Appendix D

Louisiana Department of Health (LDH) Medicaid Point of Sale (POS) User Guide

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1.0 INTRODUCTION

This document is designed to assist Louisiana Medicaid pharmacy providers in on-line claim submission, also known as Point of Sale (POS) processing. The Louisiana Department of Health (LDH) has defined participation requirements for participating pharmacies.

Some of the terms used in this guide may be unfamiliar, especially if one is not familiar with Point of Sale or the Louisiana Medicaid Program. A glossary of terms can be found in Section 8.0.

1.1 What Is Point of Sale?

POS claims processing provides on-line adjudication of Medicaid claims. With POS, a claim is electronically processed entirely through the claims processing cycle in real-time, and within seconds of submission, a response is returned to the pharmacy that the recipient is eligible or ineligible and the claim is either payable, duplicated or rejected. Most pharmacies are already familiar with this type of processing as many other third party prescription processors use it.

1.2 Features of Point of Sale

Before attempting to use the EHR application, Providers should familiarize themselves with the various aspects of the EHR program at www.lamedicaid.com then click on EHR Incentive Program.

The POS system is designed to work under the general framework of standards and protocols established by the National Council for Prescription Drug Programs (NCPDP). It uses methods of communication which are in place for other pharmacy POS processing. Features of POS are listed below.

- Available 24 hours a day, seven days a week (except for scheduled downtime for system maintenance)
- Available from authorized telecommunication switch vendors who are connected to virtually every pharmacy in the United States.
- Returns complete claims adjudication information real-time; provides payment amount, co-payment amount on paid claims, and denial reasons on denied claims.
- Utilizes the Health Insurance Portability and Accountability Act (HIPAA) compliant telecommunications standard, NCPDP D.0.

The POS system is operated in conjunction with the Louisiana Medicaid Management Information System (LMMIS) and has available all information necessary to adjudicate a claim.

The system also reports information back to the pharmacist. This information aids in correcting claim errors or billing another source other than Medicaid.

Examples of information reported back to the pharmacist are verification of recipient eligibility and claim processing edits, including prospective payment Drug Utilization Review (UniDUR) messages. Additionally, the system fully supports in real-time a claim reversal transaction which enables the pharmacist to reverse or credit any "return to stock" or other prescription transaction adjudicated in error.

2.0 General Information

Pharmacies using the POS system are required to transmit their POS claims through an authorized telecommunication switch vendor. A switch vendor is a telecommunications services vendor who transfers the prescription transaction from the pharmacy to the Medicaid fiscal intermediary and back to the pharmacy. A switch vendor is available in a dial-up mode, directly to the pharmacy. The switch vendor receives all claims and routes them to their respective processing site, all of which are connected to the switch by dedicated lines.

This method, however, differs from other input methods because it is performed on-line in real-time. This means that it is principally used to process prescriptions as they are being filled. This requires rapid response time. As a result, providers must use an authorized telecommunication switch vendor who is continuously available on-line to the Medicaid fiscal intermediary.

Although the POS system is not designed for batch (paper claims or Electronic Media Claims) billing, some software companies have designed claims submission systems that utilize the POS system in a pseudo-batch environment.

2.1 Restrictions and Qualifications Applicable to Point of Sale Submission

1. Providers utilizing this service must be authorized by LDH and the Medicaid fiscal intermediary for this method of claim submission. Claims submitted prior to authorization will be rejected.

2. Pharmacy claims must be submitted with the pharmacy provider's National Provider Identifier (NPI). Claims will deny when the pharmacy provider's Medicaid number is submitted or when the pharmacy provider submits a claim with a NPI which has not been registered with Louisiana Medicaid. See Section 3.3, National Provider Identifier, for further information on NPI registration and usage.

3. Only new claims, denied claims being resubmitted with corrections, or reversals can be submitted using the POS system. Claims may be submitted for payment using the Point of Sale system for up to one year from the date of service. Reversals may be submitted via the POS system for up to two years from the date of service.

4. Reversals unable to be processed through the POS system may be adjudicated using Form 211 – Drug Adjustment/Void Form. Please consult Chapter 37, Pharmacy Benefits Management Services of the Louisiana Medicaid Program Provider Manual for Form 211 and instructions on submitting adjustments.

5. Claims with dates of service greater than one year or those requiring supporting documentation/attachments or manual review must be submitted via hardcopy using the Universal Drug Claim Form. An explanatory cover letter with these claims should be included if additional manual review of these claims is desired. An example of the Universal Drug Claim Form and instructions can be found in Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual.

6. Although one to four prescriptions for the same recipient can be submitted at one time via Point of Sale, please note that only one reversal may be submitted in a single submission. Some pharmacy computer systems are limited to processing single prescription transactions.

7. Pharmacy providers must make every effort to send the prescribing provider's NPI in the POS claim. In rare cases where a prescriber does not have a NPI or the pharmacy cannot obtain the NPI, the pharmacy may substitute the prescriber's 7 digit Medicaid number in the claim submission.

8. Chapter 37, Pharmacy Benefits Management Services, of the Louisiana Medicaid Program Provider Manual available at www.lamedicaid.com and provider update policy statements should be used for policy and claim submission instructions. Providers should also review messages contained in their weekly Remittance Advice statements for current policy changes and updates to the Chapter 37 appendices.

3.0 Getting Started

3.1 Provider POS Authorization

Before providers can begin submitting POS claims, they must be properly authorized by the LDH. Pharmacies without POS approval status by LDH will not be permitted to submit claims through the POS system. The steps for approval are as follows:

1. Contact the computer system "software" vendor to obtain and install the necessary software upgrades that may be required, and to obtain a system vendor manual.

2. Select and contract with an authorized telecommunication switch vendor. The following telecommunication switch vendors are currently available for submission: Emdeon (ENV), McKesson (NDC), and QS1 Data Systems (QS/1).

3. The pharmacy provider enrollment packet is available online at www.lamedicaid.com under Provider Enrollment Applications. Both the **Basic Enrollment** packet as well as the **26 - Pharmacy** packet must be completed. Complete and return to **Gainwell Provider Enrollment, P.O. Box 80159, Baton Rouge, LA 70898**. Questions and issues may be directed to (225) 216-6370.

After LDH has received and reviewed all the necessary documentation, the pharmacy provider will receive written authorization from the fiscal intermediary to begin submitting claims using the POS system.

The Provider Certification Agreement is a one-year agreement. Renewals will be required annually. LDH will mail renewal applications to pharmacies on a yearly basis.

3.2 LDH Policy on Pharmacy Participation in POS

1. A POS enrollment amendment and certification are required prior to billing POS/UniDUR as well as an annual re-certification.

2. Providers accessing the POS system will be responsible for the purchase of all hardware for connectivity to the switching companies and any fees associated with connectivity or transmission of information to the fiscal intermediary. LDH, Bureau of Health Services Financing will not reimburse the provider for any ongoing fees incurred by the provider to access the POS/UniDUR system.

3.3 National Provider Identifier (NPI)

Pharmacy providers must use only an NPI to identify themselves as a health care provider in standard transactions, including NCPDP D.0 claims. The NPI must be registered with Louisiana Medicaid prior to submission on a claim.

Gainwell maintains a web application accessible on www.lamedicaid.com that is used by providers to enter their assigned NPI. Providers may log on through the secure provider website and register the NPI assigned to them by the National Plan & Provider Enumeration System (NPPES). Currently the application accommodates only one-to-one matches: one NPI to correspond to one Medicaid ID.

POS claims are accepted with the NPI in the NCPDP field called NCPDP Service Provider Identifier (201-B1) as per the federal standard. The NCPDP Service Provider ID Qualifier (202-B2) is used to indicate the Service Provider Identifier (201-B1) submitted is an NPI (01). The following edits will be performed:

1. If the qualifier indicates a pharmacy's NPI was submitted, but the NPI has not been registered with Louisiana Medicaid or if the Medicaid ID was sent after the NPI implementation date, then NCPDP Error Message "50" (Non Matched Pharmacy Number) will be returned to the provider.

2. If the NCPDP Service Provider ID qualifier (202-B2) is not a value of '01' for NPI, then NCPDP Error Message "B2" (M/I Service Provider ID Qualifier) will be returned to the provider.

Pharmacy providers must make every effort to send the prescribing provider's NPI in the POS claim. In rare cases where a prescriber does not have a NPI or the pharmacy cannot obtain the NPI, the pharmacy may substitute the prescriber's 7 digit Medicaid number in the claim submission.

The NCPDP Prescriber ID Qualifier (466-EZ) will be used to indicate whether the Prescriber Identifier (411-DB) submitted is an NPI (01) or a Medicaid Prescriber ID (05). The following edits will be performed:

1. If the NCPDP Prescriber field is not submitted or is invalid, Error Code 121 (A Prescribing Physician NPI or Medicaid ID Required) which is linked to NCPDP Error Message "25" (Missing or Invalid Prescriber Identification) will be returned to the provider.

2. If the prescriber qualifier indicates an NPI is submitted, but the prescriber's NPI has not been registered with Louisiana Medicaid then Error Code "121" – A Prescribing Physician NPI or Medicaid ID Required (linked to NCPDP Error Message "56" – Non-Matched Prescriber ID will be returned to the pharmacy.

3. If the NCPDP Prescriber ID Qualifier (466-EZ) is neither '01' nor '05' then NCPDP Error Message "EZ" (Missing or Invalid Prescriber ID Qualifier) will be returned to the provider.

Louisiana Medicaid has made available a list of registered prescriber NPI numbers to pharmacies. This list may be found at www.lamedicaid.com, under the Pharmacy and Prescribing Provider link. This list is called Prescribing Provider File (PPN). This list is password protected. The password is KARNARDO2002. The password is case sensitive.

For those pharmacists who have the authority to administer and are submitting claims for influenza vaccines, the pharmacist's NPI may be submitted in NCPDP field 444-E9 Provider ID with a qualifier "05" in NCPDP field 465-EY Provider ID Qualifier. If the pharmacist's Medicaid ID is sent in field NCPDP field 444-E9, a qualifier of "07" must be submitted in NCPDP field 465-EY. See Section 4.5 for further details regarding claim submissions for immunizations.

3.4 Closed Prescribers

Pharmacy claims submitted at Point of Sale (POS) using a prescriber with a closed enrollment segment will deny.

The claims will deny with:

> **NCPDP rejection code 71** (Prescriber is not covered) mapped to
> **EOB code 354** (Prescriber needs to enroll; call 225-216-6370).

There are no provisions for overrides through Point of Sale.

3.5 Help Information

Based on the type of problem experienced, POS help information is available from a variety of parties:

3.6 Computer System "Software" Vendor

- To request System Vendor Manual
- What does this field mean?
- What values should I enter in this field?
- Where should I access a field?

3.6.1 Telecommunication Switch Vendor

- What should I do if I'm not getting a response?
- Why is my response time so slow?

3.6.2 Gainwell Point of Sale (POS) Help Desk

1-800-648-0790 or 1-225-216-6381

The POS Help Desk is available Monday through Friday, 8:00 a.m. to 5:00 p.m. For the POS Help Desk to provide prompt and accurate assistance, please be prepared to provide the following information:

- Your seven-digit Medicaid provider number or 10-digit NPI
- The recipient's thirteen digit Medicaid number or sixteen digit cardholder control number

Contact the POS Help Desk for:

- Questions regarding billing procedures/policy issues
- Questions about claims adjudication
- What does this rejection code mean?
- Claims payment inquiries…24 hour 7 day access available through www.lamedicaid.com
- Verify accuracy of transmission and response
- Questions regarding claim status (i.e., rejected claim)
- Request POS documentation information
- Questions regarding UniDUR edits per references
- Clinical questions regarding UniDUR criteria
- Clarification of MEVS and REVS information
- Request list of authorized telecommunication switch vendors
- If a provider is unsure of whom to contact or notify of a problem
- Explanation of remittance advices

Note: Medicare Crossover questions and claims issues for non pharmacy issues such as parenterals, durable medical equipment, wheel chairs, etc. should be directed to the Gainwell Provider Relations Department at 1-800-473-2783 or 225-924-5040.

3.6.3 Gainwell Recipient Eligibility Verification System (REVS) 1-800-776-6323

This is a synthesized voice response to your eligibility inquiry. A touch-tone telephone is required in order to use REVS. It is available 24 hours a day, 7 days a week with the exception of short maintenance periods

- Recipient eligibility information
- Weekly check balances

3.6.4 Medicaid Eligibility Verification System (MEVS)

MEVS is an electronic system used to verify Medicaid recipient eligibility information. This electronic verification process expedites reimbursement, reduces claim denials, and helps to eliminate fraud. Eligibility information for a recipient, including third party liability, primary care providers and any restrictions, including lock-in, may be obtained by accessing information through MEVS. Only one eligibility inquiry at a time may be made when using the web application. This system is available seven days a week, twenty-four hours per day except for occasional short maintenance periods.

3.6.5 LDH Pharmacy Program

1-800-437-9101

- Policy Clarification
- Questions involving receipt of annual provider enrollment POS recertification packet.

3.6.6 Your Parish Medicaid Office

- Assistance with eligibility problems

3.6.7 Louisiana Medicaid Website (www.lamedicaid.com)

- Louisiana Medicaid Program Provider Manual
- Point of Sale User Guide
- Policy notices
- Remittance Advice messages
- Clinical Drug Information
- Claim payment status
- Recipient eligibility
- Forms and files
- Single Preferred Drug List
- NPI registration

4.0 Claim Submission and Processing

This Section provides basic information to assist in POS claims processing for Louisiana Medicaid. All existing pharmacy claim submission requirements apply to POS. Please refer to Chapter 37, *Pharmacy Benefits Management Services*, of the Louisiana Medicaid Program Provider Manual for particular billing policy.

4.1 Basic Information

4.1.1 Maximum Allowed Prescription per POS Transaction

Up to four prescriptions at a time may be submitted if the following conditions are met:

- The additional prescriptions must be for the same recipient.
- The additional prescriptions must be for the same date of service.

Example: If six prescriptions have been filled for one recipient, two POS transactions would be completed, one with four prescriptions and the other transaction with two prescriptions.

4.1.2 Submission Deadline for the Weekly Payment Cycle

Point of Sale is another method of claim submission. Gainwell, the Medicaid fiscal intermediary, pays all adjudicated claims on a weekly payment cycle. To meet the weekly payment cycle, all submissions and completed transactions must be received by 6:00 p.m. on Thursday night. All claims adjudicated during the week will be included on the Remittance Advice, which accompanies the payment the following week.

4.1.3 Cardholder Identification

Consult the Recipient Eligibility Card for the sixteen digit Medicaid Card Control number. Eligibility can be verified by consulting REVS at 1-800-776-6323 or MEVS at www.lamedicaid.com.

4.1.4 Take Charge Plus Family Planning Program

Take Charge Plus provides family planning services and covers medications for family planning, sexually transmitted diseases (STDs), and sexually transmitted infections (STIs). Take Charge Plus is available to qualifying men and women. Eligibility can be verified by consulting REVS at 1-800-776-6323 or MEVS at www.lamedicaid.com.

Services not covered by this program will deny with the error code 388 – “Recipient not covered for drugs” which is linked to NCPDP “M1” and which translates to “Patient not covered in this aid Category”.

4.2 Override Information

4.2.1 Policy Clarification

Payment methodology and policy information relating to the Louisiana Medicaid pharmacy program may be found in Chapter 37, *Pharmacy Benefits Management Services,* of the Louisiana Medicaid Program Provider Manual.

4.2.2 Federal Upper Limits (FUL)/

Claim payments are adjusted in accordance with the Maximum Allowable Reimbursement Methodology for drugs with FUL.

Edits
The FUL can be overridden when the prescribing practitioner utilizing his/her medical judgment certifies in his/her own handwriting that a specific brand name drug is medically necessary for a specific patient.

Override
Enter a value of "1" which is substitution not allowed in the NCPDP field 408-D8 (Dispense as Written {DAW} Product Selection Code). Please consult the pharmacy system vendor manual or your pharmacy system documentation or contact your software vendor on what codes need to be entered in this field. If a code is entered in this field, it could affect the amount received.

Documentation
The certification must be written either directly on or must be a signed and dated attachment (which may be faxed) to the prescription. The certification must be in the prescriber's handwriting. The only acceptable phrases are "brand necessary" or "brand medically necessary."

4.2.3 Drugs with PA Criteria

Claim payments for Brand Name drugs at Brand reimbursement are allowed when the Brand drug is on the PDL and the generic drug requires Prior Authorization.

Edits
The generic reimbursement of a Brand Name drug can be overwritten when the Brand drug is on the PDL and the generic drug requires Prior Authorization.

Override
Enter a value of "9" which is substitution allowed by prescriber but plan requests brand in the NCPDP field 408-D8 (Dispense as Written {DAW} Product Selection Code).
Documentation

When "9" is entered in NCPDP field #408-D8, it will not be necessary for the "Brand Medically Necessary" to be handwritten on the prescription by the prescriber.

4.2.4 Prescription Service Limitations

Recipients who are not exempt from the four-prescription monthly limitation are allowed a maximum of four prescriptions per calendar month. Claims, including those for emergency prescriptions and prior authorized prescriptions that are in excess of four per calendar month per recipient are denied.

Please Note: The following federally mandated recipient groups are exempt from the four-prescription monthly limitation:

- Persons under the age of twenty-one (21) years
- Persons living in long term care facilities such as nursing homes and ICF-DD facilities
- Pregnant women

Edits
EOB CODE 498 (NCPDP M4) - Number of prescriptions greater than limit

Override
When submitting a claim for a recipient exceeding the four prescriptions per month and the prescribing practitioner has communicated the required information, the pharmacist must submit an override by supplying the following POS claim data information:

- Enter the valid diagnosis code in the NCPDP field 424-DO (Diagnosis)
- Enter a value of "5" which is "Exemption from Rx" in the NCPDP field 461-EU (Prior Authorization Type Code)

Documentation
The four-prescription monthly limit can be overridden when the prescribing practitioner authorizes the medical necessity of the drug and communicates to the pharmacist the following information in his own handwriting or by telephone or other telecommunications device:

- "medically necessary override" and
- A valid diagnosis code that directly relates to each drug prescribed that is over four. (A literal description is not acceptable.)

4.2.5 Prospective Drug Utilization Review (UniDUR) Edits

Prescription claims are processed by prospective drug utilization (UniDUR) software that provides real-time screening of prescription drug claims. UniDUR is designed to work in conjunction with the claims adjudication/eligibility system used by the state. UniDUR uses existing Medicaid recipient history records to compare the current prescription(s) for possible interactions between the patient's active history prescriptions and the drug currently being

prescribed. Conflict codes are assigned to the claims as appropriate based upon clinical criteria approved by the Louisiana DUR Board.

Conflict codes are subsequently assigned claim error codes by the claims processing system as shown below. Because there are valid situations in which the conflict should not cause a claim to deny, override procedures are in place to allow the pharmacist to override the conflict with valid NCPDP Reason for Service (DUR Conflict), Professional Service (DUR Intervention) and Result of Service (DUR Outcome) codes.

The POS System accepts multiple occurrences of Drug Utilization Review/Professional Pharmacy Services (DUR PPS) Segment information to allow the pharmacist to override two or three denials simultaneously. Overrides are applied to a single claim when submitted simultaneously. The clinical conflict denials must be overridden in a single resubmission of the claim. For example, if a claim receives both ER and HD conflicts, two occurrences of the DUR PPS segment must be sent.

Edits

EOB CODE	NCPDP CODE	Description	Conflict Code
052	76	> 12 Month Quantity Limit	
234	60	P/F Age Restriction	PA
442	88	Drug /drug interaction *	DD
443	88	Therapeutic overlay *	TD
445	88	Duplicate drug therapy	ID
446	88	Pregnancy precaution *	PG
447	88	Compliance monitoring/Early or late refill	ER
457	76	Quantity or days supply exceeds program maximum	EX
471	88	Drug to drug interaction	DD
482	88	Therapeutic duplication denial/Limited to Specific Class	TD
483	88	Pregnancy precaution ** - Denial – FDA Category X	PG
529	88	Exceeds maximum daily dose	HD
531	88	Drug Use Not Warranted – COX-2 Inhibitor	NN
656	88	Exceeds maximum duration of therapy	MX
843	83	Exact duplicate error: Identical Pharmacy Claims **	ER
893	83	Suspect Duplicate Error: Identical Pharmacy Claims	ER or ID

* Educational alerts, no overrides required
** No override allowed on these alerts

Overrides

When submitting a claim for a recipient and the prescribing practitioner has communicated the required information, the pharmacist can submit an override by supplying the following POS claim data information and submitting in the following fields:

Service Codes	Requirements for Override Documentation								
Reason for Service Code (DUR Conflict) NCPDP 439-E4 Field	PA	DD	EX	HD	NN	TD	ID	ER	MX
Professional Service Code (DUR Intervention) NCPDP 440-E5 Field	M0						M0, P0, or R0		M0
Result of Service Code (DUR Outcome) NCPDP 441-E06 Field	1G						1A, 1B, 1C, 1D, 1E, 1F, or 1G		1A, 1B, 1C, 1D, 1E, 1F, or 1G 2A or 2B

NCPDP FIELD	NAME OF FIELD	VALUE	DEFINITION
439-E4	Reason for Service Code (DUR Conflict)	PA	Drug-Age
		DD	Drug-Drug Interaction
		ER	Overuse/Early Refill (for same pharmacy)
		EX	Excessive Quantity
		HD	High Dose
		ID	Ingredient Duplication (for different pharmacy)
		MX	Excessive Duration
		NN	Unnecessary Drug
		PG	Drug-Pregnancy
		TD	Therapeutic Duplication
		RE	Suspected Environmental Risk
440-E5	Professional Service Code (DUR Intervention)	M0	Prescriber Consulted
		P0	Patient Consulted
		R0	Pharmacist Consulted other source

NCPDP FIELD	NAME OF FIELD	VALUE	DEFINITION
441-E6	Result of Service Code (DUR Outcome)	1A	Filled As Is; False Positive
		1B	Filled, Prescription As Is
		1C	Filled With Different Dose
		1D	Filled With Different Directions
		1E	Filled With Different Drug
		1F	Filled With Different Quantity
		1G	Filled With Prescriber Approval
		2A	Prescription Not Filled
		2B	Prescription Filled, Directions Clarified

Documentation

- **EOB Code – 052 - >12 Month Quantity Limit**
- Conflict Code = N/A
- Documentation Required:

  - **EOB Code – 234 – P/F Age Restriction**
    - Conflict Code = PA
    - Documentation Required:

      *** Palivizumab (Synagis®)**

      - Palivizumab claims for recipients who are twenty-five (25) months of age or older on November 1st of the Respiratory Syncytial Virus (RSV) season will deny.

      *** Modafinil (Provigil®) and Armodafinil (Nuvigil®)**

      - Modafinil (Provigil®) and armodafinil (Nuvigil®) pharmacy claims for recipients 16 years old and younger will deny.
      - After consultation with the prescriber, the pharmacist may override the age limitation if deemed an emergency. The notation "Emergency Prescription" should be written on the hard copy prescription by either the prescriber or pharmacist along with reason for the emergency override.

      *** Fentanyl Nasal Solution (Lazanda®) and Fentanyl Sublingual Liquid (Subsys®)**

      - Fentanyl nasal solution (Lazanda®) and fentanyl sublingual liquid (Subsys®) pharmacy claims for recipients 17 years old and younger will deny.
      - After consultation with the prescriber, the pharmacist may override the age limitation if deemed an emergency. The notation

"Emergency Prescription" should be written on the hard copy prescription by either the prescriber or pharmacist along with reason for the emergency override.

