Department of Health and Hospitals Bureau of Health Services Financing

MEMORANDUM

DATE: August 21, 2014

TO: All Louisiana Medicaid Providers

FROM: Ruth Kennedy, Medicaid Director

SUBJECT: New Edits on Antipsychotic Medications for La Medicaid Pharmacy Program

The purpose of this memo is to advise you that effective September 9, 2014, the Louisiana Medicaid Pharmacy Program in collaboration with our Medicaid Drug Utilization Review (DUR) Board has established diagnosis code requirements on all antipsychotic medication prescriptions as well as age and dosage limits on Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine).

Diagnosis Code Requirement on All Antipsychotic Medications

Pharmacy claims for all antipsychotic medication prescriptions should deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in NCPDP field 424-DO (Diagnosis Code) with:

NCPDP rejection code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)

Appropriate diagnosis codes are:

Drug Name	Covered ICD-9-CM	Diagnosis Description
Aripiprazole (Abilify®) Oral	Diagnosis Codes 295-295.95 ^a	Schizophrenia
	296.0-296.16 ^b , 296.4-296.89 ^c	Bipolar Disorder
	296.2-296.36 ^d	Major Depressive Disorder
	299.0, 299.00, 299.01	Irritability in Autistic Disorder
Aripiprazole (Abilify®) Injection	295-295.95 ^a	Agitation in Schizophrenia
	296.0- 296.16 ^b , 296.4-296.46 ^e ,	Agitation in Bipolar Disorder
	296.6-296.66 ^f	Manic or Mixed
Aripiprazole (Abilify Maintena®)	295-295.95 ^a	Schizophrenia
Injection Suspension		
Asenapine (Saphris®)	295-295.95 ^a	Schizophrenia
	296.0-296.16 ^b , 296.4-296.46 ^e ,	Bipolar Disorder Manic or Mixed
	296.6-296.66 ^f	
Clozapine (Clozaril®, FazaClo®,	295-295.95 ^a	Schizophrenia
Versacloz [®])	295-295.95 ^a	Recurrent suicidal behavior in Schizophrenia
	295.7- 295.75 ^g	Recurrent suicidal behavior in
		Schizoaffective Disorder
Iloperidone (Fanapt®)	295-295.95 ^a	Schizophrenia

Drug Name	Covered ICD-9-CM Diagnosis Codes	Diagnosis Description
Lurasidone (Latuda®)	295-295.95 ^a	Schizophrenia
Zurusiuone (Zuruuu)	296.5-296.56 ^h	Bipolar Depression
Olanzapine (Zyprexa [®] , Zyprexa	295-295.95 ^a	Schizophrenia
Zydis [®]) Oral	296.0-296.16 ^b , 296.4-296.89 ^c	Bipolar Disorder
Olanzapine (Zyprexa®) Injection	295-295.95 ^a	Agitation in Schizophrenia
	296.0-296.16 ^b , 296.4-296.46 ^e	Agitation in Bipolar Mania
Olanzapine (Zyprexa Relprevv [®]) Injection Suspension	295-295.95 ^a	Schizophrenia
Olanzapine/Fluoxetine (Symbyax®)	296.2-296.36 ^d , 296.80, 296.82, 296.89, 300.4, 311	Depression
	296.5-296.56 ^h	Bipolar Depression
Paliperidone (Invega®) Oral	295-295.95 ^a	Schizophrenia
	295.7-295.75 ^g	Schizoaffective Disorder
Paliperidone (Invega Sustenna®) Injection Suspension	295-295.95 ^a	Schizophrenia
Quetiapine (Seroquel®)	295-295.95 ^a	Schizophrenia
	296.0-296.16 ^b , 296.4-296.46 ^e	Bipolar Mania
	296.5-296.56 ^h	Bipolar Depression
Quetiapine ER (Seroquel XR®)	295-295.95 ^a	Schizophrenia
	296.0-296.16 ^b , 296.4-296.89 ^c	Bipolar Disorder
	296.2-296.36 ^d	Major Depressive Disorder
Risperidone (Risperdal®,	295-295.95 ^a	Schizophrenia
Risperdal M-Tab [®]) Oral	296.0-296.16 ^b , 296.4-296.46 ^e , 296.6-296.66 ^f	Bipolar Disorder Manic or Mixed
	299.0, 299.00, 299.01	Irritability in Autistic Disorder
Risperidone (Risperdal Consta®)	295-295.95 ^a	Schizophrenia
Injection Suspension	296.0-296.16 ^b , 296.4-296.89 ^c	Bipolar Disorder
Ziprasidone (Geodon®) Oral	295-295.95 ^a	Schizophrenia
	296.0-296.16 ^b , 296.4-296.89 ^c	Bipolar Disorder
Ziprasidone (Geodon®) Injection	295-295.95 ^a	Agitation in Schizophrenia
Chlorpromazine (Thorazine®)	037	Tetanus
Injection/Oral	277.1	Porphyria
	295-295.95 ^a	Schizophrenia
	296.0-296.16 ^b , 296.4-296.46 ^e	Bipolar Mania
	309.3, 312.03, 312.34, 312.35, 312.8-312.89 ⁱ , 312.9	Severe Behavioral Problems
	314- 314.9 ^j	Hyperkinetic Syndrome
	786.8	Hiccough
	536.2, 564.3, 569.87, 787.0-787.04 ^k	Nausea and Vomiting
Fluphenazine (Prolixin®) Oral/ Injection/Decanoate Injection	295-295.95 ^a	Schizophrenia
Haloperidol (Haldol [®]) Oral	295-295.95 ^a	Schizophrenia
*	307.23	Tourette's Disorder
	309.3, 312.03, 312.34, 312.35, 312.8-312.89 ⁱ , 312.9	Severe Behavioral Problems
	314- 314.9 ^j	Hyperkinetic Syndrome

