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State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: November 13, 2014

TO: All Louisiana Medicaid Providers

FROM: J. Ruth Kennedy, Medicaid Director

SUBJECT: Edits on buprenorphine/naloxone tab (Zubsolv®), oxycodone 7.5/acetaminophen 325mg (Xartemis XR®), fentanyl nasal solution (Lazanda®), and fentanyl sublingual liquid (Subsys®) for La. Medicaid Pharmacy Program

Effective November 19, 2014, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established edits on buprenorphine/naloxone tab (Zubsolv®), oxycodone 7.5/acetaminophen 325mg (Xartemis XR®), fentanyl nasal solution (Lazanda®), and fentanyl sublingual liquid (Subsys®).

Edits on buprenorphine/naloxone tab (Zubsolv®)

New Prescription Requirement

Only original prescriptions for Zubsolv® are allowed. The physician must authorize a new prescription each time Zubsolv® is needed. Refills for Zubsolv® will deny.

Age Requirement

Zubsolv® therapy is indicated for patients sixteen years of age and older. Claims for recipients less than sixteen years of age will deny.

ICD-9-CM Diagnosis Code Requirements

An appropriate ICD-9-CM diagnosis code indicating opioid dependence must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system by the pharmacist or physician. Written or verbal consultation with the pharmacist is acceptable. Prescription claims for Zubsolv® shall be submitted with a diagnosis code in the following ranges:

ICD-9-CM Diagnosis Code Ranges	Diagnosis Description
304.0 through 304.03	Opioid Type Dependence
304.7 through 304.73	Combinations of Opioid Type Durg with Any Other (Dependence)

Prescription claims submitted with diagnosis codes for opioid abuse or any other diagnosis codes outside of the above specified ranges will deny. There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

Maximum Daily Dosage Requirements

- Beginning with the first Zubsolv® claim submitted with a date of service on or after November 19, 2014, a maximum of up to 17.1mg/day (based on buprenorphine) is allowed per recipient for an initial ninety consecutive day period.
- After the initial ninety day period, a maximum daily dose of up to 11.4mg/day (based on buprenorphine) is allowed per recipient.

Concurrent Opioid Analgesic and/or Benzodiazepine Therapies

- Concurrent opioid analgesic, benzodiazepine, and/or any buprenorphine containing agent prescriptions written by a different prescriber for recipients on Zubsolv® will deny. There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.
- Incoming prescriptions for Zubsolv® will deny when there is an active prescription for any buprenorphine containing agent on the recipient's file. There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.
- When a recipient has an active prescription for any opioid analgesic and/or any buprenorphine containing agent by the same prescriber, the incoming prescription will deny as a therapeutic duplication. The pharmacist must contact the physician for his/her authorization to assure the physician wants concurrent therapy before overriding the denial edit and filling the incoming prescription.

Physician Prescriber Requirements for Zubsolv®

- The prescriber must be a physician.
- The physician prescriber must have an "X" DEA number.
- The physician prescriber must be licensed to prescribe buprenorphine products.
- The physician prescriber must provide a copy of his/her current Controlled Substance Registration Certificate, containing an "X" DEA number to Provider Enrollment.

Contact Molina for provider enrollment information at (225) 216-6370.

Quantity Limits on Oxycodone 7.5/acetaminophen 325mg (Xartemis XR®)

Pharmacy claims for Xartemis XR® will have quantity limits of 60 units every rolling 15 days. Claims will deny at Point of Sale (POS) when quantity limits are exceeded with:

> **NCPDP reject code 76 (Quantity and/or days' supply exceeds program maximum) mapped to**
> **EOB code 457 (Quantity and/or days' supply exceeds program maximum)**

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

Age Limits on fentanyl nasal solution (Lazanda®) and fentanyl sublingual liquid (Subsys®)

Pharmacy claims for Lazanda® and Subsys® will deny when the recipient is 17 years old or younger at POS with:

NCPDP reject code 60 (Product/Service Not Covered for Patient Age) mapped to EOB code 234 (P/F Age Restriction)

There are no override provisions through the Point of Sale (POS) system using NCPDP service codes.

Compliance associated with program policy will be verified through our Louisiana Medicaid Pharmacy Compliance Audit Program.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980, or refer to www.lamedicaid.com.

MCJ/MBW/ESF

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