- **EOB Code – 445 - Duplicate Drug Therapy**
  - Conflict Code = ID
  - Documentation Required:
    * The pharmacist must document the specific contact and the circumstances for the override on the hardcopy prescription.
    * The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

  - **Note:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and to *Point of Sale User Guide*, Section 4.3 Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 447 - Compliance Monitoring/Early or Late Refill**
  - Conflict Code = ER
  - Documentation Required:
    * The pharmacist must document on the prescription hard copy the circumstances which warrant a patient's request for medication earlier than previously reported in the estimated days supply.
    * The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.
    * **Narcotic Analgesics**
      - After consultation with the prescriber, the pharmacist must document the reason the prescriber required the patient to receive the narcotic analgesic at least three (3) days early.
      - The reason **for service code, professional service code** and **result of service code** must also be documented on the hard copy prescription.

  - **Note:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and to *Point of Sale User Guide*, Section 4.3 Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 457 - Quantity or Days Supply Exceeds Program Maximum**
  - Conflict Code = EX
  - Documentation Required:
    * **Carisoprodol**
      - Payable only when quantity does not exceed ninety (90) tablets per rolling ninety (90) days.

- The quantity limit is cumulative and applies to all strengths and combinations of carisoprodol.
- Cumulative quantities in excess of the quantity limit will not process for payment through the Point of Sale (POS) System.
- **No early refills permitted.**
- **No overrides are allowed.**

*** Schedule II (C-II) Narcotic Agents**

- **Quantity limits for Schedule II narcotic agents:**
  - **are listed in Appendix E-1.**
  - **are cumulative and are based on a rolling thirty (30) days.**
  - **apply to all strengths of an agent unless otherwise specified.**
- Recipients receiving the agents listed in **Appendix E-1 for the management of cancer pain are not subject to a quantity limit except for fentanyl buccal and sublingual products.**
- A valid diagnosis code must be written on the hard copy prescription for **ALL Schedule II narcotic agents (including Schedule II narcotic agents not subject to a quantity limit)** by the prescribing practitioner or by the pharmacist after consulting with the prescriber.

***Serotonin Agonists (Triptans)**

- **Quantity limits for the Serotonin Agonists (Triptans):**
  - **are listed in Appendix E-1.**
  - **are cumulative and are based on a rolling thirty (30) days.**
  - **apply to all strengths of an agent unless otherwise specified.**
- After consultation with the prescriber, the pharmacist must document on the hard copy prescription the prescriber's reason the quantity limit needs to be exceeded.
- The **reason for service code, professional service code and result of service code** used in submitting the claim must also be documented on the hard copy prescription.

- **Note:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and Appendix E-1 and to *Point of Sale User Guide,* Section 4.3, Drugs with Special Payment Criteria and Limitations, for additional information.

*** Short- acting beta$_2$ agonist inhalers (albuterol, levalbuterol, and pirbuterol)**

- A maximum of six (6) short-acting beta$_2$ agonist inhalers per calendar year will process without prescriber consultation.

- An appropriate diagnosis code must be written on the hard copy prescription. Claims submitted with a diagnosis associated with chronic obstructive pulmonary disease, emphysema, or cystic fibrosis will bypass the edit.
- After consultation with the prescriber, the pharmacist must document on the hard copy prescription the prescriber's reason why the quantity limit needs to be exceeded.
- The **reason for service code, professional service code, and result of service code** used in submitting the claim must also be documented on the hard copy prescription or in the pharmacy's electronic record keeping system.
- If the pharmacist has identified an emergency and/or missing diagnosis code, and the prescriber cannot be reached, the denial may be overridden. The emergency override may be entered by the pharmacist with documentation on the hard copy prescription.

- **EOB Code – 471 - Drug to Drug Interaction**
  - Conflict Code = DD
  - Documentation Required:

    ***Sildenafil or Tadalafil and Nitrate**
    ***Sacubitril/Valsartan (Entresto®) and Angiotensin-Converting Enzyme (ACE) Inhibitors**
    - After consultation with the prescriber, the pharmacist must document the reason the prescriber deemed it necessary to override the drug to drug interaction.
    - The reason for service code, professional service code and result of service code must also be documented on the hard copy prescription.
    - **Note:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and to *Point of Sale User Guide*, Section 4.3, Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 482 - Therapeutic Duplication Denial/Limited to Specific Class**
  - Conflict Code = TD
  - Documentation Required:

    * After consultation with the prescriber, the pharmacist must document the **reason for service code, professional service code** and **result of service code** on the hardcopy prescription for the **following therapeutic classes:**
    -Antihistamines
    -Antihistamine-Decongestant Agents
    -Antihistamines and Antihistamine-Decongestant Agents
    -Angiotensin Converting Enzyme (ACE) Inhibitor Agents
    -ACE Inhibitor/Calcium Channel Blocker Agents
    -ACE Inhibitor/Diuretic Agents

-Angiotensin Receptor Antagonists (ARB)
-ARB/Calcium Channel Blocker Agents
-ARB/Thiazide Diuretic Agents
-Beta-adrenergic Blocking Agents
-Beta-adrenergic Blocking /Diuretic Agents
-Calcium Channel Blocking Agents
-Calcium Channel Blocking/Antihyperlipidemia Agents
-Potassium Replacement Agents
-Tricyclic Antidepressants
-Selective Serotonin Reuptake Inhibitors (SSRI)
-Sedative Hypnotic Agents
-Non-steroidal Anti-inflammatory Agents (inclusive of COX-2 Selective Agent)
-Proton Pump Inhibitor Agents

***Antipsychotic Agents**

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a third antipsychotic agent.
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

*** Antipsychotic/SSRI Combination (Symbyax)**

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a third antipsychotic agent and/or a second Selective Serotonin Reuptake Inhibitor (SSRI).
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

*** Anti-Anxiety Agents**

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a second anti-anxiety agent.
- A valid diagnosis code must be written on the hardcopy prescription after consultation with the prescriber in order to bypass the therapeutic duplication edit for persons with epilepsy or seizures.
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

*** Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) Agents**

- Pharmacy claims for ADD/ADHD medications will be subject to a therapeutic duplication. An incoming pharmacy claim for a short-acting ADD/ADHD medication will deny when there is an active claim on file for another short-acting ADD/ADHD medication. An incoming claim for a long-acting ADD/ADHD medication will deny when there is an active claim on file for another long-acting ADD/ADHD medication.
- Incoming prescription claims for any agent listed in the following drugs will deny for therapeutic duplication if there is an active prescription for any of these agents on the recipient's file written by a different prescriber. *An active prescription is a prescription where the days supply has not expired.*

Atomoxetine (Strattera®)
Dexmethylphenidate (Focalin®)
Dextroamphetamine/amphetamine
Lisdexamfetamine (Vyvanse®)
Dextroamphetamine
Methylphenidate

- The pharmacist must **document** on the hardcopy prescription the reason the prescriber required the patient to receive a second agent.
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

*** Buprenorphine Agents (Suboxone® or Subutex®) and concurrent prescriptions with opioid analgesics.**

- A valid diagnosis code must be written on the hard copy prescription.

*** Short Acting and Long Acting Opiate Agents**

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a second short acting opiate agent or a second long acting opiate.
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

*** Note:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and to *Point of Sale User Guide,* Section 4.3, Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 529 - Exceeds Maximum Daily Dose**

- Conflict Code = HD
- Documentation Required:

*** Atypical Antipsychotics**

- After consultation with the prescriber, the pharmacist must **document** on the hardcopy prescription the reason the prescriber required the daily dosage limit needs to be exceeded.
- The **reason for service code, professional service code** and **result of service code** used in submitting the claim must also be documented on the hardcopy prescription **(Appendix E-2).**

*** Buprenorphine Transdermal Patches (Butrans®)**

-There are **No override provisions** through the Point of Sale (POS) System for Buprenorphine transdermal patches (Butrans®) when the maximum daily dosage is exceeded **(Appendix E-2)**.

*** Iloperidone (Fanapt®)**

-After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive the high dose (in excess of 24 mg per day).
-The reason for service code, professional service code and result of service code must also be documented on the hardcopy prescription.

*** Morphine ER (Avinza®)**

-There are **No override provisions** through the Point of Sale (POS) System for Morphine ER **(Avinza®)** when the maximum daily dosage is exceeded **(Appendix E-2).**

*** Opioid Agonists - (Tapentadol and Tramadol** products listed in **Appendix E-2)**

- After consultation with the prescriber, the pharmacist must **document** on the hardcopy prescription the prescriber's reason the daily dosage limit shown in **Appendix E-2** needs to be exceeded.
- The **reason for service code, professional service code** and **result of service code** used in submitting the claim must also be documented on the hardcopy prescription.

*** Note**: Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and Appendix E-2 and to *Point of Sale User Guide,* Section 4.3, Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 531 - Drug Use Not Warranted**

- Conflict Code = NN
- Documentation Required:

*** COX-2 Inhibitor**

***** If in the professional judgment of the prescriber, a determination is made which necessitates therapy with a COX-2 selective agent, the prescriber must write on the hardcopy prescription a diagnosis code of the treated condition and the **reason** a COX-2 inhibitor is needed (e.g. "Treatment Failure," or "History of GI Bleed").

***** This statement may be submitted as a dated and handwritten attachment to the original prescription via facsimile or handwritten on the original hardcopy prescription by the prescriber.

***** The **reason for service code**, **professional service code** and the **result of service code** used on the claims submission must also be documented on the hard copy prescription.

*** CNS Stimulants Modafinil (Provigil®) and Armodafinil (Nuvigil®) with Sedative Hypnotics**

-Pharmacy claims for concurrent use of modafinil (Provigil®) and armodafinil (Nuvigil®) with Sedative Hypnotics will deny for drug use not warranted.

-After consultation with the prescriber to verify the necessity of both agents, the pharmacist must **document** on the hardcopy prescription the prescriber's reason for concurrent therapy.

-The **reason for service code, professional service code** and **result of service code** used in submitting the claim must also be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

- N**ote:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits and to *Point of Sale User Guide,* Section 4.3, Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 656 - Exceeds Maximum Duration of Therapy**

- Conflict Code = MX
- Documentation Required:

H2 Antagonists & Sucralfate

- **The prescriber must write** a valid diagnosis code necessitating the reason for continued therapy on the prescription or on a signed and dated attachment via fax.
- The **reason for service code, professional service code** and the **result of service code** must also be documented on the hard copy prescription.

***** N**ote:** Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8

Prospective Drug Utilization Policies/Limits/Edits and to *Point of Sale User Guide,* Section 4.3, Drugs with Special Payment Criteria and Limitations, for additional information.

- **EOB Code – 697 - Exceeds Maximum Duration; MD Fax Override Form 866-797-2329**

- Conflict Code = None

- **EOB Code – 843 - Exact Duplicate Error: Identical Pharmacy Claims**

An Exact Duplicate Claim is returned as a **Duplicate** when a claim:
- is billed by the same provider as the original claim,
- is for the same recipient as the original claim,
- has the same date of service as the original claim,
- has the same NDC,
- has the same prescription number as the original claim, and
- has the same refill number as the original claim.

An Exact Duplicate Claim is returned as **Rejected** when a claim
- is billed by the same provider as the original claim,
- is for the same recipient as the original claim,

- has the same date of service as the original claim, and
- has the same NDC.

Note: IV solutions, inotropic agents, plasma proteins, antisera agents and antihemophilia factor products are excluded from this edit.

- Conflict Code = ER
- Documentation Required:
- EOB Code 843 cannot be overridden through POS submission. A hard copy claim must be submitted for the override with an explanation for the additional submission.

- **EOB Code – 893 - Suspect Duplicate Error: Identical Pharmacy Claims**

A Suspect Duplicate Claim is returned as rejected when one of two scenarios occurs:
- a claim billed by the same or different provider as the original claim
- the same recipient as the original claim
- the same date of service as the original claim, and
- an NDC billed that falls into the same drug description (ingredient, strength, form and route) as the original claim.
- Conflict Code = ER or ID

- Documentation Required:

* An override should only be used if the second pharmacy attempting to bill a claim for the same ingredient for the same recipient cannot have the

first claim reversed by the original billing pharmacy. A notation to that effect must be written on the hardcopy prescription.
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

OR

- the same provider as the original claim,
- the same recipient as the original claim,
- the same date of service as the original claim,
- the same prescription number as the original claim, and
- the same refill number as the original claim.

*EOB Code 893 (when returned with the second scenario) cannot be overridden.

Note: IV solutions, inotropic agents, plasma proteins, antisera agents and antihemophilia factor products are excluded from this edit.

4.2.6 Coordination of Benefits

Federal regulations and applicable state laws require that third-party resources be used before Medicaid is billed. **Third-party** refers to those payment resources available from both private and public health insurance and from other liable sources, such as liability and casualty insurance, which can be applied toward the Medicaid recipient's medical and health expenses.

NCPDP Version D.0 provides the capability for the pharmacist to pursue payment of a pharmacy claim using Coordination of Benefits provided by all insurances for which the recipient is a subscriber on the date of service. The Louisiana POS system stores all claims data submitted by the pharmacist related to coordination of benefits and calculates payment to reflect prior payment by other payers when submitted on the claim.

Certain restrictions will be by-passed. Claims that are coordinated with primary insurance companies will process without edits for prior authorization for non-preferred drugs, prescription monthly limit and **with edits for age** only restrictions for Orlistat (Xenical ®).

Pharmacy providers must continue to submit Medicare payable drug claims to the Medicare carrier prior to billing Medicaid for those individuals eligible for Medicare Part B coverage. After Medicare processes the claim, the information will automatically cross-over to the fiscal intermediary for payment of the coinsurance and deductible, where applicable.

Edits
EOB CODE 932 - Please bill third party carrier first

Override

In certain cases, override capabilities exist to allow Medicaid to be the primary payer. Several scenarios and appropriate overrides are listed below. **When appropriate, reject codes from the other insurance should be submitted to Medicaid when pharmacy claims are overridden**.

Other Coverage Code (3Ø8-C8) 01 = No other coverage

- Pharmacy submits claim to other insurance company. Claim denies due to coverage expired. Pharmacist inquires of recipient regarding other insurance coverage. Recipient does not have or cannot supply pharmacy with other insurance information.

Pharmacy submits claim to other insurance company. The other insurance company does not include a pharmacy benefit. Pharmacist asks recipient for other insurance coverage, but recipient has none.

Other Coverage Code (3Ø8-C8) Ø3 = Other coverage exists-claim not covered

- Pharmacy submits claim to other payer. The other payer denies due to non-coverage of drug.

Other Coverage Code (3Ø8-C8) Ø4 = Other coverage exists-payment not collected

- Recipient has insurance coverage (ex. 80-20 insurance) which requires the recipient to pay for the prescriptions then the insurance company would reimburse the recipient a certain percentage of the claim.

- Pharmacy submits claim to other payer. The recipient must meet a deductible before benefits pay for pharmacy claims. The other payer applies the claim to the recipient's deductible for the other insurance. The provider then submits the usual and customary charge to Medicaid.

- Recipient has court ordered medical child support.

- Preventative care for a recipient under the age of 21 or a woman who is pregnant.

- Pharmacy submits claim to other insurance company. The other insurance company is a mail-order only company.

- Recipient has other insurance coverage. The pharmacy claim requires prior authorization from the other insurance. The prior authorization process shall be commenced by the provider. Should the access of the recipient's prescription be delayed due to the prior authorization process, the pharmacy

may submit the claim to Medicaid with the above other coverage code. However, once the prior authorization is acquired, **the claim must be reversed** and coordinated with all insurance carriers with Medicaid as last payer.

- Recipient has insurance coverage but the pharmacy and/or physician is out of the insurance company's network.

Documentation
No documentation on hard copy prescription necessary. The Pharmacy Unit will monitor pharmacy providers' usage of override codes. Corrective actions will be offered to better utilize the coordination of benefits process.

4.2.7 Co-payment/Patient Paid Amount

Currently, most recipients must pay a variable ($.50 - $3.00) co-payment amount per prescription. The following pharmacy services and conditions are exempt from the co-payment requirement:

- Family planning services and supplies;
- Emergency services;
- Individuals younger than 21 years old;
- Pregnant women;
- Individuals who are inpatients in long-term care facilities or other institutions;
- Native Americans;
- Alaskan Eskimos;
- Women who are receiving services on the basis of breast and cervical cancer;
- Recipients receiving preventive services such as the following:
    - Aspirin 81 mg for women ages 12-19 and men ages 45-79;
    - Folic Acid 0.4mg and 0.8mg for women ages 12-54; and
    - Vitamin D 400 IU for women and men ages 65 and older;
    - Breast cancer preventive medications
        - Tamoxifen;
        - Raloxifene;
    - Tobacco cessation pharmacotherapy
        - Nicotine;
        - Nicotine polacrilex-gum and lozenge;
        - Bupropion HCl SR (Zyban ®);
        - Varenicline Tartrate (Chantix®);
- Recipients receiving hospice services; and
- Recipients with waiver type cases.

Copay Tier

Monthly Income	**Copay**
when 5% of family's monthly income is spent on copays	$0
Medication Cost	**Copay**
$10.00 or less	$0.50
$10.01-$25.00	$1.00
$25.01-$50.00	$2.00
$50.01 or more	$3.00

Edits
No edit

Overrides

- Place "03" in the NCPDP field 418-DI (Level of Service) in the event of an emergency.

- Place an "8" in the NCPDP field 461-EU (Prior Authorization Type Code) in the event of pregnancy.

Documentation

- **For Emergency Override**: The notation of "Emergency Prescription" should be written on the hard copy prescription.

- **For Pregnancy Override**: When a prescribing provider issues a prescription to a pregnant woman, he or she shall indicate on the prescription that the recipient is pregnant. In the case of a telephoned prescription, the information that the recipient is pregnant shall be communicated to the pharmacist and the pharmacist must document on the prescription that the recipient is pregnant.

4.2.8 Clinical Authorization Required

There are certain medications which require Clinical Authorization. Clinical Authorization is a prescriber initiated request for Clinical Authorization on a selected number of drugs. Prescribers must complete the Louisiana Uniform Prescription Drug Prior Authorization Form in full. Clinical Authorization requests **should be faxed** to the Prior Authorization Unit at the University of Louisiana at Monroe College of Pharmacy. This request is made via fax to the RXPA operational desk at (866)797-2329.

Edits
EOB Code 066 (NCPDP 88) – Clinical Authorization Required (Prescribing provider must complete and fax the Louisiana Uniform Prescription Drug Prior Authorization Form to ULM).

Overrides
Override provisions should be addressed through the Clinical Authorization process.

4.2.9 Prior Authorization Required

The prescribing practitioner initiates the prior authorization requests for drugs whose status is "not preferred" when a request is faxed, phoned (866-730-4357) or mailed to the University of Louisiana, College of Pharmacy at Monroe. The requests are evaluated and the pharmacist reviewer makes a decision. Approved requests are added to the claims adjudication system, and the decision response is faxed or phoned to the requester.

The Prior Authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four (24) hours of receipt of a prior authorization request.

Emergencies:

In cases when the Prior Authorization Unit is closed (Sundays; Monday – Saturday before 8 a.m. and after 6 p.m.) or when the PA system is unavailable, the pharmacist may use the PA emergency override procedure described below. The pharmacist may also use professional judgment in situations that would necessitate an emergency supply.

In emergency situations, providers shall dispense at least a seventy-two (72) hour or a 3 day supply of medication. Refills for the dispensing of the non-preferred products in these emergency situations are not permitted. The recipient's practitioner must contact the Prior Authorization Unit to request authorization to continue the medication past the emergency supply, and a new prescription must be issued.

Recipients are exempt from paying co-payments for emergency situations.

Edits
EOB CODE 484 (NCPDP 75) - New RX requires PA
(prescribing provider must contact ULM)
EOB CODE 485 (NCPDP 75) – PA required
(prescribing provider must contact ULM)
EOB CODE 486 (NCPDP 75) – PA expired
(prescribing provider must contact ULM)

Override
Place "03" in the NCPDP Field 418-DI "Level of Service" to indicate "emergency"

Documentation
The prescribing practitioner must indicate that the prescription is an emergency prescription on the face of the prescription if hard copy or if the prescription is called into the pharmacy, the emergency status of the prescription must be communicated to the pharmacist who must indicate "Emergency Rx" on the hard copy prescription. When the pharmacist determines the prescription is an emergency, the pharmacist must indicate "Emergency by Pharmacist" on the hard copy prescription.

Hospital Discharge Prescriptions for Atypical Antipsychotics:

- When a recipient is discharged from a hospital with a prescription for an atypical antipsychotic prescription, the prescribing practitioner must indicate on the face of the prescription, if hard copy, that the prescription is a "Hospital Discharge" or if the prescription is called in to the pharmacy, the "Hospital Discharge" status of the prescription must be communicated to the pharmacist who must indicate "Hospital Discharge" on the hard copy of the prescription.

- In situations where the prescribing practitioner is unavailable and the pharmacist determines the prescription is a "Hospital Discharge" prescription, the pharmacist must indicate "Hospital Discharge" on the hard copy prescription.

- Claims for "Hospital Discharge" prescriptions needing prior authorization (PA) will be submitted using the same process used for an emergency override. The pharmacist must code the claim as an emergency prescription (enter "03" in NCPDP Field 418-DI – Level of Service). An NCPDP educational alert will notify the pharmacist that the drug requires prior authorization.

- Prescriptions for "Hospital Discharge" products shall be dispensed in a MINIMUM quantity of a 3-day supply and refills for the dispensing of the non-preferred products are not permitted. The recipient's practitioner must contact the Prior Authorization Unit to request authorization to continue the medication past the "Hospital Discharge" supply, and a new prescription must be issued.

4.2.10 Override for Emergency Prescriptions Filled for Lock-In Recipients

Emergency claims that are denied for Lock-In recipients when filled by a pharmacy other than the "Lock-In" assigned pharmacy or assigned prescribing physician may be overridden by the POS System.

Edits
EOB CODE 218 - Recipient is MD, Pharm Restricted-MD Invalid
EOB CODE 389 - Recipient is MD, Pharm Restricted-Pharm Invalid

Override
Place "03" in the NCPDP Field 418-DI "Level of Service" to indicate "emergency"

Documentation
The notation "Emergency Prescription" or "Discharge Prescription" should be written on the hardcopy prescription by either the prescribing physician or the dispensing pharmacist.

4.3 Drugs with Special Payment Criteria and Limitations

Note: Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits for additional information.

Note: Refer to the Louisiana Board of Medical Examiners published rules regarding the use of medications used in the treatment of non-cancer related chronic or intractable pain. These rules are included in Title 46: Professional and Occupational Standards. Subchapter B – Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain. See http://www.lsbme.la.gov/46v45MedicalProfessionlsSeptember2009practice.htm#_Toc24314086

The required supporting documentation for coverage of these drugs must be retained by the pharmacy as evidence of compliance with program policy, and it must be readily retrievable when requested by audit staff.

4.3.1 Acetaminophen

Policy
- Claims billed for prescriptions with a dosage of Acetaminophen that exceeds a maximum dose of four (4) grams per day will deny.

4.3.2 Acne Agents

Pharmacy claims for select acne agents have an age limit and quantity limit. Some acne agents require clinical authorization.

Clinical information (acne severity) is required for all topical acne agents.

All agents are limited to use in recipients who are younger than 21 years of age when used for acne. Trifarotene (Aklief®) is limited to recipients who are at least 9 years of age.

