



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

MEMORANDUM

DATE: February 24, 2025
TO: All Louisiana Medicaid Prescribing Providers and Pharmacists
FROM: Kimberly Sullivan, Medicaid Executive Director *KLS*
SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Therapeutic Duplication – March 2025

Effective March 1, 2025, 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 select medications. The edits apply to pharmacy claims submitted to Gainwell Technologies for FFS and to Prime Therapeutics, LLC for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

Point of Sale Therapeutic Duplication of :

1.) Calcitonin Gene-Related Peptide (CGRP) Antagonist Injectable Agent with Another CGRP Antagonist Injectable Agent

An incoming pharmacy claim for an injectable CGRP antagonist will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other injectable CGRP antagonist.

Pharmacy claims with a therapeutic duplication will deny at POS with the following:

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

- Denial from Prime Therapeutics, LLC (MCO Only): **NCPDP rejection code 88** (DUR Reject Error) **mapped to internal error code 31141: with additional message: TD-Therapeutic Duplication/Overlap-PA Required.**

2.) Calcitonin Gene-Related Peptide (CGRP) Antagonist Oral/Nasal Agent with another CGRP Antagonist Oral/Nasal Agent

An incoming pharmacy claim for an oral/nasal CGRP antagonist will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other oral/nasal CGRP antagonist.

Pharmacy claims with a therapeutic duplication will deny at POS with the following:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).
- Denial from Prime Therapeutics, LLC (MCO Only): **NCPDP rejection code 88** (DUR Reject Error) **mapped to internal error code 31141: with additional message: TD-Therapeutic Duplication/Overlap-PA Required.**

3.) Paliperidone Palmitate (Erzofri™) with any other Injectable Antipsychotic Agent

An incoming pharmacy claim for paliperidone palmitate (Erzofri™) 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.

Pharmacy claims with a therapeutic duplication will deny at POS with the following:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).
- Denial from Prime Therapeutics, LLC (MCO Only): **NCPDP rejection code 88** (DUR Reject Error) **mapped to internal error**

code 31141: with additional message: *TD-Therapeutic Duplication/Overlap-Submit DUR Codes.*

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)

4.) Xanomeline Tartrate/Trospium Chloride (Cobenfy™) with any other Oral or Transdermal Antipsychotic Agent

An incoming pharmacy claim for xanomeline tartrate/trospium chloride (Cobenfy™) will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other oral or transdermal antipsychotic agent.

Pharmacy claims with a therapeutic duplication will deny at POS with the following:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).
- Denial from Prime Therapeutics, LLC (MCO Only): **NCPDP rejection code 88** (DUR Reject Error) **mapped to internal error code 31141: with additional message: *TD-Therapeutic Duplication/Overlap-Submit DUR Codes.***

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)

5.) Clonidine ER Oral Suspension (Onyda™ XR) with other Long-Acting ADD/ADHD

Agents

An incoming pharmacy claim for clonidine ER oral suspension (Onyda™ XR) will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any other long-acting ADD/ADHD agent.

Pharmacy claims with a therapeutic duplication will deny at POS with the following:

- Denial from Gainwell Technologies (FFS Only): **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 482** (Therapeutic Duplication).
- Denial from Prime Therapeutics, LLC (MCO Only): **NCPDP rejection code 88** (DUR Reject Error) **mapped to internal error code 31141: with additional message: TD-Therapeutic Duplication/Overlap-Submit DUR Codes.**

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)

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 Prime Therapeutics, LLC.

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	Prime Therapeutics, LLC	(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: Gainwell Technologies
Healthy Louisiana Plans
Kolynda Parker
Melwyn B. Wendt
Prime Therapeutics, LLC