexta®	x						x
Edaravone	Radicava®		x					
Elosulfase alfa	Vimizim®	x						
Galsulfase	Naglazyme®	x						
Idursulfase	Elaprase®	x						
Inotersen	Tegsedi®		x					
Laronidase	Aldurazyme®	x						
Mepolizumab*	Nucala®							
Nusinersen*	Spinraza®							
Pamidronate Disodium		x						
Patisiran	Onpattro®		x					
Pitolisant	Wakix®		x	x	x	x		
Riluzole	Rilutek®		x					
Riluzole	Tiglutik®		x					
RimabotulinumtoxinB**	Myobloc®		x					
Semaglutide	Rybelsus®						x	
Siponimod	Mayzent®	x						
Solriamfetol	Sunosi®		x	x	x	x		
Tafamidis	Vyndamax™, Vyndaqel®	x						x
Teduglutide	Gattex®	x						
Tesamorelin	Egrifta®		x					
Upadacitinib	Rinvoq®	x						
Vestronidase alfa-vjbk	Mepsevii®	x						
Zoledronic acid	Reclast®	x						x

*The drug has modified clinical criteria.
**Update current POS diagnosis code requirement

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	DXC Technology	(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.

MB/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
DXC Technology