Pharmacy claims submitted with a diagnosis code for psoriasis (L40*) will bypass the age restriction for tazarotene cream or tazarotene gel.
** Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code*

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List, which gives drug specific request forms, Clinical Authorization criteria, and Point of Sale edits (i.e. quantity limits).

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
234- P/F Age Restriction
457- Quantity and/or days' supply exceeds program maximum
066- Clinical Authorization Required

4.3.3 Age and Gender Restricted Drugs

Policy
- Certain drugs have age and gender restrictions placed on them. Manufacturer guidelines are followed. (i.e. – Oral contraceptives are indicated for females aged 12-55.)

- Contact the Medicaid Pharmacy Benefits Management Section at 1-800-648-0790 for additional instructions.

Documentation Required
N/A

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
234 - P/F Age Restriction
235 - P/F Sex Restriction

4.3.4 Agalsidase Beta Injection (Fabrazyme®)

Pharmacy claims for agalsidase beta injection (Fabrazyme®) require a diagnosis code for reimbursement.

ICD-10-CM Diagnosis Code	Diagnosis Description
E75.21	Fabry (-Anderson) Disease

Required NCPDP Field(s)
424- DO - Diagnosis Code

Possible Denial EOB Code
575-Missing or Invalid Diagnosis Code

4.3.5 Alglucosidase alfa Injection (Lumizyme®)

Pharmacy claims for alglucosidase alfa injection (Lumizyme®) require a diagnosis code for reimbursement.

ICD-10-CM Diagnosis Code	Diagnosis Description
E74.02	Pompe Disease

Required NCPDP Field(s)
424- DO - Diagnosis Code

Possible Denial EOB Code
575-Missing or Invalid Diagnosis Code

4.3.6 Allergen Extracts

Pharmacy claims for the following allergen extracts are subject to physician prescriber requirements and an auto-injectable epinephrine prescription requirement for reimbursement.

- Timothy Grass Pollen Allergen Extract (Grastek®)
- Short Ragweed Pollen Allergen Extract (Ragwitek®)
- Grass Mixed Pollens Allergen Extract (Oralair®)

Physician Prescriber Requirements for Allergen Extracts

Prescribers of allergen extracts must have a specialty of 1) Allergy, 2) Otology, Laryngology, Rhinology, or 3) Ophthalmology, Otology, Laryngology, Rhinology for reimbursement. Pharmacy claims for allergen extracts from prescribers without these specialties will deny with:

NCPDP rejection code 71 (Prescriber is not covered) mapped to
EOB code 514 (Prescribing provider does not have prescriptive authority)

Auto-Injectable Epinephrine Requirement for Allergen Extracts
Pharmacy claims for allergen extracts will deny if there are no claims for an auto-injectable epinephrine product within the last year. These claims will deny with:

NCPDP rejection code 88 (DUR Rejection Error) mapped to
EOB code 668 (Must have epinephrine injection filled within the last year)

Documentation Required
N/A

Accepted Values-ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
514- Prescribing provider does not have prescriptive authority
668- Must have epinephrine injection filled within the last year

4.3.7 Alzheimer's Agents

Pharmacy claims for drugs for the treatment of Alzheimer's disease may require a clinical or prior authorization.

Aducanumab-avwa (Aduhelm™) requires an approved clinical authorization for reimbursement. The prescriber must complete the drug specific aducanumab-avwa (Aduhelm™) clinical authorization form.

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.8 Amikacin Inhalation Suspension (Arikayce®)

Policy
Pharmacy claims for amikacin inhalation suspension (Arikayce®) require a diagnosis code for reimbursement. The acceptable diagnosis codes are listed in the chart.

ICD-10-CM Diagnosis Code	Diagnosis Description
A31.0, A31.2	Mycobacterium avium complex

Required NCPDP Field(s)
424- DO - Diagnosis Code

Possible Denial EOB Code
575-Missing or Invalid Diagnosis Code

4.3.9 Amphetamines

Policy
- Pharmacy claims for amphetamine drug products, when prescribed for Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy will be reimbursed when the policy coverage is followed.

- Age limitations for most amphetamines are from three years old to twenty-one years old.

- When an FDA approved indication exists for an amphetamine product for ages greater than twenty-one, that product is covered when a diagnosis of ADD, ADHD or narcolepsy is submitted with the pharmacy claim.

- For those products which do not have an FDA approved indication for ages greater than twenty-one, only a diagnosis of narcolepsy is acceptable.

- Only original prescriptions are covered with no allowances for refills.

Documentation Required
- Prescription shall be handwritten and signed by prescriber.

Accepted Values –Diagnosis Code(s) & Description(s)
ADD
ADHD
Narcolepsy

Required NCPDP Field(s)
424 - DO - Diagnosis Code

Possible Denial EOB Code(s)
020 - M/I Diagnosis Code
234 - Age Restriction
461 - Refills not Payable

4.3.10 Analeptics: Armodafinil (Nuvigil®), Modafinil (Provigil®), Pitolisant (Wakix®), and Solriamfetol (Sunosi®)

Diagnosis Code
-Pharmacy claims for select analeptics require an appropriate diagnosis code documented on the hardcopy prescription by the prescriber or pharmacist. The pharmacist may document the diagnosis code after electronic or verbal consultation with the prescribing practitioner on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

The appropriate diagnosis codes are listed in the chart.

Medication	Description of Diagnosis	ICD-10-CM Diagnosis Code
Armodafinil (Nuvigil®); Modafinil (Provigil®)	Obstructive Sleep Apnea	G47.33
	Circadian rhythm sleep disorder, shift work type	G47.26
	Narcolepsy	G47.4*
Solriamfetol (SunosiTM)	Obstructive Sleep Apnea	G47.33
	Narcolepsy	G47.4*
Pitolisant (Wakix®)	Narcolepsy	G47.4*

* - any number or letter or combination of UP TO FOUR numbers and letters of an assigned

-Pharmacy claims submitted without an appropriate diagnosis code will deny at Point of Sale (POS).

Therapeutic Duplication
-Pharmacy claims for modafinil (Provigil®) and armodafinil (Nuvigil®) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for either modafinil (Provigil®) and armodafinil (Nuvigil®).

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®) pharmacy claims should deny at POS when there is an active claim on the recipient's file for either solriamfetol (Sunosi®) or pitolisant (Wakix®).

Therapeutic Duplication with Stimulants
-Pharmacy claims for armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®), and solriamfetol (Sunosi®) will deny at POS when there is an active claim on the recipient's file for other stimulants or atomoxetine (Strattera®).

Concurrent Use with Sedative Hypnotics
-Pharmacy claims for armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®), and solriamfetol (Sunosi®) will deny at Point of Sale (POS) when 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 armodafinil (Nuvigil®), modafinil (Provigil®), pitolisant (Wakix®), or solriamfetol (Sunosi®).

Age Limits
Pharmacy claims for modafinil (Provigil®) and armodafinil (Nuvigil®) will deny at Point of Sale (POS) when the recipient is 16 years old or younger.

Pharmacy claims for solriamfetol (Sunosi®) and pitolisant (Wakix®) will deny at POS when the recipient is less than 18 years old.

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

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

Accepted Values - Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict) - Reason for Service Code - TD (Therapeutic Duplication) or NN (Unnecessary Drug) or AT (Additive Toxicity)
440-E5 Field (DUR Intervention) - Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) - Result of Service Code - 1G (Filled with Prescriber Approval)
418-DI level of Services - Enter "03" for Emergencies

Possible Denial EOB Code(s)
234- P/F Age Restriction
531-Drug Use Not Warranted
575- Missing or invalid diagnosis code
423-Additive Toxicity
482-Therapeutic Duplication

4.3.11 Anthelmintics

Select anthelmintics may require prior authorization.

Pharmacy claims for ivermectin (Stromectol®) require an approved diagnosis code at Point of Sale for reimbursement.

Possible Denial EOB Code
575- Missing or Invalid ICD-10-CM diagnosis code

4.3.12 Anti-Anxiety Drugs

Policy
Select anti-anxiety drugs are subject to Point of Sale edits for age requirement, quantity limit, diagnosis code, concurrent use, prior use, and therapeutic duplication.

Age Requirement
Pharmacy claims for for alprazolam ER (Xanax XR®), alprazolam ODT (Niravam®), and lorazepam (Loreev XR™) prescribed for recipients 17 years of age or younger will deny.

Quantity Limits
Pharmacy claims for solid oral dosage forms of alprazolam IR (Xanax®), chlordiazepoxide, lorazepam (Ativan®), lorazepam (Loreev XR™), oxazepam, clonazepam (Klonopin®), clorazepate (Tranxene®), and diazepam (Valium®) will have quantity limits of 90 units per rolling 30 days. There is also a quantity limit of 30 units per rolling 30 days for alprazolam ER (Xanax XR®).

Acceptable diagnosis codes that will bypass the quantity limit edit are:

Diagnosis Code (ICD-10)	Description
G40.*	Epilepsy, seizures
P90	Convulsions in newborn
R56.*	Other Convulsions

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

Diagnosis Code
- All claims for alprazolam ER (Xanax XR®) and alprazolam ODT (Niravam®) will require a diagnosis code.

Acceptable diagnosis codes for alprazolam (Xanax XR®) are:

Diagnosis Code (ICD-10)	Description
F41.0	Panic disorder without agoraphobia
F40.01	Panic disorder with agoraphobia

Acceptable diagnosis codes for alprazolam ODT (Niravam®) are:

Diagnosis Code (ICD-10)	Description
F41.0	Panic disorder without agoraphobia
F40.01	Panic disorder with agoraphobia
F41.1	Generalized anxiety disorder

Concurrent Use
Pharmacy claims for lorazepam (Loreev XR™) will deny if there is an active claim on the recipient's file for an opioid. Pharmacy claims for an opioid will deny if there is an active claim on the recipient's file for lorazepam (Loreev XR™).

Prior Use
An incoming pharmacy claim for lorazepam (Loreev XR™) will deny if there is no evidence of a pharmacy claim for **ONE** of the following in the most recent 30-day period:
- a quantity of at least 90 lorazepam immediate-release tablets; **OR**
- any quantity of lorazepam (Loreev XR™).

Therapeutic Duplication
An incoming pharmacy claim for lorazepam (Loreev XR™) will deny with a therapeutic duplication if there is an active pharmacy claim on the recipient's profile for another anxiolytic medication. Conversely, an incoming pharmacy claim for another anxiolytic medication will deny with a therapeutic duplication if there is an active pharmacy claim for lorazepam (Loreev XR™) on the recipient's profile.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO Diagnosis Code
439-E4 Field (DUR Conflict) – Reason for Service Code – TD or EX
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
234-P/F Age Restriction
362- Prior Use of Lorazepam
423- Potential Additive Toxicity
482-Therapeutic Duplication
457- Quantity and/or Days Supply Exceeds Program Maximum
575-Missing or Invalid Diagnosis Code

4.3.13 Anticoagulants

Policy
Pharmacy claims for anticoagulants will have quantity limits and duration of therapy edits for reimbursement.

Quantity Limits
The quantity limits for the anticoagulant agents are listed in the chart.

Generic	Representative Brand	Dosage Form	Quantity Limit
Apixaban	Eliquis®	Tablet	60 units/30 days
Apixaban Starter Pack	Eliquis® Starter Pack	Tablet Dose Pack	1 unit/365 days
Dabigatran Etexilate Mesylate	Pradaxa®	Capsule	60 units/30 days
Dalteparin Sodium	Fragmin®	Vial/Syringe	60 units/30 days
Edoxaban Tosylate	Savaysa®	Tablet	30 units/30 days
Enoxaparin Sodium	Lovenox®	Vial/Syringe	60 units/30 days
Fondaparinux Sodium	Arixtra®	Syringe	30 units/30 days
Rivaroxaban 2.5mg	Xarelto®	Tablet	60 units/30 days
Rivaroxaban 10mg, 15mg & 20mg	Xarelto®	Tablet	30 units/30 days
Rivaroxaban Starter Pack	Xarelto® Starter Pack	Tablet Dose Pack	1 unit/365 days

Duration of Therapy
The duration of therapy limit for select anticoagulants are listed in the chart.

Generic	Representative Brand	Maximum Duration of Therapy*
Dalteparin	Fragmin®	35 days
Enoxaparin	Lovenox®	35 days
Fondaparinux Sodium	Arixtra®	35 days

*Maximum 35-day course of therapy within a 90-day period

Exemptions
Pharmacy claims are exempt from the maximum duration of therapy edit when there is a diagnosis code of the following submitted in NCPDP-field 424-DO:

Diagnosis Code	Description
C00.*-C96.*	Cancer
O00.*-O9A.*	Pregnancy
* - any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code	

Possible NCPDP Field(s)
NCPDP 439-E4 field (DUR Conflict)- Reason for Service Code- EX (Excessive Quantity)
NCPDP 439-E4 field (DUR Conflict)- Reason for Service Code- MX (Excessive Duration)
NCPDP 440-E5 field (DUR Intervention)-Professional Service Code- M0 (Prescriber Consulted)
NCPDP 441-E6 field (DUR Outcome) -Result of Service Code- 1G (Filled with Prescriber Approval)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code(s)
457-Quantity and/or days supply exceeds program maximum
656-Exceeds maximum duration of therapy

4.3.14 Antihistamines

Policy
- Pharmacy claims for single-entity antihistamines are covered.
- Antihistamine-decongestant combinations are covered when prescribed for the medically approved indication of allergic rhinitis (seasonal or perennial).
- Pharmacy claims for first and/or second generation antihistamines and antihistamine-decongestant products will deny if there is an active claim on the recipient's file for another first and/or second generation antihistamine or antihistamine- decongestant product.

The claims will deny at Point of Sale (POS) with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 482 (Therapeutic Duplication)

A change in therapy from an antihistamine to an antihistamine-decongestant or the reverse will have override provisions. The pharmacist may override the claim denial after consultation with the prescriber by submitting the following override codes at POS:

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)

Claims for antihistamines/antihistamines and antihistamine-decongestants/antihistamine-decongestants can only be overridden in emergency circumstances. These claims will require consultation and approval from the prescribing provider to override the therapeutic duplication. After consultation with the prescribing provider, the pharmacist may override the therapeutic

duplication with the emergency override. The pharmacist must document "Emergency" on the hardcopy prescription and the reason why the prescribing provider choose to override the therapeutic duplication.

Exclusions: Claims for diphenhydramine, hydroxyzine HCl, and hydroxyzine pamoate will not be included in this edit.

Documentation Required
- The pharmacist must **document** on the hardcopy prescription the reason the prescriber choose to override the therapeutic duplication.
- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values –-Diagnosis Code(s) & Description(s)
N/A
Required NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – TD
440-E5 Field (DUR Intervention) – Professional Service Code – MØ
441-E6 Field (DUR Outcome) – Result of Service Code – 1G
418-DI Field (Level of Service)- Enter "03" for Emergencies

Possible Denial EOB Code(s)
482-Therapeutic Duplication

4.3.15 Anti-Infective, Anti-Fungal, and Corticosteroids

Pharmacy claims for select anti-infective, anti-fungal, and corticosteroids have quantity limits.

Medication	Dosage Form	Quantity Limit
Ciclopirox Olamine 0.77%	Suspension	60ml/30 days
Ciprofloxacin HCl 0.2%	Otic Solution	2 packs of 14 singles/30 days
Clobetasol Propionate 0.05%	Cream	100gm/30 days
Clobetasol Propionate 0.05%	Ointment	120gm/30 days
Clobetasol Propionate 0.05%	Solution	100ml/30 days
Doxycycline Hyclate / Monohydrate	Capsule	60 caps of any strength/30 days
Econazole Nitrate 1%	Cream	85gm/30 days
Gentamicin Sulfate 0.3%	Ophthalmic Ointment	3.5gm/30 days
Gentamicin Sulfate 0.3%	Ophthalmic Solution	5ml/30 days
Gentamicin Sulfate 0.1%	Cream	30gm/30 days
Gentamicin Sulfate 0.1%	Ointment	30gm/30 days
Itraconazole 100mg	Capsule	120 caps/30 days
Itraconazole 100mg	Capsule Pulsepak	1 pack (28 caps) / 28 days
Itraconazole 65mg	Capsule	120 caps/30 days
Ketoconazole 2%	Shampoo	120ml/30 days
Ketoconazole 2%	Cream	60gm/30 days

Medication	Dosage Form	Quantity Limit
Mupirocin 2%	Cream	30gm/30 days
Mupirocin 2%	Ointment	22gm/30 days
Nystatin 100,000 units/gm	Cream	60gm/30 days
Nystatin 100,000 units/gm	External Powder	60gm bottle; 2 bottles/30 days
Nystatin 100,000 units/gm	Ointment	60gm/30 days

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.16 Antiretroviral Agents

Pharmacy claims for select antiretroviral agents require a diagnosis code for reimbursement. The following chart lists acceptable diagnosis codes.

ICD-10-CM Diagnosis Code	Diagnosis Description
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B w/o delta-agent and without hepatic coma
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B19.1	Unspecified viral hepatitis B
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
W46.0XXA	Contact with hypodermic needle (initial enc.)
W46.0XXD	Contact with hypodermic needle (subsequent enc.)
W46.1XXA	Contact with contaminated hypodermic needle (initial enc.)
W46.1XXD	Contact with contaminated hypodermic needle (subsequent enc.)
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.6	Contact with and (suspected) exposure to HIV
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z20.89	Contact with and (suspected) exposure to other communicable diseases

ICD-10-CM Diagnosis Code	Diagnosis Description
Z20.9	Contact with and (suspected) exposure to unspecified communicable disease
Z22.51	Carrier of viral hepatitis B
Z72.5	High risk sexual behavior
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
Z77.9	Other contact with and (suspected) exposure hazardous to health

Required NCPDP Field(s)
424- DO - Diagnosis Code

Possible Denial EOB Code
575-Missing or Invalid Diagnosis Code

4.3.17 Antipsychotic Agents

Policy
- Prescriptions for antipsychotic agents are subject to the following for reimbursement:
  - Diagnosis Code Requirement,
  - Therapeutic Duplication,
  - Age Limits,
  - Maximum Daily Dosage Limits, and
  - Quantity Limits.

Diagnosis Code Requirement
Prescriptions for antipsychotic agents require appropriate diagnosis codes for reimbursement. The numeric diagnosis code must be documented on the hardcopy prescription by either the prescriber or the pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile. After consultation with the prescriber, the pharmacist must document the diagnosis code on the hard copy prescription or in the pharmacy's electronic recordkeeping system. The diagnosis code is required for the claim submission.
Pharmacy claims for all antipsychotic medications with a missing or invalid diagnosis code will deny at Point of Sale (POS) with:

> **NCPDP rejection code 39** (Missing or Invalid diagnosis code) mapped to
> **EOB code 575** (Missing or Invalid diagnosis code)

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Unit is closed, the pharmacist, using his/her professional judgment, may deem the filling of the

antipsychotic prescription to be an 'emergency.' In these emergency cases, the pharmacist must indicate 'Emergency Prescription' on the hardcopy prescription or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing the alternative diagnosis code in NCPDP field 424-DO (Diagnosis Code) and by placing '**03**' in NCPDP Field 418-DI (Level of Service).

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
Aripiprazole (Abilify®) Oral	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Major Depressive Disorder
	F84.0	Irritability in Autistic Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions,
	F95.*, G25.6*	Tics/Tourette's Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F84.* F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9	Aggression in: Pervasive Developmental Disorder Explosive Personality Disorder Unsocialized Aggression Impulse Control Disorder Intermittent Explosive Disorder Isolated Explosive Disorder Conduct Disorder Disruptive Behavior Disorder
	F42, F48.1, F60.0, F60.3	Additional Covered Codes: Obsessive-Compulsive Disorders Depersonalization Disorder Paranoid Personality Disorder Borderline Personality Disorder
Aripiprazole (Abilify®) Injection	F20.*, F25.*	Agitation in Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Agitation in Bipolar Disorder, Agitation in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951,	Agitation in: Dementias Psychosis Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Agitation in Major Depressive Disorder
	F84.*	Agitation in Pervasive Developmental Disorder (PDD)
Aripiprazole (Abilify Maintena®) Injection Suspension	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions,
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Asenapine (Saphris®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder Manic or Mixed , Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Clozapine (Clozaril®, FazaClo®, Versacloz®)	F20.*, F25.*	Schizophrenia / Recurrent Suicidal Behavior in Schizophrenia or in Schizoaffective Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions,
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Iloperidone (Fanapt®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921,	Dementias, Psychosis, Delusions,

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Lurasidone (Latuda®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Depression, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Olanzapine (Zyprexa®, Zyprexa Zydis®) Oral	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97,	Dementias, Psychosis, Delusions,

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9	Aggression in: Pervasive Developmental Disorder Explosive Personality Disorder Unsocialized Aggression Impulse Control Disorder Intermittent Explosive Disorder Isolated Explosive Disorder Conduct Disorder Disruptive Behavior Disorder
	F42, F48.1, F60.0, F60.3	Additional Covered Codes: Obsessive-Compulsive Disorders Depersonalization Disorder Paranoid Personality Disorder Borderline Personality Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Olanzapine (Zyprexa®) Injection	F20.*, F25.*	Agitation in Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Agitation in Bipolar Mania, Agitation in Bipolar Disorder, Agitation in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950,	Agitation in: Dementias Psychosis Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Agitation in Major Depressive Disorder
	F84.*	Agitation in Pervasive Developmental Disorder (PDD)
Olanzapine (Zyprexa Relprevv®) Injection Suspension	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Olanzapine/ Fluoxetine (Symbyax®)	F31.3*, F31.4, F31.5, F31.75, F31.76, F31.81, F31.9, F32.*, F33.*, F34.1	Depression
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Depression, Negative Symptoms of Psychoses in Bipolar Disorder, Negative Symptoms of Psychoses in Other Episodic Mood Disorders
	F20.*, F25.*	Negative Symptoms of Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251,	Negative symptoms of: Dementias Psychosis Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F84.*	Negative Symptoms of Pervasive Developmental Disorder (PDD)
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Negative Symptoms of Psychoses in Major Depressive Disorder
Paliperidone (Invega®) Oral	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Paliperidone (Invega Sustenna®) Injection Suspension	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions,
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Paliperidone (Invega Trinza®) Injection	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Delusions, Dementia, Psychosis
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
Quetiapine (Seroquel®)	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Mania, , Bipolar Depression, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F95.*, G25.6*	Tics/Tourette's Disorder
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9	Aggression in: Pervasive Developmental Disorder Explosive Personality Disorder Unsocialized Aggression Impulse Control Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
		Intermittent Explosive Disorder Isolated Explosive Disorder Conduct Disorder Disruptive Behavior Disorder
	F42, F48.1, F60.0, F60.3	Additional Covered Codes: Obsessive-Compulsive Disorders Depersonalization Disorder Paranoid Personality Disorder Borderline Personality Disorder
Quetiapine ER (Seroquel XR®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Major Depressive Disorder, Psychoses in Major Depressive Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F95.*, G25.6*	Tics/Tourette's Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9	Aggression in: Pervasive Developmental Disorder Explosive Personality Disorder Unsocialized Aggression Impulse Control Disorder Intermittent Explosive Disorder Isolated Explosive Disorder Conduct Disorder Disruptive Behavior Disorder
	F42, F48.1, F60.0, F60.3	Additional Covered Codes: Obsessive-Compulsive Disorders Depersonalization Disorder Paranoid Personality Disorder Borderline Personality Disorder
Risperidone (Risperdal®, Risperdal M-Tab®) Oral	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder Manic or Mixed Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F84.0	Irritability in Autistic Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F95.*, G25.6*	Tics/Tourette's Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9	Aggression in: Pervasive Developmental Disorder Explosive Personality Disorder Unsocialized Aggression Impulse Control Disorder Intermittent Explosive Disorder Isolated Explosive Disorder Conduct Disorder Disruptive Behavior Disorder
	F42, F48.1, F60.0, F60.3	Additional Covered Codes: Obsessive-Compulsive Disorders Depersonalization Disorder Paranoid Personality Disorder Borderline Personality Disorder
Risperidone	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
(Risperdal Consta®) Injection Suspension	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F95.*, G25.6*	Tics/Tourette's Disorder
	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
Ziprasidone (Geodon®) Oral	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
Ziprasidone (Geodon®) Oral (cont'd)	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F60.3, F63.3, F63.8*, F63.9, F84.*, F91.1, F91.8, F91.9	Aggression in: Pervasive Developmental Disorder Explosive Personality Disorder Unsocialized Aggression Impulse Control Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
		Intermittent Explosive Disorder Isolated Explosive Disorder Conduct Disorder Disruptive Behavior Disorder
	F42, F48.1, F60.0, F60.3	Additional Covered Codes: Obsessive-Compulsive Disorders Depersonalization Disorder Paranoid Personality Disorder Borderline Personality Disorder
Ziprasidone (Geodon®) Injection	F20.*, F25.*	Agitation in Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Agitation in: Dementias Psychosis Delusions
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Agitation in Bipolar Disorder, Agitation in Other Episodic Mood Disorders