Drug Name	Covered ICD-9-CM Diagnosis Codes	Diagnosis Description
Haloperidol (Haldol®) Lactate Injection	295-295.95°	Schizophrenia
	307.23	Tourette's Disorder
Haloperidol (Haldol®) Decanoate Injection	295-295.95 ^a	Schizophrenia
Loxapine (Adasuve®) Aerosol	295-295.95 ^a	Agitation in Schizophrenia
Inhalation Powder	296.0-296.16 ^b , 296.4-296.89 ^c	Agitation in Bipolar Disorder
Loxapine (Loxitane®) Oral	295-295.95 ^a	Schizophrenia
Perphenazine (Trilafon®)	295-295.95 ^a	Schizophrenia
	536.2, 564.3, 569.87, 787.0-787.04 ^k	Severe Nausea and Vomiting
Perphenazine/Amitriptyline	293.84, 300.0-300.09 ¹ , 300.4	Anxiety
(Triavil [®] , Etrafon [®])	296.2-296.36 ^d , 296.5-296.56 ^h , 296.80, 296.82, 296.89, 300.4, 311	Depression
	295-295.95 ^a	Schizophrenia with Depression
Pimozide (Orap [®])	307.23	Tourette's Disorder
Prochlorperazine (Compazine®)	293.84, 300.0-300.09 ¹ , 300.4	Anxiety
Oral	295-295.95 ^a	Schizophrenia
	536.2, 564.3, 569.87, 787.0-787.04 ^k	Severe Nausea and Vomiting
Prochlorperazine (Compazine®) Rectal	536.2, 564.3, 569.87, 787.0- 787.04 ^k	Severe Nausea and Vomiting
Prochlorperazine (Compazine®)	295-295.95 ^a	Schizophrenia
Injection	536.2, 564.3, 569.87, 787.0-787.04 ^k	Severe Nausea and Vomiting
Thioridazine (Mellaril®)	295-295.95 ^a	Schizophrenia
Thiothixene (Navane®)	295-295.95 ^a	Schizophrenia
Trifluoperazine (Stelazine®)	293.84, 300.0-300.09 ¹ , 300.4	Anxiety
	295-295.95 ^a	Schizophrenia

Ranges include:

- a. Schizophrenia 295, 295.0, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.1, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.2, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.3, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.4, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.5, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95
- b. Bipolar Disorder (Manic) 296.0, 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.1, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16
- c. Bipolar Disorder 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.8, 296.80, 296.81, 296.82, 296.89
- d. Major Depressive Disorder 296.2, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.3, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36
- $e. \quad \ \ Bipolar\ Disorder\ (Manic) 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46$
- f. Bipolar Disorder (Mixed) 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66
- $g. \hspace{0.5cm} Schizoaffective \hspace{0.1cm} Disorder-295.7, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75 \\$
- h. Bipolar Disorder (Depressed) 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56
- i. Conduct Disorder 312.8, 312.81, 312.82, 312.89
- j. Hyperkinetic Syndrome 314, 314.0, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9
- k. Nausea and Vomiting 787.0, 787.00, 787.01, 787.02, 787.03, 787.04
- 1. Anxiety 300.0, 300.00, 300.01, 300.02, 300.09

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

For the medications listed in the table, an ICD-9-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

<u>Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine)</u> <u>Recipient 15 years old or less</u>

Pharmacy claims for Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine) will deny for recipients 15 years old or less at Point of Sale (POS) with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 529 (Exceeds maximum daily dose)

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

Recipient 16 or 17 years old

Pharmacy claims for Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine) will deny for recipients 16 or 17 years old when the dose exceeds the max dose at Point of Sale (POS) with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 529 (Exceeds maximum daily dose)

Medication	Max Dose for 16 or 17 years old
Latuda® (Lurasidone)	80 mg
Fanapt® (Iloperidone)	16 mg
Saphris® (Asenapine)	10 mg

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

Recipient 18 years old or greater

Pharmacy claims for Latuda® (Lurasidone), Fanapt® (Iloperidone), and Saphris® (Asenapine) will deny for recipients 18 years old or greater when the dose exceeds the max dose at Point of Sale (POS) with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 529 (Exceeds maximum daily dose)

Medication	Max Dose for 18 years old and greater
Latuda® (Lurasidone)	160 mg
Fanapt® (Iloperidone)	24 mg
Saphris® (Asenapine)	20 mg

After consultation with the prescriber to verify the necessity of a dose greater than the max dose for a recipient 18 years old or greater, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code)

NCPDP 440-E5 field (Professional Service Code)

NCPDP 441-E6 field (Result of Service Code)

HD (High Dose)

M0 (Prescriber Consulted)

1G (Filled with Prescriber Approval)

The pharmacist must document the override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

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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

c: Bayou Health Plans

Dr. Rebekah Gee

Dr. James Hussey

Dr. Rochelle Dunham Magellan of Louisiana

Melwyn B. Wendt

Molina