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Agitation in Major Depressive Disorder
	F84.*	Agitation in Pervasive Developmental Disorder (PDD)
Chlorpromazine (Thorazine®) Injection/Oral	A35	Tetanus
	E80.0, E80.1, E80.20, E80.21, E80.29	Porphyria
	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Mania, Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F43.24, F63.81, F91.1, F91.8, F91.9	Severe Behavioral Problems
	F90.*	Hyperkinetic Syndrome
	R06.6	Hiccough
	G43.A0, K91.0, R11.*	Nausea and Vomiting
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
Fluphenazine (Prolixin®) Oral/ Injection/ Decanoate Injection	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions,
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Haloperidol (Haldol®) Oral	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F43.24, F63.81, F91.1, F91.8, F91.9	Severe Behavioral Problems
	F90.*	Hyperkinetic Syndrome
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F95.*, G25.6*	Tics/Tourette's Disorder
Haloperidol (Haldol®) Lactate Injection	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F95.*, G25.6*	Tics/Tourette's Disorder
Haloperidol (Haldol®) Decanoate Injection	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias, Psychosis, Delusions
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
Loxapine (Adasuve®) Aerosol Inhalation Powder	F20.*, F25.*	Agitation in Schizophrenia or Schizoaffective Disorder
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Agitation in Bipolar Disorder, Agitation in Other Episodic Mood Disorders
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Agitation in: Dementias, Psychosis, Delusions
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Agitation in Major Depressive Disorder
	F84.*	Agitation in Pervasive Developmental Disorder (PDD)
Loxapine (Loxitane®) Oral	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Perphenazine (Trilafon®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	G43.A0, K91.0, R11.*	Severe Nausea and Vomiting
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
Perphenazine/ Amitriptyline (Triavil®, Etrafon®)	F06.4, F34.1, F41.*	Anxiety
	F31.3*, F31.4, F31.5, F31.75, F31.76, F31.81, F31.9, F32.*, F33.*, F34.1	Depression
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Bipolar Disorder with Depression, Other Episodic Mood Disorders with Depression
	F20.*, F25.*	Schizophrenia with Depression, Schizoaffective Disorder with Depression

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	Dementias with Depression, Psychosis with Depression, Delusions with Depression
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD) with Depression
Pimozide (Orap®)	F95.*, G25.6*	Tics/Tourette's Disorder
Prochlorperazine (Compazine®) Oral	F06.4, F34.1, F41.*	Anxiety
	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	G43.A0, K91.0, R11.*	Severe Nausea and Vomiting
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
Prochlorperazine (Compazine®) Rectal	G43.A0, K91.0, R11.*	Severe Nausea and Vomiting
Prochlorperazine (Compazine®) Injection	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	G43.A0, K91.0, R11.*	Severe Nausea and Vomiting
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
Thioridazine (Mellaril®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
Thiothixene (Navane®)	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)
Trifluoperazine (Stelazine®)	F06.4, F34.1, F41.*	Anxiety
	F20.*, F25.*	Schizophrenia or Schizoaffective Disorder
	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97,	Dementias, Psychosis, Delusions

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
	F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89	
	F30.*, F31.*, F32.8, F34.8, F34.9, F39	Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders
	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9	Psychoses in Major Depressive Disorder
	F84.*	Aggression or Irritability in Pervasive Developmental Disorder (PDD)

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

Therapeutic Duplication
Claims for prescriptions for a **third** antipsychotic agent will deny when there are **two active** prescriptions for antipsychotic agents on a recipient's file.

Claims for Olanzapine/Fluoxetine will deny when there are two active prescriptions for anti-psychotic agents and/or one active prescription for a Selective Serotonin Reuptake Inhibitor (SSRI) on the recipient's file.

Pharmacy claims for a recipient with an active oral antipsychotic prescription on file will deny when an additional pharmacy claim for a second oral antipsychotic prescription is submitted.

Pharmacy claims for a recipient with an active injectable antipsychotic prescription on file will deny when an additional pharmacy claim for a second injectable antipsychotic prescription is submitted.

Age and Maximum Daily Dosage Limits
Pharmacy claims for selected antipsychotic medications will be subject to age and dosage limits.

The age and dosage limits for selected antipsychotic medications are listed in the chart.

Description	Maximum Dosage	Limit	Sample Brand Name	Age (Y = Year)
Aripiprazole	**30 mg**	**Daily**	**Abilify®**	**18 Y And >**
Aripiprazole	**5 mg**	**Daily**	**Abilify®**	**< 5 Y**

Description	Maximum Dosage	Limit	Sample Brand Name	Age (Y = Year)
Aripiprazole	20 mg	Daily	Abilify®	5 - 12 Y
Aripiprazole	30 mg	Daily	Abilify®	13 - 17 Y
Aripiprazole	N/A	N/A	Aristada Initio®	0-5 Y
Aripiprazole	N/A	N/A	Aristada Initio®	6- 17 Y
Asenapine	N/A	N/A	Saphris®	<15Y
Asenapine	10 mg	Daily	Saphris®	16-17 Y
Asenapine	20 mg	Daily	Saphris®	18 Y And >
Clozapine	900mg	Daily	Clozaril®	18Y And>
Iloperidone	N/A	N/A	Fanapt®	<15 Y
Iloperidone	16 mg	Daily	Fanapt®	16-17 Y
Iloperidone	24 mg	Daily	Fanapt®	18 Y And >
Lurasidone	N/A	N/A	Latuda®	≤ 9Y
Lurasidone	80 mg	Daily	Latuda®	10-17 Y
Lurasidone	160 mg	Daily	Latuda®	18 Y And >
Olanzapine	40 mg	Daily	Zyprexa®	18 Y And >
Olanzapine	10 mg	Daily	Zyprexa®	< 5 Y
Olanzapine	20 mg	Daily	Zyprexa®	5 - 12 Y
Olanzapine	30 mg	Daily	Zyprexa®	13 - 17 Y
Olanzapine/Fluoxetine	18 mg / 75 mg	Daily	Symbyax®	18 Y And >
Paliperidone	12 mg	Daily	Invega®	18 Y And >
Paliperidone	3 mg	Daily	Invega®	< 5 Y
Paliperidone	6 mg	Daily	Invega®	5 - 12 Y
Paliperidone	9 mg	Daily	Invega®	13 - 17 Y
Quetiapine	1200 mg	Daily	Seroquel®	18 Y And >
Quetiapine	100 mg	Daily	Seroquel®	< 5 Y

Description	Maximum Dosage	Limit	Sample Brand Name	Age (Y = Year)
Quetiapine	600 mg	Daily	Seroquel®	5 - 12 Y
Quetiapine	1000 mg	Daily	Seroquel®	13 - 17 Y
Risperidone	16 mg	Daily	Risperdal®	18 Y And >
Risperidone	3 mg	Daily	Risperdal®	< 5 Y
Risperidone	6 mg	Daily	Risperdal®	5 - 12 Y
Risperidone	8 mg	Daily	Risperdal®	13 - 17 Y
Risperidone	N/A	N/A	Perseris®	0-5 Y
Risperidone	N/A	N/A	Perseris®	6- 17 Y
Ziprasidone	200 mg	Daily	Geodon®	18 Y And >
Ziprasidone	30 mg	Daily	Geodon®	< 5 Y
Ziprasidone	60 mg	Daily	Geodon®	5 - 12 Y
Ziprasidone	120 mg	Daily	Geodon®	13 - 17 Y

Quantity Limits
Pharmacy claims for select antipsychotic medications have quantity limits.

The chart below lists quantity limits for select antipsychotic medications.

Generic Name	Strength	Sample Brand Name	Quantity Limit
Aripiprazole	441 mg/1.6 ml	Aristada®	2 (two) prefilled syringe/28 days
Aripiprazole	662 mg/2.4 ml	Aristada®	1 (one) prefilled syringe/28 days
Aripiprazole	882 mg/3.2 ml	Aristada®	1 (one) prefilled syringe/28 days
Aripiprazole	675 mg/2.4 ml	Aristada Initio®	1 (one) prefilled syringe/18 months
Risperidone	90mg, 120mg	Perseris®	1 (one) prefilled syringe/28 days

Documentation Required
- A valid diagnosis code for antipsychotic use must be written on the hardcopy prescription either by the prescriber or the pharmacist upon consultation with the prescriber.

- In the emergency situation stated above, the pharmacist must document "Emergency" and the emergency reason on the hardcopy prescription when the diagnosis code is not indicated by the prescriber and the prescriber is not available.

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a **third antipsychotic agent.**

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber requires **a dose above the maximum dose** for Antipsychotics (Appendix E-2).

- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a prescription for Olanzapine/Fluoxetine when there are two active prescriptions for antipsychotic agents and/or one active prescription for an SSRI on the recipient's file.

- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

Note: Refer to Refer to Chapter 37, *Pharmacy Benefits Management Services*, of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/ Edits and Appendix E-2 for detailed policy. Prescribing providers may call the RxPA Unit at the University of Louisiana at Monroe, School of Pharmacy at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the diagnosis codes submitted are not included in the list of covered diagnoses

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424 - DO (Diagnosis Code)
418 - DI Level of Services – **Enter "03" for Emergencies**
439-E4 Field (DUR Conflict) – Reason for Service Code – TD or HD
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
066-Clinical Authorization Required
325-Exceeds Maximum Daily Dose MD Fax Override Form to 866-797-2329
575 - M/I Diagnosis Code
482 - Therapeutic Duplication
529 - Exceeds Maximum Daily Dose

4.3.18 Aripiprazole (Aristada®)

Policy
Pharmacy claims for aripiprazole (Aristada®) will be subject to the following for reimbursement:

- Prior drug use requirement,
- Quantity limit,
- Age limit, and
- Diagnosis code requirement.

Prior Drug Use Requirement
Pharmacy claims for aripiprazole (Aristada®) will deny if there are no claims for oral aripiprazole within the most current 30 day period with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB Code 531 (Drug Use Not Warranted)

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) NN (Unnecessary Drug)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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

Quantity Limit
Pharmacy claims for aripiprazole (Aristada®) will have quantity limits of:

STRENGTH	QUANTITY LIMIT
441mg syringe	2 units every 28 days
662mg syringe	1 unit every 28 days
882mg syringe	1 unit every 28 days

Claims exceeding the quantity limit will reject with:

NCPDP rejection 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 POS system using NCPDP service codes; however, emergency provisions are available by contacting the University of Louisiana at Monroe (ULM) Prior Authorization (PA) desk at (866) 730-4357.

Age Limit

Recipients 0-5 years old

Pharmacy claims for aripiprazole (Aristada®) for recipients 0-5 years old will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Recipients 6-17 years old

Pharmacy claims for aripiprazole (Aristada®) will deny when the recipient is 6-17 years old at POS with:

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

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) PA (Drug-Age)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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

Diagnosis Requirement

Prescriptions for aripiprazole (Aristada®) require a valid ICD-10-CM diagnosis code. Acceptable diagnosis codes are listed below and must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921,

	F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Aripiprazole (Aristada®) claims submitted at POS without an appropriate diagnosis will deny with:

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

Note: Prescribing providers may call the Louisiana Medicaid RxPA Operations Unit at the University of Louisiana at Monroe (ULM) at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the ICD-10-CM diagnosis codes submitted are not included in the table of covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the antipsychotic prescription to be an "emergency". In these emergency cases, the pharmacist must indicate "Emergency Prescription" on the hardcopy prescription or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing the 'alternative' ICD-10-CM diagnosis code in the NCPDP field 424-DO (Diagnosis Code) and by placing '03' in NCPDP 418-DI field (Level of Service).

Documentation Required
N/A

Accepted Values – ICD-10-CM-Diagnosis Code(s) & Description
A valid ICD-10-CM diagnosis code is required.

Possible NCPDP Field(s)
NCPDP 439-E4 Field (Reason for Service Code) NN (Unnecessary Drug)
NCPDP 440-E5 Field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) 1G (Filled with Prescriber Approval)
NCPDP 439-E4 Field (Reason for Service Code) PA (Drug-Age)

NCPDP 440-E5 Field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) 1G (Filled with Prescriber Approval)

418-DI Field (Level of Service)- **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066-Clinical Authorization Required
234-P/F Age Restriction
457-Quantity and/or days supply exceeds program maximum
531-Drug Use Not Warranted
575-Missing or Invalid Diagnosis Code

4.3.19 Asenapine (Secuado®)

Pharmacy claims for asenapine (Secuado®) will be subject to the following:

- Maximum daily dose,
- Quantity limit, and
- Therapeutic duplication.

Maximum Daily Dose
Pharmacy claims for asenapine (Secuado®) for recipients 0-17 years of age will deny when the maximum daily dose exceeds 0 mg.

Quantity Limit
Pharmacy claims for asenapine (Secuado®) will have a quantity limit of 30 patches per 30 days.

Therapeutic Duplication
A pharmacy claim for asenapine (Secuado®) will deny with a therapeutic duplication if the recipient has an active prescription on file for any traditional and/or atypical oral antipsychotic. Conversely, a pharmacy claim submitted for a traditional or atypical oral antipsychotic will deny if the recipient has an active prescription on file for asenapine (Secuado®).

Possible NCPDP Field(s)
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)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066-Clinical Authorization Required
325-Exceeds Maximum Daily Dose-Override Using PA Process
482-Therapeutic Duplication
457-Quantity and/or days' supply exceeds program maximum

4.3.20 Aspirin

Policy
- Claims billed for prescriptions with a dosage of Acetylsalicylic Acid (Aspirin) that exceeds a maximum dose of four (4) grams per day will deny.

Possible Denial EOB Code(s)
529-Exceeds Maximum Daily Dose

Possible NCPDP Field(s)
NCPDP 439-E4 Field (Reason for Service Code) – HD (High Dose)
NCPDP 440-E5 Field (Professional Service Code) – M0 (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) – 1G (Filled with Prescriber Approval)

4.3.21 Attention Deficit Hyperactivity Disorder (ADHD)

4.3.21.1 ADHD Medications for Recipients Less Than 48 Months Old

Policy
Pharmacy claims for Attention Deficit Hyperactivity Disorder **(**ADHD) medications in recipients less than 48 months old will be reimbursed when the prescriber has obtained an approved clinical authorization. Prescribing providers must complete the Louisiana Uniform Prescription Drug Prior Authorization Form. Behavioral Medication Therapy Clinical Authorization Form and the Behavioral Medication Therapy Worksheet. The form and worksheet should be faxed to the RxPA Operations Unit at 1- 866-797-2329.

Pharmacy claims without an approved clinical authorization for recipients less than 48 months will deny at Point of Sale (POS) with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.
Clonidine and Guanfacine
Pharmacy claims will bypass the clinical authorization requirement at Point of Sale for clonidine IR (tablet), clonidine (transdermal), and guanfacine IR with at least one of the following diagnosis codes:

Diagnosis Code	Description
I10, I11.*, I12.*, I13.*, I15.*	Hypertensive disease
Q20.*, Q21.*, Q22.*, Q23.*, Q24.*, Q25.*, Q26.*, Q27.*, Q28.*	Hypertension in congenital heart disease

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

Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Accepted Values –Diagnosis Code(s) & Description(s)
An appropriate diagnosis code is required.

Required NCPDP Field(s)
424 - DO - Diagnosis Code

Possible Denial EOB Code(s)
066-Clinical Authorization Required
461 - Refills not Payable

4.3.21.2 Diagnosis Code Requirements on Attention Deficit Hyperactivity

Disorder/Attention Deficit Disorder (ADHD/ADD) Prescriptions

Prescriptions for Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) require appropriate diagnosis codes for reimbursement.

The numeric diagnosis code must be documented on the hardcopy prescription by either the prescriber or the pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile. After consultation with the prescriber, the pharmacist must document the diagnosis code on the hard copy prescription or in the pharmacy's electronic recordkeeping system. The diagnosis code is required for the claim submission.

Pharmacy claims for ADHD/ADD medications with missing or invalid diagnosis codes will deny at Point of Sale (POS) with**:**

> **NCPDP rejection code 39** (Missing or Invalid Diagnosis Code) mapped to
> **EOB code 575** (Missing or Invalid Diagnosis Code)

When recipients are established on the ADHD/ADD medications, but the diagnosis codes submitted are not included in the list of covered diagnoses, prescribing providers may call the RxPA Operations Unit at the University of Louisiana at Monroe, School of Pharmacy at 1-866-730-4357 for guidance.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Unit is closed, the pharmacist, using his/her professional judgment, may deem the filling of the ADHD/ADD prescription as an 'emergency.' In these emergency cases, the pharmacist must indicate 'Emergency Prescription' on the hardcopy prescription or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by: placing '03' in NCPDP Field 418-DI (Level of Service).

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
Dexmethylphenidate (Focalin®, Focalin XR®)	F90.*	Hyperkinetic Syndrome
	R53.0	Cancer-Related Fatigue
Methylphenidate IR, ER, CD, LA, TD patch (Concerta®, Daytrana®, Metadate CD®, Metadate ER®, Methylin®, Quillivant XR®, Ritalin®, Ritalin LA®, Ritalin SR®)	F90.*	Hyperkinetic Syndrome
	G47.4*	Narcolepsy
	R53.0	Cancer-Related Fatigue
Atomoxetine (Strattera®)	F90.*	Hyperkinetic Syndrome
Clonidine IR (Catapres®, Catapres-TTS®) Diagnosis only required for recipients 0 through 20 years of age.	F90.*	Hyperkinetic Syndrome
	I10, I11.*, I12.*, I13.*, I15.*	Hypertension
	F95.*, G25.6*	Tics/Tourette's Disorder
	Q20.*, Q21.*, Q22.*, Q23.*, Q24.*, Q25.*, Q26.*, Q27.*, Q28.*	Hypertension in Congenital Heart Disease
Clonidine ER (Kapvay®)	F90.*	Hyperkinetic Syndrome
	F95.*, G25.6*	Tics/Tourette's Disorder
Guanfacine IR (Tenex®) Diagnosis only required for recipients 0 through 20 years of age.	F90.*	Hyperkinetic Syndrome
	I10, I11.*, I12.*, I13.*, I15.*	Hypertension
	F95.*, G25.6*	Tics/Tourette's Disorder
	Q20.*, Q21.*, Q22.*, Q23.*, Q24.*, Q25.*, Q26.*, Q27.*, Q28.*	Hypertension in Congenital Heart Disease
Guanfacine ER (Intuniv®)	F90.*	Hyperkinetic Syndrome
	F95.*, G25.6*	Tics/Tourette's Disorder

Drug Name	Covered ICD-10-CM Diagnosis Codes	Diagnosis Description
Dextroamphetamine / Amphetamine (Adderall®, Adderall XR®)	F90.*	Hyperkinetic Syndrome
	G47.4*	Narcolepsy
Dextroamphetamine Sulfate (Dexedrine®, ProCentra®, Zenzedi®)	F90.*	Hyperkinetic Syndrome
	G47.4*	Narcolepsy
Lisdexamfetamine (Vyvanse®)	F90.*	Hyperkinetic Syndrome

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

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible NCPDP Field(s)
418-DI Level of Service – Enter **"03"** for **Emergencies**

Possible Denial EOB Code(s)
575-Missing or Invalid Diagnosis Code

4.3.22 Behavioral Health Medications for Recipients Less Than 7 Years Old

Pharmacy claims for behavioral health medications for recipients less than 7 years old will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved Clinical Authorization.

Prescribers must complete in full and fax the Louisiana Uniform Prescription Drug Prior Authorization Form to the RxPA Unit at 1-866-797-2329.

Pharmacy claims submitted for behavioral health medications for recipients less than 6 years old will deny with:

> **NCPDP rejection code 88** (DUR reject error) mapped to
> **EOB Code 66** (Clinical Authorization Required).

Exceptions:

Clonazepam, Clorazepate, Diazepam, and Injectable Lorazepam
A pharmacy claim will bypass the Clinical Authorization requirement at Point of Sale for clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), and injectable lorazepam (Ativan ® injection) when one of the following seizure related diagnosis codes is submitted in NCPDP field 424-DO (Diagnosis Code).

Diagnosis Code	Description
G40*	Epilepsy and Recurrent Seizures
P90	Convulsions in Newborn
R56.1	Post-Traumatic Seizures
R56.9	Convulsions, Other Than Febrile

*Any number or letter or combination of up to four numbers and letters of an assigned diagnosis code.

Clonidine and Guanfacine
A pharmacy claim will bypass the Clinical Authorization requirement at Point of Sale for clonidine IR (tablet), clonidine (transdermal), and guanfacine IR when one of the following hypertension-related diagnosis codes is submitted in NCPDP field 424-DO (Diagnosis Code).

Diagnosis Code	Description
I10, I11*,I12*, I13*, I15*	Hypertensive Disease
Q20*, Q21*, Q22*, Q23*, Q24*, Q25*, Q26*, Q27*, Q28*	Hypertension in Congenital Heart Disease

*Any number or letter or combination of up to four numbers and letters of an assigned diagnosis code.

Perphenazine and Prochlorperazine
A pharmacy claim will bypass the Clinical Authorization requirement at Point of Sale for perphenazine and prochlorperazine (Compazine®) when one of the following nausea and vomiting diagnosis codes is submitted in NCPDP field 424-DO (Diagnosis Code).

Diagnosis Code	Description
G43.A0, K91.0, R11*	Severe Nausea and/or Vomiting

*Any number or letter or combination of up to four numbers and letters of an assigned diagnosis code.

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
An ICD-10-CM diagnosis code is applicable at Point of Sale when using a bypass diagnosis.

Possible Form(s) Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
424-DO-Diagnosis Code

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.23 Botulinum Toxins: OnabotulinumtoxinA (Botox®) and IncobotulinumtoxinA (Xeomin®)

Pharmacy claims for onabotulinumtoxinA (Botox®) and incobotulinumtoxinA (Xeomin®) have quantity limits and diagnosis code requirements at Point of Sale (POS) for reimbursement.

Quantity Limits

- **OnabotulinumtoxinA (Botox®)**
  Pharmacy claims for onabotulinumtoxinA (Botox®) have quantity limits of 6 units every rolling 84 days for the 100 unit vial and 3 units every rolling 84 days for the 200 unit vial.
- **IncobotulinumtoxinA (Xeomin®)**
  Pharmacy claims for IncobotulinumtoxinA (Xeomin®) have quantity limits of 400 units every rolling 90 days.

Claims will deny at POS when the quantity limit is exceeded with:

NCPDP rejection code 76 (Quantity and/or days supply exceeds program maximum) mapped to
EOB code 457 (Quantity and/or days supply exceeds program maximum)

Diagnosis Code Requirement
Prescriptions for onabotulinumtoxinA (Botox®) and incobotulinumtoxinA (Xeomin®) require an appropriate diagnosis code documented on the hard copy prescription by either the prescriber or pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile. After consultation with the prescriber, the pharmacist must document the diagnosis code on the hard copy prescription or in the pharmacy's electronic recordkeeping system. The diagnosis code is required for the claim submission.

Acceptable Diagnosis Codes for OnabotulinumtoxinA (Botox®)

Axillary Hyperhidrosis	L74.510
Blepharospasm	G24.5
Cervical Dystonia	G24.3
Chronic Migraine (Prophylaxis)	G43.7*
Overactive Bladder	N32.81
Strabismus	H49*, H50*, H51*
Upper or Lower Limb Spasticity Associated with Multiple Sclerosis (Relapsing)	G35
Upper or Lower Limb Spasticity Associated with Cerebral Palsy	G80.0, G80.1, G80.2, G80.4, G80.8, G80.9

Upper or Lower Limb Spasticity Associated with Spastic Hemiplegia	G81.1*
Upper or Lower Limb Spasticity Associated with Complete Quadriplegia	G82.53
Upper or Lower Limb Spasticity Associated with Incomplete Quadriplegia	G82.54
Upper Limb Spasticity Associated with Diplegia of Upper Limb	G83.0
Spasticity Associated with Monoplegia of Upper or Lower Limb	G83.1*, G83.2*, G83.3*
Spasticity Associated with Monoplegia of Upper or Lower Limb due to Late Effects Cerebrovascular Disease	I69.•31, I69.•32, I69.•33, I69.•34, I69.•39, I69.•41, I69.•42, I69.•43, I69.•44, I69.•49
Upper or Lower Limb Spasticity Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)	S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*
Upper or Lower Limb Spasticity Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury	S14.0*, S14.1•5*, S14.1•6*, S14.1•7*
Urinary Incontinence (Detrusor Overactivity Associated with Neurological Disease)	N36.44, N31.9

* - any number or letter or combination of UP TO FOUR numbers and letters of a valid ICD-10-CM diagnosis code

• - any ONE number or letter of a valid ICD-10-CM diagnosis code

Acceptable Diagnosis Codes for IncobotulinumtoxinA (Xeomin®)

ICD-10-CM Diagnosis Code(s)	Description
G24.5	Blepharospasm
G24.3	Cervical Dystonia
K11.7	Chronic Sialorrhea
G35	Upper Limb Spasticity (ULS) Associated with Multiple Sclerosis (Relapsing)
G80.0, G80.1, G80.2, G80.4, G80.8, G80.9	Upper Limb Spasticity (ULS) Associated with Cerebral Palsy
G81.1*	Upper Limb Spasticity (ULS) Associated with Spastic Hemiplegia
G82.53	Upper Limb Spasticity (ULS) Associated with C5-C7 Complete Quadriplegia
G82.54	Upper Limb Spasticity (ULS) Associated with C5-C7 Incomplete Quadriplegia
G83.0	Upper Limb Spasticity (ULS) Associated with Diplegia of Upper Limb
I69.•31, I69.•32, I69.•33, I69.•34, I69.•39	Upper Limb Spasticity (ULS) Associated with Monoplegia of Upper Limb due to Late Effects of Cerebrovascular Disease

ICD-10-CM Diagnosis Code(s)	Description
I69.•51, I69.•52, I69.•53, I69.•54, I69.•59	Upper Limb Spasticity (ULS) Associated with Hemiplegia due to Late Effects of Cerebrovascular Disease
S06.1*, S06.2*, S06.3*, S06.4*, S06.5*, S06.6*, S06.8*, S06.9*	Upper Limb Spasticity (ULS) Associated with Intracranial Injury of Other and Unspecified Nature (Traumatic Brain Injury)
G83.2*	Upper Limb Spasticity (ULS) Associated with Monoplegia of Upper Limb
S14.0*, S14.1•5, S14.1•6, S14.1•7	Upper Limb Spasticity (ULS) Associated with Spinal Cord Injury without Evidence of Spinal Bone Injury (C5-C7)

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

- Any ONE number or letter of an assigned ICD-10-CM diagnosis code

Claims will deny when a missing or invalid diagnosis code is submitted at Point of Sale:

NCPDP rejection code 39 (Missing or Invalid ICD-10 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-10 diagnosis code)

Documentation Required
A valid diagnosis code must be written on the hardcopy prescription by the prescriber or pharmacist. The pharmacist upon consultation with the prescriber may document the diagnosis code on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
An acceptable diagnosis code must be submitted at Point of Sale.

Possible NCPDP Field(s)
418-DI Field (Level of Service)-Enter "**03**" for **Emergencies**

Possible Denial EOB Code(s)
457- Quantity and/or days supply exceeds program maximum
575-Missing or Invalid Diagnosis Code

4.3.24 Brexpiprazole (Rexulti®)

Policy
Prescriptions for brexpiprazole (Rexulti®) have clinical edits at Point of Sale (POS) for the following:

- Maximum daily dosage,
- Clinical Authorization (based on age), and
- Diagnosis codes.

Maximum Daily Dosage Limit

Recipients 0-5 years old
Pharmacy claims for brexpiprazole (Rexulti®) for recipients 0-5 years old will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Recipients 6-15 years old
Pharmacy claims for any strength of brexpiprazole (Rexulti®) for recipients 6-15 years old will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329)

Overrides will be addressed using an Override Request Form (Rx PA16) and through contact with staff at the Prior Authorization Unit at the University of Louisiana at Monroe (ULM).

Recipients 16 – 17 years old
Pharmacy claims for brexpiprazole (Rexulti®) for recipients 16 – 17 years old, when the dose exceeds 4mg/day, will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 325 (Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329)

Overrides will be addressed using an Override Request Form (Rx PA16) and through contact with staff at the Prior Authorization Unit at the University of Louisiana at Monroe (ULM).

Recipients 18 years old or older
Pharmacy claims for brexpiprazole (Rexulti®) for recipients 18 years old or older, when the dose exceeds 4mg/day, will deny at POS with:

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

After consultation with the prescriber to verify the necessity of a dose greater than the max dose for a recipient 18 years old or older, the pharmacist may override the denial by submitting in:
NCPDP 439-E4 field (Reason for Service Code) HD (High Dose)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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

Diagnosis Code Requirement
Prescriptions for brexpiprazole (Rexulti®) require a valid ICD-10-CM diagnosis code to be submitted at Point of Sale (POS) for payment. The diagnosis code must be documented on the hard copy prescription or in the pharmacy's electronic recordkeeping system.

Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Pharmacy claims for Brexpiprazole (Rexulti®) submitted at POS without an appropriate diagnosis code will deny with:

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

Note: Prescribing providers may call the Prior Authorization Unit at the University of Louisiana at Monroe (ULM) at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the ICD-10-CM diagnosis codes submitted are not included in the table of covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the antipsychotic prescription to be an "emergency". In these emergency cases, the pharmacist must indicate "Emergency Prescription" on the hardcopy prescription or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing the 'alternative' ICD-10-CM diagnosis code in the NCPDP field 424-DO (Diagnosis Code) and by placing '03' in NCPDP 418-DI field (Level of Service).

Documentation Required
N/A

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form
PA Request for Prescription Override

Accepted Values – ICD-10-Diagnosis Code(s) & Description
A valid ICD-10-CM diagnosis code is required.

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code) HD (High Dose)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

418-DI field (Level of Service)- **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066- Clinical Authorization Required
325 -Exceeds Max Daily Dose MD Fax Override Form to 866-797-2329
529- Exceeds maximum daily dose
575- Missing or Invalid diagnosis code

4.3.25 Buprenorphine and Buprenorphine/Naloxone Agents (Bunavail®, Suboxone®, and Zubsolv®)

Policy

Prescriber Requirements
- Prescriptions for buprenorphine and buprenorphine/naloxone agents are covered only when the prescriber:

- is a physician,
- has an XDEA number and is licensed to prescribe buprenorphine containing drugs, and
- is on file with the fiscal intermediary as having submitted a Provider Enrollment Update Form and a copy of his/her current Controlled Substance Registration Certificate indicating the XDEA number.

Age Limits
- Patient must be 16 years of age or older.

Diagnosis Code Requirements
- Prescriptions for buprenorphine and buprenorphine/naloxone agents (Bunavail®, Suboxone®, and Zubsolv®) require an appropriate diagnosis code documented on the hard copy prescription by either the prescriber or pharmacist. The diagnosis code may be communicated to the pharmacist electronically, via telephone, or facsimile. After consultation with the prescriber, the

pharmacist must document the diagnosis code on the hard copy prescription or in the pharmacy's electronic recordkeeping system. The diagnosis code is required for the claim submission.
- An acceptable diagnosis code for buprenorphine and buprenorphine/naloxone agents is listed in the following chart:

ICD-10-CM Diagnosis Code	Description
F11.2*	Opioid Type Dependence

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

Dosage Limits
- Prescriptions are only payable when the daily dose does not exceed the maximums:
Suboxone®

- A maximum of up to 24mg/day of buprenorphine (or buprenorphine equivalent) is allowed per recipient.
- A maximum of up to 17.1 mg/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 11.4 mg/day (based on buprenorphine) is allowed per recipient.

Buprenorphine Tablet Sublingual (Generic)

- A maximum of 24mg/day is allowed per recipient.

No overrides are allowed.

Quantity Limits on Buprenorphine-Naloxone Products
Pharmacy claims for buprenorphine/naloxone products will have quantity limits as listed in the chart.

Product	Dose Form Route	Buprenorphine/Naloxone Strength		Quantity Limit (units/day)
Bunavail®	Film Buccal	2.1mg	0.3mg	1
		4.2mg	0.7mg	2
		6.3mg	1mg	2
Buprenorphine/Naloxone	Tablet Sublingual	2mg	0.5mg	1
		8mg	2mg	2
Suboxone®	Film Sublingual	2mg	0.5mg	1
		4mg	1mg	1
		8mg	2mg	2
		12mg	3mg	2
Zubsolv®	Tablet Sublingual	1.4mg	0.36mg	1
		2.9mg	0.71mg	1
		5.7mg	1.4mg	1
		8.6mg	2.1mg	2
		11.4mg	2.9mg	1

Therapeutic Duplication
- Incoming prescriptions for buprenorphine or buprenorphine/naloxone agents will deny when there is an active prescription for either buprenorphine or buprenorphine/naloxone agents on the recipient's file. *An active prescription is a prescription in which the days supply has not expired.* **No overrides are allowed.**
- **Concurrent prescriptions for opioid analgesics and/or benzodiazepines with buprenorphine or buprenorphine/naloxone® active prescriptions** will be reimbursed only when issued by the **same physician** who prescribed Suboxone® or buprenorphine for the patient. *An active prescription is a prescription in which the days supply has not expired.*

- When a patient has an active prescription for any opioid analgesic (including buprenorphine or buprenorphine/naloxone agent) issued by the **same prescriber**, the incoming prescription will deny as a therapeutic duplication. *The pharmacist shall contact the physician for his/her authorization to assure the physician wants concurrent therapy before filling the incoming opioid prescription and* ***override the denial edit.***
- Concurrent opioid analgesic and/or benzodiazepine prescriptions written by a **different prescriber** for patients on buprenorphine or buprenorphine/naloxone agents will deny. **No overrides are allowed.**

Documentation Required
- A valid diagnosis code must be written on the hardcopy prescription by the prescriber or pharmacist. The pharmacist upon consultation with the prescriber may document the diagnosis code on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy for therapeutic prescriptions.

Note: Refer to Chapter 37, *Pharmacy Benefits Management Services*, of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/ Edits for detailed policy.

Accepted Values –Diagnosis Code(s) & Description(s)
F11.2* = Opioid Type Dependence

Required NCPDP Field(s)
424-DO - Diagnosis Code
439-E4 Field (DUR Conflict) – Reason for Service Code – TD
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
234 - Age Restriction
471 - Drug to Drug Interaction
482 - Therapeutic Duplication
514 - Prescribing Provider Does Not Have Prescriptive Authority
529 - Exceeds Maximum Daily Dose
575 - Missing or Invalid Diagnosis Code

4.3.26 Buprenorphine Implant Kit (Probuphine®)

Policy

Buprenorphine implant kit (Probuphine®) pharmacy claims will be reimbursed under the following:

- Prescriber requirements;
- Age requirements;
- Diagnosis code requirements;
- Quantity limits; and
- Therapeutic duplication.

Prescriber Requirements

- The prescriber is a physician.
- The prescriber has an XDEA number.
- The prescriber is licensed to prescribe buprenorphine implant kit (Probuphine®) and has provided a copy of his/her current Controlled Substance Registration Certificate indicating XDEA number and a copy of a Provider Enrollment File Update form to Provider Enrollment.
- Only original prescriptions are covered with no allowances for refills.

If a physician does not meet these requirements, a claim will deny with:

NCPDP rejection code 71 (Prescriber is Not Covered) mapped to EOB code 514 (Prescribing Provider Does Not Have Prescriptive Authority).

Age Requirements

- The patient must be 16 years of age or older.

Claims will deny when the recipient is less than 16 years old with:

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

Diagnosis Code Requirements

Prescriptions for buprenorphine agents require an appropriate diagnosis code entered at claim submission. The diagnosis code may be documented on the hard copy prescription or by the pharmacist after written or verbal consultation with the physician.

ICD-10-CM Diagnosis Code (s)	Description
F11.2*	Opioid Type Dependence

Claims submitted without a valid diagnosis code will deny with:

NCPDP rejection code 39 (Missing or Invalid diagnosis code) mapped to EOB code 575 (Missing or Invalid diagnosis code).

Quantity Limits
Buprenorphine implant kits (Probuphine®) have a quantity limit of 2 implant kits per 720 rolling days.

Claims which exceed the quantity limit will deny with:

NCPDP rejection code 76 (Quantity and/or days supply exceeds program maximum) mapped to
EOB code 457 (Quantity and/or days supply exceeds program maximum).

Therapeutic Duplication
When a patient has an active prescription for any opioid analgesic (including buprenorphine) written by the same prescriber, the incoming buprenorphine prescription will deny as a therapeutic duplication.

The claim will deny with:

NCPDP rejection code 88 (DUR reject error) mapped to
EOB code 482 (Therapeutic Duplication).

An override of the denial may be done with completion of the following steps. The pharmacist will have to contact the physician for his/her authorization to verify the physician wants concurrent therapy before entering an override for the denial edit. If the prescriber authorizes use of both prescriptions, the pharmacist must document the codes listed below on the hardcopy prescription and submit the override:

NCPDP 439-E4 field (Reason for Service Code)- TD (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code)- MO (Prescriber Consulted)
NCPDP 441-E6 (Result of Service Code)- 1G (Filled with Prescriber Approval)

Concurrent opioid analgesic and/or benzodiazepines prescriptions written by a different prescriber for patients on buprenorphine will deny. **There are no provisions for overrides.** Incoming prescriptions for buprenorphine agents will deny when there is an active prescription for buprenorphine agents on the recipient's file. **There are no provisions for overrides.**

Documentation Required
A valid diagnosis code and XDEA number must be documented and submitted at claims submission.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted.

Possible NCPDP Field(s)
NCPDP field 424-DO (Diagnosis Code)
NCPDP 439-E4 field (Reason for Service Code)- TD (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code)- MO (Prescriber Consulted)
NCPDP 441-E6 (Result of Service Code)- 1G (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
234- P/F Age Restriction
457- Quantity and/or days supply exceeds program maximum
482- Therapeutic Duplication
514- Prescribing provider does not have prescriptive authority
575- Missing or invalid diagnosis code

4.3.27 Buprenorphine Transdermal Patches (Butrans®)

Policy
- Prescriptions for buprenorphine transdermal patches (Butrans®) require an appropriate **diagnosis code** documented on the prescription **hard copy either** by the prescriber or the pharmacist when this information is communicated by the prescriber to the pharmacist electronically, via telephone or facsimile.

- Claims submitted for buprenorphine patches without a diagnosis code or with a diagnosis code related to the management of addictive disorders or substance abuse will deny.

- There is no provision to override the denial when a diagnosis code related to the management of addictive disorders or substance abuse is submitted. **No Overrides are allowed.**

- Prescriptions are only payable when the daily dose does not exceed the maximums **(Appendix E-2). No Overrides are allowed.**

Documentation Required
- A valid diagnosis must be written on the hardcopy prescription either by the prescriber or the pharmacist upon consultation with the prescriber.

- In the emergency situation when the prescriber does not indicate a diagnosis code on the prescription and the prescriber cannot be reached, a denial for a missing diagnosis code may be overridden if the pharmacist determines that the recipient cannot wait to receive the medication.

Note: Refer to Refer to Chapter 37, *Pharmacy Benefits Management Services*, of the Louisiana Medicaid Program Provider Manual, Section 37.5.8 Prospective Drug Utilization Policies/Limits/ Edits and **Appendix E-2** for detailed policy.

Accepted Values –Diagnosis Code(s) & Description(s)
Diagnosis other than one related to the management of addictive disorders or substance abuse.

Required NCPDP Field(s)
424-DO – (Diagnosis Code)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575 - Missing/or Invalid Diagnosis Code
529 - Exceeds Maximum Daily Dose- No POS overrides

4.3.28 Cannabidiol (Epidiolex®)

Pharmacy claims for cannabidiol (Epidiolex®) have a prior use requirement (in a previous 365-day period) of the following:

- **ONE** paid claim for cannabidiol (Epidiolex®); **OR**
- A paid claim in the previous 365 days for at least **TWO** of the following agents (brand/generic or preferred/non-preferred formulations) below:
  - Clobazam
  - Felbamate
  - Lamotrigine
  - Levetiracetam
  - Rufinamide
  - Topiramate
  - Valproate derivatives

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
214- Prior Use Anticonvulsant

4.3.29 Cariprazine (Vraylar®) and Cariprazine (Vraylar®) Therapy Pack

Policy
Pharmacy claims for cariprazine (Vraylar®) and cariprazine (Vraylar®) Therapy Pack are subject to the following edits at Point of Sale:

- Dose Limit,
- Age Limit,
- Diagnosis Code Requirement, and
- Prior Use Requirement.

Dose Limit for cariprazine (Vraylar®)

Recipients 15 years old or less
Pharmacy claims for any strength of cariprazine (Vraylar®) for recipients 15 years old or less will deny.

Recipients 16 – 17 years old
Pharmacy claims for cariprazine (Vraylar®) for recipients 16 – 17 years old and a dose greater than 4.5mg/day will deny.

Recipients 18 years old or older
Pharmacy claims for cariprazine (Vraylar®) for recipients 18 years old or older and a dose greater than 6 mg/day will deny.

CARIPRAZINE (VRAYLAR®) THERAPY PACK

Age Limit for cariprazine (Vraylar®) Therapy Pack

For recipients 15 years old or less
Pharmacy claims for any strength of cariprazine (Vraylar®) Therapy Pack will deny for recipients 15 years old or less.

Quantity Limit for cariprazine (Vraylar®) Therapy Pack
Pharmacy claims for cariprazine (Vraylar®) Therapy Pack will have a quantity limit of 1 package per recipient (not to exceed one package per 18 months).

CARIPRAZINE (VRAYLAR®) and CARIPRAZINE (VRAYLAR®) THERAPY PACK

Diagnosis Requirement for cariprazine (Vraylar®) and cariprazine (Vraylar®) Therapy Pack

Pharmacy claims for cariprazine (Vraylar®) and cariprazine (Vraylar®) Therapy Pack require a valid ICD-10-CM diagnosis code submitted at POS. The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

The chart below contains the valid ICD-10-CM diagnosis codes for cariprazine (Vraylar®).

Diagnosis	ICD-10-CM Diagnosis Code
Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150, F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251,

Diagnosis	ICD-10-CM Diagnosis Code
	F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Prior Use for cariprazine (Vraylar®) and Lurasidone (Latuda®)
Pharmacy claims for cariprazine (Vraylar®) and lurasidone (Latuda®) will be approved at Point of Sale if there is evidence of prior use of the requested medication or a preferred generic antipsychotic agent.

If there is no evidence of prior use of the requested medication or a preferred generic antipsychotic agent within the previous 365 days, claims submitted for cariprazine (Vraylar®) and lurasidone (Latuda®) will deny.

Documentation Required
A record of the consultation with the prescriber to verify the necessity of the override should be documented on the hardcopy prescription or in the pharmacy's electronic record keeping system.

Accepted Values –Diagnosis Code(s) & Description
424-DO Diagnosis Code

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code) HD (High Dose)
NCPDP 440-E5 field (Professional Service Code) MO (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)
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)

418-DI Level of Services – Enter "03" for Emergencies

Possible Forms
Prescription Override Form (Rx PA16)

Possible Denial EOB Code(s)
150-Requires Prior Use of a Preferred Generic
234- P/F Age Restriction
325-Exceeds maximum daily dose-MD Fax Override Form to 866-797-2329
457- Quantity and/or days supply exceeds program maximum
529-Exceeds maximum daily dose
575- Missing or Invalid diagnosis code

4.3.30 Carisoprodol

Policy
- Payable only when quantity does not exceed ninety (90) tablets per rolling ninety (90) days.

- The quantity limit is cumulative and applies to all strengths and combinations of carisoprodol.

- Cumulative quantities in excess of the quantity limit will not process for payment through the Point of Sale (POS) System.

- No early refills permitted.

- No overrides are allowed.

Documentation Required
N/A

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
457 - Quantity and/or Days Supply exceed program maximum.

4.3.31 Cefiderocol (Fetroja®)

Pharmacy claims for cefiderocol (Fetroja®) have a clinical authorization requirement.

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.32 Clabradine Oral (Mavenclad®)

Pharmacy claims for cladribine oral **(**Mavenclad®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.33 Codeine

Policy
Prescriptions for codeine containing products have an age limit. The acceptable age limits are listed in the chart.

Description	Age (Y=Year)
Codeine (Single Ingredient)	≥18 Y
Codeine Combination Product	≥12 Y

Pharmacy claims for **single ingredient codeine products** and **codeine combination products** will deny at POS if the recipient does not meet the minimum age requirements with:

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

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code)- PA (Drug-Age)
NCPDP 440-E5 field (Professional Service Code)- M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G- (Filled with Prescriber Approval)

Possible Denial EOB Code(s)
234- P/F Age Restriction

4.3.34 Collangenase Topical (Santyl®)

Prescriptions for collagenase topical (Santyl®) will have a quantity limit of seven (7) 90 gram tubes per prescription, for a total of 630 grams.

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**
Possible Denial EOB Code(s)
153- Quantity Exceeds Max-MD Fax Override Form 866-797-2329

4.3.35 COVID-19 Oral Antiviral Agents

Nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir are oral antiviral agents used in the treatment of COVID-19 under Emergency Use Authorization (EUA). Currently, the federal government covers the cost of oral COVID-19 antiviral agents. Therefore, Louisiana Medicaid will reimburse enrolled pharmacies for the professional dispensing fee only for oral COVID-19 antiviral agents.

Pharmacy claims for nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir will have edits for age and quantity limits. Nirmatrelvir/ritonavir (Paxlovid®) and molnupiravir are subject to the following quantity limits and age requirements at Point of Sale.

Drug	Quantity Limit	Age Requirement
nirmatrelvir/ritonavir (Paxlovid®)	30 tablets/5 days	≥12 years
molnuprivir	40 tablets/5 days	≥18 years

Required NCPDP Field(s)

NCPDP Field Number	NCPDP Field Name	Value	Comment
407-D7	Product/Service ID	**COVID-19 Oral Antiviral Agent:** 11 Digit NDC	**COVID-19 Oral Antiviral Agent:** NDC
409-D9	Ingredient Cost	**COVID-19 Oral Antiviral Agent:** $0.00 or $0.01	**COVID-19 Oral Antiviral Agent:** Bill a value of $0.00 with a Basis of Cost Determination of 15 when the product is free to the pharmacy. Bill a value of $0.01 with a Basis of Cost Determination of 1 when the product is not free to the pharmacy.
423-DN	Basis of Cost Determination	**COVID-19 Oral Antiviral Agent:** 15 or 1	**COVID-19 Oral Antiviral Agent:** A value of "15" (free product or no associated cost=$0.00) or a value of "1" with an ingredient cost $0.01.
411-DB	Prescriber ID	Prescriber/ Pharmacist/ Pharmacy Medicaid Number or NPI	**COVID-19 Oral Antiviral Agent:** Enter the Prescriber's LA Medicaid Issued Number (FFS Only) or NPI
558-AW	Flat Sales Tax Paid	$0.10	Add provider fee of $0.10.

NCPDP Field Number	NCPDP Field Name	Value	Comment
442-E7	Quantity Dispensed	**COVID-19 Oral Agent:** Per Tablet	**COVID-19 Oral Agent (Quantity Limits):** Paxlovid®= 30 tabs/5 days Molnuprivir= 40 tabs/5 days
444-E9	Provider ID	Pharmacist Medicaid Number (FFS Only) or NPI	The Pharmacist's LA Medicaid Issued Number (FFS Only) or NPI
465-EY	Provider ID Qualifier	05 07	NPI State Issued (FFS Only)

Possible Denial EOB Code(s)
457-Quantity and/or Days Supply Exceeds Program Maximum
234- P/F Age Restriction

4.3.36 COVID-19 OTC At Home Tests, FDA Authorized

FDA authorized OTC at home COVID-19 tests are covered. This includes coverage of tests with prescriptions from prescribers and tests authorized by pharmacists and/or pharmacies. Federal regulations and applicable state laws require that third-party carrier(s) be billed first before Medicaid is billed. Currently, there is **no copay** assessed for OTC at home FDA authorized COVID-19 Tests.

Required NCPDP Field(s)

NCPDP Field Number	NCPDP Field Name	Value	Comment
407-D7	Product/Service ID	**COVID-19 Test:** 11 Digit UPC	**COVID-19 Test:** UPC
409-D9	Ingredient Cost	**COVID-19 Test:** $0.00 or $0.01	**COVID-19 Test:** Bill a value of $0.00 with a Basis of Cost Determination of 15 when the product is free to the pharmacy. Bill a value of $0.01 with a Basis of Cost Determination of 1 when the product is not free to the pharmacy.
420-DK	Submission Clarification Code (SCC)	**COVID-19 Test:** 42	**COVID-19 Test:** Populate with 42 when prescribing provider is a pharmacist or pharmacy. SCC code 42 does not bypass enrollment requirements.

NCPDP Field Number	NCPDP Field Name	Value	Comment
423-DN	Basis of Cost Determination	**COVID-19 Test:** 15 or 1	**COVID-19 Test:** A value of "15" (free product or no associated cost=$0.00) or a value of "1" with an ingredient cost ≥ $0.01.
411-DB	Prescriber ID	Prescriber/ Pharmacist/ Pharmacy Medicaid Number or NPI	**COVID-19 Test:** Enter the Prescriber's LA Medicaid Issued Number or NPI **OR** in the Absence of a Prescription from a Prescriber, the Pharmacist's or Pharmacy's LA Medicaid Issued Number (FFS Only) or NPI
558-AW	Flat Sales Tax Paid	$0.10	Add provider fee of $0.10.
442-E7	Quantity Dispensed	**COVID-19 Test:** Single packs (1) or multi-pack test kits (2 tests);	**COVID-19 Test:** The quantity limit is 4 packs of 2 or 8 COVID-19 tests per 30 rolling days.
444-E9	Provider ID	Pharmacist Medicaid Number (FFS Only) or NPI	The Pharmacist's LA Medicaid Issued Number (FFS Only) or NPI
465-EY	Provider ID Qualifier	05 07	NPI State Issued (FFS Only)

4.3.37 Crisaborole (Eucrisa®)

Pharmacy claims for crisaborole (Eucrisa®) are subject to a quantity limit of 300 gm per rolling 365 days.

Pharmacy claims for crisaborole (Eucrisa®) are also subject to a prior use edit. If there is no evidence of prior use of crisaborole (Eucrisa®), a topical corticosteroid or a topical calcineurin inhibitor within the previous 180 days, pharmacy claims submitted for crisaborole (Eucrisa®), will deny.

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
281-Prior Use of Topical Steroid/Calcineurin Inhibitor

4.3.38 Cytokine and Cell-Adhesion Molecule (CAM) Antagonists

Policy
Pharmacy claims for cytokine and cell-adhesion molecule (CAM) antagonists require an approved clinical authorization for reimbursement.

Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required

4.3.39 Deferasirox (Exjade®, Jadenu®)

Pharmacy claims for deferasirox (Exjade®, Jadenu®) are subject to age limitations and diagnosis code requirements.

Recipient 2 years old or less
Pharmacy claims for deferasirox (Exjade®) will deny for recipients 2 years old or less with an age restriction.

Recipient 2 years old and older
The acceptable diagnosis codes for deferasirox (Exjade®, Jadenu®) for recipients 2 years old and older are listed in the chart below.

Covered Indications at POS	ICD-10-CM Diagnosis Code
2-9 years of age	
Chronic iron overload due to blood transfusion	E83.111
10 years of age and older	
Chronic iron overload due to blood transfusion	E83.111
Chronic iron overload in non-transfusion-dependent thalassemia (NTDT) syndromes	D56.0, D56.1, D56.5, D56.8, D57.4*

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

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Possible NCPDP Field(s)
418-DI Level of Services – Enter "**03**" for **Emergencies**

Possible Denial EOB Code(s)
234-P/F Age Restriction
575- Missing or Invalid Diagnosis Code

4.3.40 Dextromethorphan/Quinidine (Nuedexta®)

Pharmacy claims for dextromethorphan/quinidine (Nuedexta®) have a quantity limit.

Generic Name	Brand Name	Quantity Limit
Dextromethorphan/Quinidine	Nuedexta®	60 tablets/30 days

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – EX (Excessive Quantity)
440-E5 Field (DUR Intervention) – Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) – Result of Service Code – 1G (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
457-Quantity and/or days' supply exceed program maximum

4.3.41 Diabetic Testing Supplies

Policy
- Diabetic supplies and glucometers for long term care recipients are not covered in the Medicaid Pharmacy Program or through prior authorization because they are covered in the nursing home per diem.
- Medicare Part B may be billed if the long term care recipient is eligible for the benefit.
- Medicaid is not obligated to pay the coinsurance and deductible for long term care recipients as these items are included in the Medicaid per diem supplies.
- All diabetic supply claims for recipients who are also Medicare Part B eligible must be submitted to the Medicare DMERC. These claims then automatically cross-over to the Medicaid fiscal intermediary for payment of the coinsurance and deductible amounts, where applicable.
-Diabetic testing supplies are subject to quantity limits and diagnosis codes as listed in the following chart.

Diagnosis	ICD-10-CM Diagnosis Code	Diagnosis Description	Quantity Limit
Non-Gestational Diabetes without insulin therapy	E08*, E09*, E013*	Diabetes Due to Other Conditions or Causes	100 Test Strips/90 days and 100 Lancets/90 days
	E011*	Type 2 Diabetes Mellitus	
Gestational Diabetes, Diabetes in Pregnancy, Non-Gestational Diabetes with insulin therapy	E10*	Type 1 Diabetes Mellitus	200 Test Strips/30 days and 200 Lancets/30 days
	O24*	Diabetes Mellitus in Pregnancy	
	Z79.4*	Long-Term (Current) Use of Insulin	

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

Documentation Required
N/A

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
385 - Diabetic Supplies not covered for LTC recipients
457 – Quantity and/or days' supply exceed program maximum
536 - Bill Medicare Part B
575-Missing or Invalid Diagnosis Code

4.3.42 Desmopressin (Nocdurna®)

Pharmacy claims for desmopressin (Nocdurna®) have a quantity limit.

Generic Name	Brand Name	Quantity Limit
Desmopressin	Nocdurna®	30 tablets/day

Possible NCPDP Field(s)

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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.43 Dichlorphenamide (Keveyis®)

Pharmacy claims for dichlorphenamide (Keveyis®) will be subject to a quantity limit of 120 tablets per 30 days.

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.44 Diroximel Fumarate (Vumerity®)

Pharmacy claims for diroximel fumarate (Vumerity®) will be subject to the following quantity limit.

Generic Name	Brand Name	Quantity Limit
Diroximel Fumarate	Vumerity®	1 starter bottle (106 capsules)/365 days
		1 maintenance bottle (120 capsules)/30 days

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.45 Dofetilide (Tikosyn®)

Pharmacy claims for dofetilide (Tikosyn®) require a clinical authorization.

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.46 Doxepin Cream (Prudoxin®, Zonalon®)

Pharmacy claims for doxepin cream will be subject to the following edits:

- diagnosis code requirement,
- age limit,
- quantity limit, and
- therapeutic duplication.

Diagnosis Code Requirement
Pharmacy claims for doxepin cream (Prudoxin®, Zonalon®) require a diagnosis code. The acceptable diagnosis codes are listed in the chart below.

Generic Name	Brand Name	Description of Diagnosis	ICD-10-CM Diagnosis Code
Doxepin Cream	Prudoxin®, Zonalon®	Atopic Dermatitis	L20*
		Lichen Simplex Chronicus	L28.0

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

Age Limit
Pharmacy claims for doxepin cream (Prudoxin®, Zonalon®) will deny when the recipient is less than 18 years old.

Quantity Limit
Pharmacy claims for doxepin cream (Prudoxin®, Zonalon® will have a quantity limit of 45 grams per rolling 30 days.

Therapeutic Duplication
Pharmacy claims for doxepin cream (Prudoxin®, Zonalon®) will deny with a therapeutic duplication if there is an active claim on the recipient's file for doxepin cream (Prudoxin®, Zonalon®).

Required NCPDP Field(s)
424- DO - Diagnosis Code

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575-Missing or Invalid Diagnosis Code
482-Therapeutic Duplication
234-P/F Age Restriction
457-Quantity and/or days' supply exceeds program maximum

4.3.47 Drospirenone/Ethinyl Estrdiol/Levomefolate Calcium Beyaz®)

Policy
- Reimbursed when a valid diagnosis code is submitted on the pharmacy claim.

- Diagnosis codes for cosmetic indications will not be accepted.

- No overrides allowed.

Documentation Required
N/A
Accepted Values –Diagnosis Code(s) & Description(s)
Diagnosis code other than a cosmetic diagnosis code.

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible Denial EOB Code(s)
575 – M/I Diagnosis Code

4.3.48 Dupilumab Injection (Dupixent®)

Pharmacy claims for dupilumab injection (Dupixent®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.49 Eculizumab (Soliris®)

Pharmacy claims for eculizumab (Soliris®) require a diagnosis code for reimbursement. The acceptable diagnosis codes are listed in the chart.

ICD-10-CM Diagnosis Code	Diagnosis Description
D59.3	Hemolytic-Uremic Syndrome
D59.5	Paroxysmal Nocturnal Hemoglobinuria (Marchiafava-Micheli)
G70.0*	Myasthenia Gravis
G36.0	Neuromyelitis Optica Spectrum Disorder (NMOSD)

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

Required NCPDP Field(s)
424- DO - Diagnosis Code

Possible Denial EOB Code
575-Missing or Invalid Diagnosis Code

4.3.50 Elagolix (Orilissa®)

Pharmacy claims for elagolix (Orilissa®) require an approved clinical authorization for reimbursement.

Form Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Posssible Denial EOB Code(s)
066- Clinical Authorization Required

4.3.51 Empagliflozin/Linagliptin/Metformin HCl (Trijardy®)

Pharmacy claims for empagliflozin/linagliptin/metformin HCl (Trijardy®) are subject to the following:

- Prior use requirement,
- Quantity limits, and
- Therapeutic Duplication.

Prior Use Requirement
An incoming claim for empagliflozin/linagliptin/metformin (Trijardy® XR), will deny if there is no evidence of one of the following in paid claims:

- at least a 90-day supply of ONE of the following in the previous 180-day period:
  - metformin AND either a DPP-4 or an SGLT2; OR
  - a combination product of DPP-4/metformin or SGLT2/metformin; OR
  - at least a 60-day supply of empagliflozin/linagliptin/metformin (Trijardy® XR) in the previous 90-day period.

Quantity Limit
Pharmacy claims for empagliflozin/linagliptin/metformin HCl (Trijardy®) have the following quantity limits listed in the chart.

Generic Name	Brand Name	Quantity Limit
Empagliflozin/linagliptin/ metformin HCl	Trijardy® XR 10/5/1000	30 tablets / 30 days
	Trijardy® XR 25/5/1000	30 tablets / 30 days
	Trijardy® XR 5/2.5/1000	60 tablets / 30 days
	Trijardy® XR 12.5/2.5/1000	60 tablets / 30 days

Therapeutic Duplication
A pharmacy claim for Trijardy® XR (empagliflozin/linagliptin/metformin HCl) will deny at Point of Sale (POS) when there is an active claim on the recipient's file for another DPP-4 inhibitor or a SGLT2 Inhibitor. Conversely, a claim for a DPP-4 inhibitor or a SGLT2 Inhibitor will deny at POS when there is an active claim on the recipient's file for Trijardy® XR (empagliflozin/linagliptin/metformin HCl).

Possible NCPDP Field(s)
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)
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)

Possible Denial EOB Code
080- Requires Prior Use Metformin and DPP-4 or SGLT2
457- Quantity and/or days' supply exceeds program maximum
482-Therapeutic Duplication

4.3.52 Eptinezumab-jjmr (Vyepti™)

Pharmacy claims for eptinezumab-jjmr (Vyepti™) will be subject to the following quantity limit.

Generic Name	Brand Name	Quantity Limit
Eptinezumab-jjmr	Vyepti™	3 single dose vials (100 mg/mL)/90 days

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.53 Esketamine Intranasal (Spravato®)

Pharmacy claims for esketamine intranasal (Spravato®) will be reimbursed when the prescriber has obtained an approved clinical authorization.

Form Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.54 Eteplirsen (Exondys 51®)

Policy
Pharmacy claims for eteplirsen (Exondys 51®) will have the following clinical edits:

- Clinical Authorization; and
- Diagnosis Code Requirement.

Clinical Authorization
Pharmacy claims for eteplirsen (Exondys 51®) will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Pharmacy claims for eteplirsen (Exondys 51®) without an approved clinical authorization will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 066 (Clinical Authorization Required).

Override provisions should be addressed through the Clinical Authorization process.

Diagnosis Code Requirement
The acceptable diagnosis codes for eteplirsen (Exondys 51®).

Medication	Diagnosis Description	ICD-10-CM Diagnosis Code*
Eteplirsen (Exondys 51®)	Duchenne Muscular Dystrophy	G71.0

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

Pharmacy claims for eteplirsen (Exondys 51®) submitted without an acceptable diagnosis code will deny at POS with:

NCPDP rejection code 39 (Missing or Invalid Diagnosis Code) mapped to EOB code 575 (Missing or Invalid Diagnosis Code).

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
An acceptable diagnosis code must be submitted at POS.

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
575 –Missing or Invalid Diagnosis Code

4.3.55 Etonogestrel (Nexplanon®)

Pharmacy claims for etonogestrel (Nexplanon®) have a quantity limit of one implant every 2 years.

Pharmacy claims which exceed this quantity limit will deny at the Point of Sale (POS) with:

NCPDP rejection code 76 (Quantity and/or days supply exceeds program maximum) mapped to
EOB code 457 (Quantity and/or days supply exceeds program maximum)

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial.

Documentation Required
The reason for the override and the NCPDP override codes must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code) EX (Excessive Quantity)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)
418-DI Level of Services – Enter **"03"** for **Emergencies**

Possible Denial EOB Code(s)
457- Quantity and/or days' supply exceeds program maximum

4.3.56 Ethinyl Estradiol/Norelgestromin Transdermal Patches (Ortho Evra®)

Policy
- Reimbursement for these transdermal patches, when dispensed using the package of three (3) must be billed in multiples of three.

- Claims billed that indicate quantities not in multiples of three (3) will deny with no provisions for override.

Documentation Required
N/A

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
120 – Quantity Invalid/Missing

4.3.57 Etonogestrel/Ethinyl Estradiol (Nuvaring®) Vaginal Ring

Policy
-Claims will deny when etonogestrel/ethinyl estradiol (Nuvaring®) vaginal ring is billed for quantities of four and greater. There is no provision for override.

-In addition, there will be a valid days supply range dependent on the quantity billed:
-If quantity = 1, then days supply must be 21 to 28,
-If quantity = 2, then days supply must be 42 to 56, and
-If quantity = 3, then days supply must be 63 to 84.

Documentation Required
- After consultation with the prescriber, the pharmacist must document the approval.

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – HD
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
457 – Quantity and/or Days Supply Exceeds Program Maximum

4.3.58 Fentanyl Nasal Solution (Lazanda®) and Fentanyl Sublingual Liquid (Subsys®)

Policy
-Pharmacy claims for fentanyl nasal solution (Lazanda®) and fentanyl sublingual liquid (Subsys®) require an appropriate diagnosis code documented on the hardcopy prescription by the prescriber or pharmacist. The pharmacist may document the diagnosis code after electronic or verbal consultation with the prescribing practitioner on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

-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 Restrictions)

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

Questions concerning an override for the age limit can be addressed by contacting the Pharmacy Benefits Management (PBM) Help Desk at 1-800-437-9101.

-**Note**: Refer to Point of Sale User Guide, Section 4.3.35 Schedule II (C-II Narcotic Agents), for additional information.

Documentation Required
All Schedule II Narcotic Agents prescriptions require a diagnosis code for payment.

Accepted Values – Diagnosis Code(s) & Descriptions
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO – Diagnosis Code

Possible NCPDP Field(s)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code(s)
243 – P/F Age Restriction
575 – Missing/or Invalid Diagnosis Code
461 – Refills not payable

4.3.59 Fertility Drugs

Policy
- Includes drugs such as:
  - Clomiphene Citrate tab 50 mg
  - Urofollitropin ampules 75 IU, and
  - Menotropins ampules 150 IU and 75 IU

- Drugs are covered only for medically indicated diagnoses other than fertility.

- A hard copy claim along with a copy of the original prescription indicating a diagnosis other than infertility must be submitted to the fiscal intermediary for processing and payment.

- No POS submission is allowed.

Documentation Required
- Physician certification in own handwriting on prescription of indication other than fertility treatment

- Hard copy claim with copy of original prescription and physician's diagnosis other than fertility treatment

Accepted Values –Diagnosis Code(s) & Description(s)
Diagnosis other than fertility with LDH Approval

Required NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
466 - Hard Copy Required; Fertility Preparation

4.3.60 Galcanezumab Injection (Emgality®)

Prescriptions for galcanezumab-gnlm (Emgality®) will be subject to a clinical authorization and quantity limit for reimbursement.

Galcanezumab-gnlm (Emgality®) 100 mg single-dose pen/syringe will have a quantity limit of one (1) carton of three (3) single-dose syringes per 30 days.

Form Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066- Clinical Authorization Required
457**-** Quantity and/or days supply exceeds program maximum

4.3.61 Givosiran (Givlaari®)

Pharmacy claims for givosiran (Givlaari®) have a clinical authorization requirement.

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.62 Granulocyte Colony Stimulating Factor (GCSF) Agents

The GCSF agents are listed in the following chart.

Granulocyte Colony Stimulating Factor (GCSF) Agents
Filgrastim (Neupogen®)
Filgrastim-aafi (Nivestym®)
Filgrastim-sndz (Zarxio®)
Pegfilgrastim (Neulasta®)
Pegfilgrastim-jmdb (Fulphila®)
Sargramostim (Leukine®)
Tbo-filgrastim (Granix®)

Pharmacy claims for Granulocyte Colony Stimulating Factor agents will be reimbursed when the prescriber has obtained an approved clinical authorization.

Override provisions should be addressed through the Clinical Authorization process.

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List, which gives drug specific Clinical Authorization criteria and instructions.

Form(s) Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.63 Growth Hormones

Policy

Clinical Authorization
Pharmacy claims for Growth Hormones require an approved clinical authorization or prior authorization for reimbursement.

Diagnosis Code Requirement
An acceptable diagnosis code is required for pharmacy claim submission.

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List, which gives drug specific clinical authorization criteria and instructions.

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values – ICD-9-CM Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
424-DO - Diagnosis Code
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
485-PA Required-MD Must Call ULM PA Operations Staff
575- Missing or Invalid Diagnosis Code

4.3.64 Hepatitis C Virus (HCV) Direct-Acting Antiviral (DAA) Agents

Hepatitis C Direct Acting Antiviral Agent(s) may be subject to clinical edits.

NOTE: Refer to the *Louisiana Medicaid Single PDL* for drug list, clinical forms, and instructions.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code

Forms(s)
Louisiana Uniform Prescription Drug Prior Authorization Form
Hepatitis C Virus (HCV) Medication Therapy Worksheet
Hepatitis C Virus (HCV) Treatment Agreement Form

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – ER (Overuse/Early Refill)
440-E5 Field (DUR Intervention) – Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) – Result of Service Code – 1G (Filled with Prescriber Approval)
418-DI Level of Services – Enter "**03**" for Emergencies

Possible Denial EOB Code(s)
234- P/F Age Restriction
447-Compliance Monitoring/Early or Late Refill
457-Quantity and/or days supply exceeds program maximum
482-Therapeutic Duplication
514-Prescribing provider does not have prescriptive authority
575-Missing or invalid diagnosis code
697-Exceeds maximum duration of therapy

4.3.65 Hereditary Angioedema (HAE) Agents

Pharmacy claims for Hereditary Angioedema agents require an approved clinical authorization for reimbursement. The select HAE agents are as follows:

- C1 Inhibitor, Human Injection (Berinert®)
- C1 Inhibitor, Human Injection (Cinryze®)
- C1 Inhibitor, Human Injection (Haegarda®)
- C1 Inhibitor (Recombinant) Injection (Ruconest®)
- Ecallantide Injection (Kalbitor®)
- Icatibant Acetate Injection (Firazyr®)
- Lanadelumab Injection (Takhzyro®)

Form Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.66 Hydrocodone Containing Drugs

Policy

Pharmacy claims for hydrocodone containing drugs which are in excess of the quantity limit will deny.

Prescriptions for hydrocodone containing drugs will be limited to:

-45 units per 15 days for hydrocodone/acetaminophen;
-30 units per 15 days for hydrocodone bitartrate capsule ER 12 hour;
-15 units per 15 days for hydrocodone bitartrate tablet ER 24 hour;
-and 30 units per 15 days for hydrocodone/ibuprofen within a 30 day period.

Hydrocodone claims which exceed the 15 day quantity limit within a 30 day period will deny through Point of Sale (POS) with:

> **NCPDP rejection code 76** (Quantity and/or days supply exceeds program maximum) mapped to
> **EOB Code 153** (QuantityExceeds Max-MD Fax Override Form to 866-797-2329).

Exception: All Schedule II prescriptions require a valid diagnosis code to process. Pharmacy claims for hydrocodone products will not be subject to these quantity limits when one of the diagnosis codes below is submitted in NCPDP field 424-DO. The acceptable diagnosis codes which bypass this edit are:

ICD-10-CM Diagnosis Code(s)	Diagnosis
C00.*-C96.*	Cancer
Z51.5	Palliative Care

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

Documentation Required
A valid ICD-10-CM diagnosis code must be submitted at point of sale.

Accepted Values –Diagnosis Code(s) & Description(s)
424-DO - Diagnosis Code

Possible Forms
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Field (Level of Service)- **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
153-Quantity Exceeds Max-MD Fax Override Form to 866-797-2329
461-Refills not payable
575-Missing/or Invalid Diagnosis Code

4.3.67 H_2 Antagonists and Sucralfate

Pharmacy claims for H2 antagonists and sucralfate for recipients 16 years of age and older have a duration of therapy limit.

The acute dosage schedules of these drugs are as follows:

H2 Antagonists & Sucralfate		
Generic Description	**Acute mg/day dose**	**Duration of Therapy**
Ranitidine HCl	300	180 days
Cimetidine	1200	180 days
Nizatidine	300	180 days
Famotidine	40	180 days
Sucralfate	4000	90 days

Acute dosing of H2 antagonists and sucralfate beyond the duration of therapy limit days requires documentation of an appropriate diagnosis code. When authorized by the prescriber, claims for acute doses beyond the duration of therapy limit can be processed through the POS system at the pharmacy. The chronic use of these agents at full therapeutic dosage is generally not indicated. The duration of therapy period begins every calendar year for sucralfate. The duration of therapy limit for H_2 antagonists is 180 days in a rolling 365 days.

Maintenance dose drug therapy will continue to be payable with prescriber authorization.

If, in the professional judgment of the prescriber, a determination is made to continue acute therapy beyond the appropriate duration of therapy, the prescriber must indicate in writing on the prescription or a signed and dated attachment, a diagnosis code necessitating the continuation of acute therapy. Recipient specific diagnosis information from the prescriber via facsimile to the pharmacy is acceptable.

Only the prescriber who issues a prescription is authorized to sign off on a diagnosis override.

For acute therapy to continue as a reimbursable service beyond the above listed therapy limits, duration of therapy, the pharmacy provider must supply the reason for service code, professional service code, and result of service code.
Select diagnosis codes which may justify the long term usage of sucralfate are listed below.

ICD-10-CM Diagnosis Code(s)	Diagnosis
B96.81	*H. pylori*
C96.2	Malignant Mast Cell Tumors
D44.0, D44.2, D44.9	Multiple Endocrine Adenomas
E16.4	Zollinger-Ellison Syndrome
K20.9	Esophagitis, Unspecified
K21.0	Reflux Esophagitis
K20.8	Abscess of Esophagus
K22.1*	Ulcer of Esophagus with or without bleeding
K22.7*	Barrett's Esophagus
K25.*	Gastric Ulcer
K26.*	Duodenal Ulcer
K27.*	Peptic Ulcer
K29.*	Gastritis/Duodenitis
K30	Gastric Hyperacidity
K21.9	Gastroesophageal Reflux Disease (GERD)
K50.*	Crohn's Disease
K86.0, K86.1	Chronic Pancreatitis
K92.2	Gastrointestinal Hemorrhage

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

Select diagnosis codes which may justify the long term usage of H_2 antagonists are listed below.

ICD-10-CM Diagnosis Code(s)	Diagnosis
C96.2*	Malignant Mast Cell Tumors
D44.0, D44.2, D44.9	Multiple Endocrine Adenomas
E16.4	Zollinger-Ellison Syndrome
K20.9	Esophagitis, Unspecified
K21.0	Reflux Esophagitis
K20.8	Abscess of Esophagus
K22.1*	Ulcer of Esophagus with or without bleeding
K22.7*	Barrett's Esophagus
K25.*	Gastric Ulcer
K26.*	Duodenal Ulcer

ICD-10-CM Diagnosis Code(s)	Diagnosis
K27.*	Peptic Ulcer
K29.*	Gastritis/Duodenitis
K30	Gastric Hyperacidity
K21.9	Gastroesophageal Reflux Disease (GERD)
K50.*	Crohn's Disease
K86.0, K86.1	Chronic Pancreatitis
K92.2	Gastrointestinal Hemorrhage

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

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy's claim.

Possible NCPDP Field(s)
424-DO-Diagnosis Code
NCPDP 439-E4 field (Reason for Service Code) **MX** (Excessive Duration)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Possible Denial EOB Code(s)
575-Missing or Invalid Diagnosis Code
656-Exceeds Duration of Therapy

4.3.68 Incretin Mimetic/Enhancers

Policy

Pharmacy claims for incretin mimetic/enhancers may be subject to the following:

- Prior use edit,
- Maximum Daily Dose Limit, and
- Quantity Limit.

Prior Use of Metformin Required
An incoming pharmacy claim for an incretin mimetic/enhancer will require evidence of previous use of metformin or a paid claim for the requested medication or another medication within the same therapeutic class.

An incoming claim for an incretin mimetic/enhancer will deny if there is no evidence of a paid claim(s) for at least 90 days of metformin therapy OR there is no evidence of at least 60 days of paid claims for the requested medication (or another incretin mimetic/enhancer).

Maximum Daily Dose Limit

The maximum doses for select incretin mimetic/enhancers are listed in the chart.

Medication (Brand Name Example)	Maximum Dose
Alogliptin (Nesina®)	25mg/day
Alogliptin/Metformin (Kazano®)	25mg/2000mg per day
Alogliptin/Pioglitazone (Oseni®)	25mg/45mg per day
Exenatide (Bydureon®, Bydureon® BCise™)	2mg/week
Exenatide (Byetta®)	20mcg/day
Linagliptin (Tradjenta®)	5mg/day
Linagliptin/Metformin (Jentadueto®, Jentadueto XR®)	5mg/2000mg per day
Liraglutide (Victoza®)	1.8mg/day
Lixisenatide (Adlyxin®, Adlyxin® Starter Kit)	20mcg/day
Pramlintide (Symlin®)	Type 1 diabetes: 60mcg SQ immediately prior to each major meal
	Type 2 diabetes: 120mcg SQ immediately prior to each major meal
Saxagliptin (Onglyza®)	5mg/day
Saxagliptin/Metformin ER (Kombiglyze XR®)	5mg/2000mg per day
Semaglutide (Ozempic®)	1mg/week
Sitagliptin (Januvia®)	100mg/day
Sitagliptin/Metformin (Janumet®, Janumet XR®)	100mg/2000mg per day

*Authorization at POS is required to exceed maximum doses.

Quantity Limit

Pharmacy claims for dulaglutide (Trulicity®) have a quantity limit of 0.5 ml or one syringe per week.

Possible NCPDP Field(s)

439-E4 Field (DUR Conflict) – Reason for Service Code – HD (High Dose)
439-E4 Field (DUR Conflict) – Reason for Service Code – PP (Plan Protocol)
440-E5 Field (DUR Intervention) – Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) – Result of Service Code – 1G (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)

457- Quantity and/or Days Supply Exceed Program Maximum
529- Exceeds Maximum Daily Dose
563- Requires Prior Use of Metformin

4.3.69 Ivacaftor (Kalydeco®)

Pharmacy claims for ivacaftor (Kalydeco®) will be reimbursed when the prescriber has obtained an approved clinical authorization. Prescribers must complete the Louisiana Uniform Prescription Drug Prior Authorization Form in full and fax to the RxPA Operations Unit at 1-866-797-2329.

Pharmacy claims without an approved clinical authorization for ivacaftor (Kalydeco®) will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Note: Refer to www.lamedicaid.com for the Louisiana Uniform Prescription Drug Prior Authorization Form and Criteria for ivacaftor (Kalydeco®.)

Form(s) Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.70 Ketorolac

Policy
- Prescriptions for oral forms with quantities in excess of 20 or a 5 days supply will deny and can be overridden if the prescriber indicates the diagnosis code and rationale for using greater than a five days supply.

Documentation Required
- The prescriber identified diagnosis code must be included in the claim submission.

Accepted Values –Diagnosis Code(s) & Description(s)
Medically indicated Diagnosis Code

Required NCPDP Field(s)
424-DO Diagnosis Code

Possible Denial EOB Code(s)
457 - Quantity and/or Days Supply exceed program maximum

4.3.71 L-Glutamine Oral Powder (Endari®)

Pharmacy claims for l-glutamine oral powder (Endari®) will be reimbursed when the prescriber has obtained an approved clinical authorization.

Form Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.72 Lasmiditan (Reyvow®)

Pharmacy claims for lasmiditan (Reyvow®) will be subject to the following quantity limit as listed in the chart.

Generic Name	Brand Name	Quantity Limit
Lasmiditan	Reyvow®	8 tablets/30 days

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.73 Lidocaine Patches (Lidoderm®)

Pharmacy claims for lidocaine patches (Lidoderm®) have a quantity limit of 30 patches every rolling 30 days.

Pharmacy claims which exceed the quantity limit will deny at Point of Sale (POS) with:

> **NCPDP rejection code 76** (Quantity and/or days supply exceeds program maximum) mapped to
> **EOB Code 153** (Quantity Exceeds Max-MD Fax Override Form 866-797-2329)

Overrides for quantities greater than 30 patches every rolling 30 calendar days will be addressed by the prescriber submitting a Request for Prescription Override Form (Rx PA 16). The completed form must be faxed to the RxPA Unit at the University of Louisiana at Monroe (ULM), School of Pharmacy.

Documentation Required
N/A

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Possible Form(s) Required
PA Request for Prescription Override Form (RxPA16)

Possible NCPDP Field(s)
418-DI Level of Services – Enter "**03"** for **Emergencies**

Possible Denial EOB Code(s)
153- Quantity Exceeds Max-MD Fax Override Form 866-797-2329

4.3.74 Linezolid (Zyvox®)

Pharmacy claims for linezolid (Zyvox®) injection, tablets, and oral suspension will be reimbursed when the prescriber has obtained an approved clinical authorization. Prescribers must complete the Louisiana Uniform Prescription Drug Prior Authorization Form in full and fax to the RxPA Operations Unit at 1-866-797-2329. Pharmacy claims without an approved clinical authorization for linezolid (Zyvox®) will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Note: Refer to www.lamedicaid.com for the Louisiana Uniform Prescription Drug Prior Authorization Form and Criteria for linezolid (Zyvox®).

Form(s) Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.75 Lipotropics

Policy
Pharmacy claims for lipotropics may require an approved prior or clinical authorization for reimbursement.

Pharmacy claims for select lipotropics have the following quantity limits.

Medication (Generic – Brand Example)	Quantity Limit
Alirocumab (Praluent®)	2 injections (2ml) per 28 days
Evolocumab (Repatha®) 140mg/ml	2 injections (2ml) per 28 days
Evolocumab (Repatha®) 420mg/3.5ml	2 injections (7ml) per 28 days
Lomitapide (Juxtapid®)	60 capsules per 30 day

Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
484 -New RX requires PA
485 -PA required
486 -PA expired

4.3.76 Lofexidine (Lucemyra®)

Pharmacy claims for lofexidine (Lucemyra®) are subject to the following:

- Age limit,
- Maximum Daily Dose,
- Quantity Limit, and
- Diagnosis Code Requirement.

Pharmacy claims for lofexidine (Lucemyra®) will deny for recipients 17 years or younger.

Lofexidine (Lucemyra®) pharmacy claims are subject to a maximum daily dose of 2.88 mg (16 tablets) per day.

Pharmacy claims for lofexidine (Lucemyra®) tablets are limited to a 14-day supply (224 tablets) per 6-month period (180 days).
Lofexidine (Lucemyra®) pharmacy claims have the following diagnosis code requirement.

Generic – Brand Example	Diagnosis Description	ICD-10-CM Diagnosis Code(s)
Lofexidine – Lucemyra®	Opioid abuse with withdrawal	F11.13
	Opioid dependence with withdrawal	F11.23
	Opioid use, unspecified with withdrawal	F11.93

Possible NCPDP Field(s)

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)

NCPDP 439-E4 field (Reason for Service Code) **HD** (Maximum Daily Dose)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Possible Denial EOB Code
234- P/F Age Restriction
457- Quantity and/or days' supply exceeds program maximum

529- Exceeds maximum daily dose
575- Missing or Invalid ICD-10-CM diagnosis code

4.3.77 Lumacaftor/Ivacaftor (Orkambi®)

Policy
Pharmacy claims for lumacaftor/ivacaftor (Orkambi®) will be subject to the following clinical edits:

- Clinical Authorization and
- Diagnosis Code Requirement.

Clinical Authorization
Pharmacy claims for lumacaftor/ivacaftor (Orkambi®) will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.
Pharmacy claims for lumacaftor/ivacaftor (Orkambi®) without an approved clinical authorization will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Diagnosis Code Requirement
Pharmacy claims for lumacaftor/ivacaftor (Orkambi®) require a valid diagnosis code submitted at POS in NCPDP field 424-DO (Diagnosis Code). The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system. The following table lists the acceptable diagnosis code for lumacaftor/ivacaftor (Orkambi®).

Description	ICD-10-CM Diagnosis Code
Cystic fibrosis	E84.*

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

Lumacaftor/ivacaftor (Orkambi®) claims submitted at POS without a valid diagnosis code will deny with:

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

Prescribing providers may call the RxPA Unit for guidance when recipients are established on medications but the ICD-10-CM diagnosis code(s) submitted are not included in the covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Unit is closed, the pharmacist, using his/her professional judgment, may deem the filling of the prescription to be an "emergency". In these emergency cases, the pharmacist must indicate "Emergency Prescription" on the hardcopy prescription or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by:

> **Placing the 'alternative' ICD-10-CM diagnosis code in the NCPDP field 424-DO (Diagnosis Code) and by placing '03' in NCPDP 418-DI field (Level of Service).**

Documentation Required
The diagnosis code must be documented on the hardcopy prescription and in the pharmacy's electronic recordkeeping system.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted.

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
NCPDP field 424-DO (Diagnosis Code)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
575 -Missing or Invalid Diagnosis Code

4.3.78 Lumateperone (Caplyta™)

Pharmacy claims for lumateperone (Caplyta™) will be subject to the following edits:

- Diagnosis Code Requirement
- Clinical Authorization Requirement
- Maximum Daily Dose
- Therapeutic Duplication

Diagnosis Code Requirement
Pharmacy claims for lumateperone (Caplyta™) require a valid ICD-10-CM diagnosis code of F20.

Clinical Authorization Requirement
Pharmacy claims submitted for lumateperone (Caplyta™) for recipients 0-5 years old will require a Clinical Authorization.

Maximum Daily Dose Limit
Pharmacy claims submitted for lumateperone (Caplyta™) for recipients 6-17 years old will deny for exceeding the maximum daily dose limit and require an override through the prior authorization process.

Pharmacy claims submitted for lumateperone (Caplyta™) for recipients 18 years old or older will deny when the dose exceeds 42mg/day.

Therapeutic Duplication
A pharmacy claim for lumateperone (Caplyta™) will deny if the recipient has an active prescription on file for a traditional or atypical antipsychotics. A pharmacy claim submitted for a traditional or atypical antipsychotic will deny if the recipient has an active prescription on file for lumateperone (Caplyta™).

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code) **HD** (High Dose)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

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)

418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066- Clinical Authorization Required
325- Exceeds Max Daily Dose- Override using PA Process
482- Therapeutic Duplication
529- Exceeds maximum daily dose
575- Missing or Invalid Diagnosis Code

4.3.79 Mecasermin, rDNA Origin Injection (Increlex®)

Pharmacy claims for mecasermin, rDNA origin injection (Increlex®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.80 Medroxyprogesterone Acetate Injectable

Policy
-Claims will deny when medroxyprogesterone acetate injectable is billed with a days supply less than 84 with a bill quantity of one for female recipients. Quantities of two and greater will not be payable with no provision for override.

-Claims will deny when medroxyprogesterone acetate sub-q 104 injectable is billed with a days supply less than 84 with a bill quantity of 0.65 for female recipients. Quantities of 1.3 and greater will not be payable with no provision for override.

Documentation Required
- After consultation with the prescriber, the pharmacist must document the approval.

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – HD
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
457 – Quantity and/or Days Supply Exceeds Program Maximum

4.3.81 Morphine ER (Avinza®)

Policy
- A diagnosis code indicating the reason for use must be written on the hard copy prescription.

- Reimbursed when a valid diagnosis code is submitted on the pharmacy claim.

- The maximum daily dose for Morphine ER (**Avinza**®) is shown in **Appendix E-2**.

- There are **No Override** provisions through the Point of Sale (POS) System for Morphine ER (**Avinza**®) when the maximum daily dosage is exceeded.

Documentation Required
All Schedule II Narcotic Agents prescriptions require a diagnosis code for payment.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible Denial EOB Code(s)
529 - Exceeds Maximum Daily Dose- No POS overrides
575 – M/I Diagnosis Code

4.3.82 Mosquito Repellent Coverage

Prescriptions for mosquito repellents will be covered to decrease the risk of exposure to the Zika virus. Mosquito repellent coverage will be limited to Medicaid recipients:

- Who are pregnant OR
- Of childbearing years (women and men ages 14-44) who are trying to conceive.

A prescription will be required to cover one of the following products:

Product Name	Ounces	Bill As
Cutter Backwoods 25% Spray	6 oz.	170 g
Cutter Skinsations 7% Spray	6 oz.	177 mL
OFF! Family Care 15% Spray	2.5 oz.	71 g
OFF! Deep Woods Dry 25% Spray	4 oz.	113 g
OFF! Deep Woods 25% Spray	6 oz.	170 g
OFF! Active 15% Spray	6 oz.	170 g
Repel Sportsmen 25% Spray	6.5 oz.	184 g
Repel Sportsmen Max 40% Spray	6.5 oz.	184 g
Natrapel 20% Picaridin	5 oz.	177 mL
Sawyer Insect Repellent 20% Picaridin	4 oz.	118 mL

Pharmacy claims for products other than the mosquito repellents listed in the chart will deny with:

> **NCPDP rejection code 54** (Non-Matched Product/Service ID Number) mapped to **EOB code 231** (NDC not on file)**.**

Quantity Limit
One bottle of mosquito repellent will be covered every rolling 30 days.
Pharmacy claims submitted for more than one bottle every rolling 30 days will deny with:

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

Age Limits
Pharmacy claims for mosquito repellents submitted for female (not pregnant) or male recipients less than 14 or greater than 44 will deny at Point of Sale with:

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

Reimbursement
Pharmacy providers should bill Usual and Customary (U&C) charge, however, reimbursement of covered mosquito repellents will be set at a maximum of Average Acquisition Cost (AAC) plus a $3.00 dispensing fee. If an AAC rate is not on file, the claim will deny at Point of Sale (POS) with "NDC price missing, call Myers and Stauffer (M&S)".

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
231-NDC not on file
234-P/F Age Restriction
457-Quantity and/or days' supply exceeds program maximum

4.3.83 Multiple Sclerosis (MS) Treatment Agents

Policy
Pharmacy claims for Multiple Sclerosis treatment agents require an approved clinical authorization or prior authorization for reimbursement.

Note: Refer to http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf for the Preferred Drug List, which gives drug specific clinical authorization criteria and instructions.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
424-DO - Diagnosis Code
418-DI Level of Services – Enter "03" for Emergencies
Possible Denial EOB Code
066 -Clinical Authorization Required
485-PA Required-MD Must Call ULM PA Operations Staff

4.3.84 Naloxone

Pharmacy claims for naloxone have a quantity limit. The quantity limits are listed in the following table.

Description	Dosage Form	Strength	Units per 90 Rolling Days	Representative Brand
Naloxone	Injectable Solution	0.4mg/ml	2	Naloxone
Naloxone	Injectable Solution Cartridge	0.4mg/ml	2	Naloxone

Description	Dosage Form	Strength	Units per 90 Rolling Days	Representative Brand
Naloxone	Injectable Solution Prefilled Syringe	1mg/ml	2	Naloxone
Naloxone	Injectable Solution (5ml, 10ml, 20ml)	1mg/ml	1	Naloxone
Naloxone	Injectable Solution (10ml)	0.4mg/ml	1	Naloxone
Naloxone	Injectable Solution Auto-Injector	0.4mg/0.4ml	2	Evzio®
Naloxone	Nasal Liquid	4mg/0.1ml	2	Narcan®

Pharmacy claims for naloxone will deny when the quantity prescribed exceeds the quantity limit over 90 rolling days 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)

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
457- Quantity and/or days supply exceeds program maximum

4.3.85 Naltrexone Tablets

Naltrexone tablets are subject to the following:

- Age limit,
- Diagnosis code requirement,
- Drug-Drug Interaction, and
- Therapeutic Duplication.

Pharmacy claims for naltrexone tablets will deny for recipients 17 years or younger.

Pharmacy claims for naltrexone tablets have the following diagnosis code requirement.

Generic Name	Diagnosis Description	ICD-10-CM Diagnosis Code(s)
Naltrexone Tablets	Opioid dependence	F11.2*
	Alcohol dependence	F10.2*
	* – any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD–10–CM diagnosis code	

Pharmacy claims for naltrexone tablets will deny at Point of Sale (POS) with a drug-drug interaction when there is an active claim on the recipient's file for an opioid or buprenorphine-containing product. Pharmacy claims for opioids or buprenorphine-containing products will deny with a drug-drug interaction when there is an active claim on the recipient's file for naltrexone tablet.

Incoming pharmacy claims for any naltrexone agent will deny for therapeutic duplication when the recipient has an active prescription on file for any other naltrexone agent.

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code) **DD** (Drug-Drug Interaction)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

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)

Possible Denial EOB Code
234- P/F Age Restriction
471- Drug-Drug Interaction
482- Therapeutic Duplication
575- Missing or Invalid ICD-10-CM diagnosis code

4.3.86 Narcotic Analgesics

Policy
Prescriptions for narcotic analgesics that are filled three (3) or more days early will deny.

Documentation Required
After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive the prescription early and the codes used to override the claim.

The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – ER or ID
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
447 – Compliance Monitoring/Early or Late Refill

4.3.87 Natalizumab Injection (Tysabri ®)

Pharmacy claims for natalizumab injection (Tysabri®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.88 Nicotine Patches, Gum and Spray

Policy
Select nicotine patches, gum and spray may require prior authorization.

Possible Denial EOB Code(s)
485-PA Required

4.3.89 Nintedaib (Ofev®)

Pharmacy claims for nintedaib (Ofev®) have a clinical authorization requirement and quantity limit of 60 capsules/30 days.

Possible NCPDP Field(s)

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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
066- Clinical Authorization Required

4.3.90 Nusinersen sodium (Spinraza®)

Policy
Pharmacy claims for nusinersen sodium (Spinraza®) will have the following clinical edits:

- Clinical Authorization; and
- Diagnosis Code Requirement.

Clinical Authorization
Pharmacy claims for nusinersen sodium (Spinraza®) will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Pharmacy claims for nusinersen sodium (Spinraza®) without an approved clinical authorization will deny at POS with:

> **NCPDP rejection code 88 (DUR Reject Error) mapped to**
> **EOB code 066 (Clinical Authorization Required).**

Override provisions should be addressed through the Clinical Authorization process.

Diagnosis Code Requirement
The acceptable diagnosis codes for nusinersen sodium (Spinraza®).

Medication	Diagnosis Description	ICD-10-CM Diagnosis Code*
Nusinersen sodium (Spinraza®)	Spinal Muscular Atrophy	G12.0; G12.1

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

Pharmacy claims for nusinersen sodium (Spinraza®) submitted without an acceptable diagnosis code will deny at POS with:

> **NCPDP rejection code 39 (Missing or Invalid Diagnosis Code) mapped to**
> **EOB code 575 (Missing or Invalid Diagnosis Code).**

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
An acceptable diagnosis code must be submitted at POS.

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – Enter “03” for Emergencies

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
575 –Missing or Invalid Diagnosis Code

4.3.91 Onasemnogene Abeparvovec Injection (Zolgensma®)

Pharmacy claims for onasemnogene abeparvovec injection (Zolgensma®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.92 Omalizumab (Xolair®)

Policy

Prescriptions for omalizumab (Xolair®) will be reimbursed when the following criteria are met:

- The prescriber has obtained a Prior Authorization (PA) for the recipient to receive the omalizumab or the recipient has an existing PA for omalizumab.

- The recipient is twelve (12) years of age or older on the date of service.

Pharmacy claims without a PA will deny with:

> **NCPDP rejection code 75** (DUR Reject Error) mapped to
> **EOB code 485** (PA required).

Note: In cases when the Prior Authorization Unit is closed, or when the PA system is unavailable, the pharmacist may use the PA emergency override procedure. Please refer to the POS Manual Section *4.2.8 Prior Authorization Required.*

The following are acceptable diagnoses for omalizumab claims when submitting a PA:

Diagnosis Description
Allergic (extrinsic) asthma
Allergic (extrinsic) asthma unspecified
Allergic (extrinsic) asthma with status asthmaticus
Allergic (extrinsic) asthma with acute exacerbation
Chronic Idiopathic Urticaria

Documentation Required
-Submitted in the PA process

Accepted Values – Diagnosis Code(s) & Description(s)
- Submitted in the PA process

Possible NCPDP Field(s)
418-DI Level of Service – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
484- New Rx will require PA
485- PA Required-MD Must Call ULM Operations Staff
486- PA Expired-MD Must Call ULM Operations Staff
487- Emergency Override of a Drug that Requires PA

4.3.93 Opiates (Long Acting and Short Acting)

Policy
- A claim for a new prescription for an opiate (long or short acting) drug will deny as a therapeutic duplicate when the recipient has an active prescription for an opiate (long or short acting) on file.

Documentation Required
- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the reason the prescriber required the patient to receive a second short acting opiate agent or a second long acting opiate.

- The **reason for service code, professional service code** and **result of service code** must also be documented on the hardcopy prescription.

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – TD
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
482 - Therapeutic Duplication

4.3.94 Opioid (Oral) Liquids

A prescription for an opioid oral liquid will have a quantity limit of 180 mls or a 7-day supply, whichever is less.

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
153- Quantity Exceeds Max-MD Fax Override Form 866-797-2329

4.3.95 Oral Contraceptives

Policy

Pharmacy claims for oral contraceptives are subject to an educational alert suggesting the submission of a diagnosis code at Point of Sale. This is an **educational alert** and does not interfere with pharmacy claims payment. The acceptable diagnosis codes for oral contraceptive prescription claims are listed in the chart as a family planning benefit or for menstrual disorders.

ICD-10-CM Diagnosis Code	Diagnosis Description
Z30*	Encounter for oral contraceptive management
F32.81	Premenstrual dysphoric disorder
N92*	Excessive, frequent and irregular menstruation

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

Documentation Required
Prescribers are encouraged to write an ICD-10-CM Diagnosis Code on the original prescription**.**

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
If an ICD-10-CM Diagnosis Code is not written on the original prescription, the NCPDP field 424-DO (Diagnosis Code) may be left blank.

Possible NCPDP Field(s)
424-DO Diagnosis Code

Possible Denial EOB Code(s)
N/A on an educational alert

4.3.96 Orlistat

Policy
- Patient must be 12 years of age or older
- Maximums of 90 capsules and 30 days supply (Appendix E-1)
- Patient has a documented current body mass index (BMI) of 27 or greater
- Patient has other risk factors warranting the use of Orlistat and the prescriber identifies an approved diagnosis code which must be included in the claim submission.
- No provisions for override of the prospective drug utilization edits, i.e., early refill (ER) and duplicate drug (ID) editing.
- Only original prescriptions are covered with no allowances for refills.

Documentation Required
- The prescriber identifies the BMI on the dated prescription or a dated and signed attachment to the prescription
- The prescriber identifies with an approved diagnosis code on the dated prescription, electronically, or a dated and signed attachment to the prescription that the patient has other risk factors warranting the use of Orlistat.

Accepted Values –Diagnosis Code(s) & Description(s)
NOTE: Refer to the Diagnosis Code Policy Chart at:
https://ldh.la.gov/assets/HealthyLa/PDL/7.30.2020/Louisiana.Medicaid.ICD-10.Chart.docx

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible Denial EOB Code(s)
020 - M/I Diagnosis Code
234 - Age Restriction
457 - Quantity and/or Days Supply exceed program maximum

4.3.97 Over-the-Counter (OTC) Agents for Long Term Care (LTC) Recipients

Policy
LTC facilities are responsible for providing all over-the-counter (OTC) medications to Medicaid recipients. OTC medications are part of the per diem for LTC recipients. OTC medications will deny when billed at POS for LTC recipients.

Documentation Required
N/A

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
533-OTC Drugs Are Part of the Per Diem for LTC recipients

4.3.98 Over-the-Counter (OTC) Agents for Preventive Care

Select over the counter (OTC) agents for preventive care will be reimbursed when:

- The prescribing practitioner issues the recipient a prescription for the preventive care OTC agent; and
- The recipient meets the criteria to obtain the preventive care OTC agent.

OTC Drug	Medicaid Recipient	Preventive Care
Aspirin 81mg	Women greater than 12 years old Men greater than 44 years old	Cardiovascular disease, colorectal cancer, and preeclampsia prevention
Folic Acid 0.4mg and 0.8mg	Women ages 12-54	Pregnancy planning
Vitamin D 400 IU	Women and men greater than 64 years old	Fall prevention

Age Limits
Pharmacy claims submitted for recipients outside of the age limits listed above will deny at Point of Sale with:

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

Days Supply
Quantities of 100 units with 100 days' supply will be allowed to process for payment.

Copayment
Pharmacy claims for the select preventive care OTC agents listed above will be exempt from copayment.

Coverage for aspirin 81 mg will be continued for recipients greater than 79 years old; however, these pharmacy claims will be subject to copayment.

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
418-DI Field (Level of Service)-Enter "03" for Emergencies
Possible Denial EOB Code(s)
234-P/F Age Restriction

4.3.99 Oxybate Salts (Calcium, Magnesium, Potassium, and Sodium) Oral, (Xywav®)

Pharmacy claims for oxybate salts (calcium, magnesium, potassium and sodium) oral, (Xywav™) are subject to a therapeutic duplication.

Incoming prescriptions for oxybate salts (calcium, magnesium, potassium and sodium) oral, (Xywav™) will deny with a therapeutic duplication when there is an active prescription on the recipient's file for a CNS depressant medication, whether as a single entity or as a component of

a combination product. An active prescription is a prescription in which the days' supply has not expired. Alternately, incoming prescriptions for a CNS depressant medication will deny with a therapeutic duplication when there is an active prescription on the recipient's file for oxybate salts (calcium, magnesium, potassium and sodium) oral, (Xywav™).

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
482-Therapeutic Duplication

4.3.100 Oxycodone/Acetaminophen 7.5/325 mg (Xartemis XR®)

Policy
-Pharmacy claims for oxycodone/acetaminophen (Xartemis XR®) require an appropriate diagnosis code documented on the hard copy prescription by the prescriber or pharmacist. The pharmacist may document the diagnosis code after electronic or verbal consultation with the prescribing practitioner on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.
-The quantity limit for oxycodone/acetaminophen (Xartemis XR®) is 60 units every rolling15 days.
-Pharmacy claims which exceed this quantity limit will deny at Point of Sale (POS) 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)**

- Note: Refer to *Point of Sale User Guide*, Section 4.3.35 Schedule II (C-II Narcotic Agents), for additional information.

Documentation
All Schedule II Narcotic Agents prescriptions require a diagnosis code for payment.

Accepted Values –Diagnosis & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575 - Missing/or Invalid Diagnosis Code
457 - Quantity and/or Days Supply exceed program maximum
461 - Refills not payable

4.3.101 Paliperidone (Invega Trinza®)

Policy
Pharmacy claims for paliperidone (Invega Trinza®) will be subject to the following for reimbursement:

- Prior drug use requirement,
- Quantity limit, and
- Age limit.

Prior Drug Use Requirement
Pharmacy claims for paliperidone (Invega Trinza®) will deny if there are no previous claims for paliperidone (Invega Sustenna®) with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 531 (Drug Use Not Warranted)

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) NN (Unnecessary Drug)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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

Quantity Limit
Pharmacy claims for paliperidone (Invega Trinza®) will have a quantity limit of 1 kit every rolling 90 days, claims exceeding the quantity limit will reject with:

NCPDP rejection 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 POS system using NCPDP service codes; however, emergency provisions are available by contacting the University of Louisiana at Monroe (ULM) RxPA Operations Unit at 1-866-730-4357.

Age Limit

Recipients 0-5 years old
Pharmacy claims for paliperidone (Invega Trinza®) for recipients 0-5 years old will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Recipients 6-17 years old
Pharmacy claims for paliperidone (Invega Trinza®) will deny when the recipient is 6-17 years old at POS with:

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

After consultation with the prescriber to verify the necessity, the pharmacist may override the denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) PA (Drug-Age)
NCPDP 440-E5 field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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

Diagnosis Requirement
A valid ICD-10-CM diagnosis code is required for paliperidone (Invega Trinza®). The diagnosis code must be submitted at POS and documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Schizophrenia or Schizoaffective Disorder	F20.*, F25.*
Major Depressive Disorder, Psychoses in Major Depressive Disorder	F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9
Delusions, Dementia, Psychoses	F01.*, F02.*, F03.*, F04, F05, F06.0, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.8, F10.150, F10.151, F10.250, F10.251, F10.26, F10.94, F10.950, F10.951, F10.96, F10.97, F11.121, F11.150, F11.151, F11.221, F11.250, F11.251, F11.921, F11.950, F11.951, F12.121, F12.150, F12.151, F12.221, F12.250, F12.251, F12.921, F12.950, F12.951, F13.121, F13.150, F13.151, F13.221, F13.250, F13.251, F13.27, F13.921, F13.950, F13.951, F13.97, F14.121, F14.150, F14.151, F14.221, F14.250, F14.251, F14.921, F14.950, F14.951, F15.121, F15.150, F15.151, F15.221, F15.250, F15.251, F15.921, F15.950, F15.951, F16.121, F16.150,

	F16.151, F16.221, F16.250, F16.251, F16.921, F16.950, F16.951, F18.121, F18.150, F18.151, F18.17, F18.221, F18.250, F18.251, F18.27, F18.921, F18.950, F18.951, F18.97, F19.121, F19.150, F19.151, F19.17, F19.221, F19.250, F19.251, F19.27, F19.921, F19.950, F19.951, F19.97, F22, F23, F24, F28, F29, F32.3, F33.3, F44.89
Psychoses in Bipolar Disorder, Psychoses in Other Episodic Mood Disorders	F30.*, F31.*, F32.8, F34.8, F34.9, F39
Aggression or Irritability in Pervasive Developmental Disorder (PDD)	F84.*

Pharmacy claims for Paliperidone (Invega Trinza®) submitted at POS without an appropriate diagnosis code will deny with:

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

Prescribing providers may call the Louisiana Medicaid RxPA Operations Unit at the University of Louisiana at Monroe (ULM) at 1-866-730-4357 for guidance when recipients are established on antipsychotic medications but the ICD-10-CM diagnosis codes submitted are not included in the table of covered diagnoses.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the antipsychotic prescription to be an "emergency". In these emergency cases, the pharmacist must indicate "Emergency Prescription" on the hardcopy prescription or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing the 'alternative' ICD-10-CM diagnosis code in the NCPDP field 424-DO (Diagnosis Code) and by placing '03' in NCPDP 418-DI field (Level of Service).

Documentation Required
N/A

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Accepted Values – ICD-10-CM-Diagnosis Code(s) & Description
A valid ICD-10-CM diagnosis code is required.

Possible NCPDP Field(s)
NCPDP 439-E4 Field (Reason for Service Code) NN (Unnecessary Drug)
NCPDP 440-E5 Field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) 1G (Filled with Prescriber Approval)

NCPDP 439-E4 Field (Reason for Service Code) PA (Drug-Age)
NCPDP 440-E5 Field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) 1G (Filled with Prescriber Approval)

418-DI Field (Level of Service)- **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
531-Drug Use Not Warranted
457-Quantity and/or days supply exceeds program maximum
066-Clinical Authorization Required
234-P/F Age Restriction

4.3.102 Palivizumab (Synagis®)

Policy

Prescriptions for Synagis® will only be reimbursed when the following criteria are met:

- The prescriber has completed in full and submitted a Palivizumab Clinical Authorization Form; and
- The prescriber has obtained an approved clinical authorization.

Pharmacy claims for palivizumab (Synagis®) without an approved clinical authorization will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Medical Reconsideration
Medical Reconsideration of a denied pre-authorization decision may be requested by the prescribing practitioner. Reconsideration requires completion of the Palivizumab Request for Reconsideration form available at www.lamedicaid.com. The form must be completed in full and signed by the prescribing practitioner. Signature stamps and proxy signatures are not acceptable. The completed form must be faxed from the prescribing practitioner to the LA Medicaid RxPA Operations at the University of Louisiana at Monroe School of Pharmacy at 31-812-2940.

- Note: Refer to http://www.lmmis.com/provweb1/Pharmacy/Palivizumab.htm for additional information on palivizumab billing.

Accepted Values –Diagnosis & Description(s)
A valid diagnosis code must be submitted in the Clinical Authorization process.

Forms
Louisiana Uniform Prescription Drug Prior Authorization Form
Palivizumab Request for Reconsideration

Required NCPDP Field(s)
424-DO - Diagnosis Code
439-E4 Field (DUR Conflict) – Reason for Service Code – ER
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
066- Clinical Authorization Required

4.3.103 Paroxetine Mesylate (Brisdelle®)

Policy
Pharmacy claims for paroxetine mesylate (Brisdelle®) will require an appropriate diagnosis code for reimbursement. The acceptable diagnosis codes for paroxetine mesylate (Brisdelle®) are listed in the chart.

Medication	Diagnosis Description	ICD-10-CM Diagnosis Code*
Paroxetine Mesylate (Brisdelle®)	Moderate to severe vasomotor symptoms associated with menopause	E28.310
		E89.41
		N95.1

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

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic record keeping system.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted with the pharmacy claim.

Possible NCPDP Field(s)
424-DO Diagnosis Code
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575 –Missing or Invalid diagnosis code

4.3.104 Patiromer Sorbitex Calcium Oral (Veltassa®)

Pharmacy claims for patiromer sorbitex calcium oral **(**Veltassa®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.105 Pegvaliase Injection (Palynziq®)

Pharmacy claims for pegvaliase injection (Palynziq®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.106 Pencillamine (Cuprimine®, Depen®)

Pharmacy claims for penicillamine (Cuprimine®, Depen®) have a clinical authorization requirement and quantity limit.

The quantity limits are listed in the chart.

Generic Name	Brand Name	Quantity Limit
Penicillamine	Cuprimine®	240 capsules/30 days
	Depen®	240 tablets/30 days

Possible NCPDP Field(s)
NCPDP 439-E4 Field (Reason for Service Code) **EX** (Excessive Quantity)
NCPDP 440-E5 Field (Professional Service Code) **M0** (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) **1G** (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066-Clinical Authorization Required
457-Quantity and/or days' supply exceeds program maximum

4.3.107 Perampanel (Fycompa®)

Policy
Perampanel (Fycompa®) pharmacy claims have an age limit at Point of Sale (POS).

Age Limit
Pharmacy claims for perampanel (Fycompa®) for recipients under 4 years old will deny.

Documentation Required
A record of the consultation with the prescriber to verify the necessity of the override should be documented on the hardcopy prescription or in the pharmacy's electronic record keeping system.

Possible NCPDP Field(s)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code(s)
234-P/F Age Restriction

4.3.108 Phospohodiesterase-5 Enzyme Inhibitors

Policy
Pharmacy claims for select phosphodiesterase-5 enzyme inhibitors will require a diagnosis code at Point of Sale. Acceptable diagnosis codes are listed in the chart below.

Generic	Brand	Diagnosis Description	ICD-10-CM Diagnosis Code(s)
Tadalafil 2.5mg and 5mg	Cialis®	Benign Prostatic Hyperplasia (BPH)	N40*
Tadalafil 20mg	Adcirca®	Pulmonary Arterial Hypertension (PAH)	I27.0, I27.2, I27.89, P29.3
Sildenafil 20mg	Revatio®	Pulmonary Arterial Hypertension	I27.0, I27.2, I27.89, P29.3

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

Diagnosis Code Requirements
Pharmacy claims for select phosphodiesterase-5 enzyme inhibitors submitted without a diagnosis code will deny with:

NCPDP reject code 39 (Missing/Invalid Diagnosis Code) mapped to EOB code 575 (Missing/Invalid Diagnosis Code).

Documentation Required
A valid diagnosis code must be documented.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted at POS.

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575-Missing/Invalid Diagnosis Code

4.3.109 Pimavanserin (Nuplazid®)

Policy

Pharmacy claims for pimavanserin (Nuplazid®) will be subject to the following for reimbursement:

- Clinical Authorization;
- Diagnosis Code Requirement; and
- Quantity Limit.

Clinical Authorization
Pharmacy claims for pimavanserin (Nuplazid®) require an approved clinical authorization for reimbursement.

Diagnosis Code Requirement
Pharmacy claims for pimavanserin (Nuplazid®) will require an acceptable ICD-10-CM diagnosis code of G20 (Parkinson's disease).

Quantity Limit
Pharmacy claims for pimavanserin (Nuplazid®) have a quantity limit of 60 (17mg) tablets or 30 (34mg) capsules per rolling 30 days.

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values – ICD-9-CM Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
457-Quantity and/or days supply exceeds program maximum
575- Missing or Invalid Diagnosis Code

4.3.110 Pirfenidone (Esbriet®)

Pharmacy claims for pirfenidone (Esbriet®) have a clinical authorization requirement and quantity limit of 90 capsules or tablets/30 days.

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
066- Clinical Authorization Required

4.3.111 Progesterone (Crinone® 4%)

Pharmacy claims for progesterone (Crinone® 4%) will require a diagnosis code for payment.

Generic Name	Brand Name	Diagnosis	ICD-10-CM Diagnosis Code
Progesterone micronized	Crinone® 4%	Secondary Amenorrhea	N91.1

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

Required NCPDP Field(s)
424 - DO - Diagnosis Code

Possible Denial EOB Code(s)
575 - M/I Diagnosis Code

4.3.112 Proton Pump Inhibitors (PPIs)

Policy

-Pharmacy claims for Proton Pump inhibitors (PPIs) will process for payment up to 180 days duration of therapy in a rolling 365 days.

Select diagnosis codes which bypass the duration of therapy limit are listed below.

Diagnosis Description	ICD-10-CM Diagnosis Codes(s)
Abscess of Esophagus	K20.8
Angiodysplasia of Stomach and Duodenum (with OR without Mention of Hemorrhage)	K31.81*
Atrophic Gastritis with Hemorrhage	K29.41
Barrett's Esophagus	K22.7*
Cerebral Palsy (*new Aug 2019)*	G80*
Chronic Pancreatitis	K86.0, K86.1
Congenital Tracheoesophageal Fistula	Q39.1, Q39.2
Cystic Fibrosis	E84.*
Eosinophilic Esophagitis	K20.0
Eosinophilic Gastritis	K52.81
Gastrointestinal Hemorrhage	K92.2
Gastrointestinal Mucositis (Ulcerative)	K92.81
Malignant Mast Cell Tumors	C96.2*
Multiple Endocrine Adenomas	D44.0, D44.2, D44.9
Tracheoesophageal Fistula	J86.0
Ulcer of Esophagus with OR without Bleeding	K22.1*
Zollinger-Ellison Syndrome	E16.4

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

-Claims submitted without a bypass diagnosis code and utilization beyond the duration of therapy limit will deny with:

> **NCPDP rejection code 88** (DUR Reject Error) mapped to
> **EOB code 697** Exceeds Maximum Duration; MD must fax Prescription Override Form to 866-797-2329.

Documentation Required
The diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Possible Forms
Louisiana Uniform Prescription Drug Prior Authorization Form

Accepted Values –Diagnosis Codes(s) & Description(s)
Medically indicated diagnosis code

Possible NCPDP Field(s)
424-DO Diagnosis Code
NCPDP 439-E4 field (Reason for Service Code) **MX** (Excessive Duration)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Possible Denial EOB Code(s)
484 – New Rx will Require PA
485 – PA Required-MD Must Call ULM Operations Staff
486 – PA Expired-MD Must Call ULM Operations Staff
697 – Exceeds Maximum Duration of Therapy

4.3.113 Pyrimethamine (Daraprim®)

Policy
Pharmacy claims for pyrimethamine (Daraprim®) require an approved clinical authorization for reimbursement.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code(s)
066 -Clinical Authorization Required

4.3.114 Quinine Sulfate (Qualaquin®)

Pharmacy claims for quinine sulfate (Qualaquin®) will be subject to the following quantity limit.

Generic Name	Brand Name	Quantity Limit
Quinine Sulfate	Qualaquin®	42 (324mg) capsules/7 days per 365 days

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.115 Rimegepant (Nurtec™ ODT)

Pharmacy claims for rimegepant (Nurtec™ ODT) will be subject to the following quantity limit.

Generic Name	Brand Name	Quantity Limit
Rimegepant	Nurtec™ ODT	16 tablets/30 days

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.116 Risankizumab Injection (Skyrizi®)

Pharmacy claims for risankizumab injection (Skyrizi®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.117 Risdiplam (Evrysdi™)

Pharmacy claims for risdiplam (Evrysdi™) have a quantity limit and clinical authorization requirement.

Generic Name	Brand Name	Quantity Limit
Risdiplam	Evrysdi™	160 ml (2-80 ml bottles)

Possible NCPDP Field(s)

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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
066- Clinical Authorization Required

4.3.118 Roflumilast (Daliresp®)

Pharmacy claims for roflumilast (Daliresp®) will be reimbursed when the prescriber has obtained an approved clinical authorization. Prescribers must complete the Clinical Authorization Louisiana Uniform Prescription Drug Prior Authorization Form in full.

Pharmacy claims without an approved clinical authorization for roflumilast (Daliresp®) will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB code 066 (Clinical Authorization Required)

Override provisions should be addressed through the Clinical Authorization process.

Note: Refer to www.lamedicaid.com for the Louisiana Uniform Prescription Drug Prior Authorization Form and Criteria for roflumilast (Daliresp®.)

Form(s) Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.119 Sacubitril/Valsartan (Entresto®) and Angiotensin-Converting Enzyme (ACE) Inhibitors

Policy
- An incoming prescription for sacubitril/valsartan (Entresto®) will deny at POS for a drug to drug interaction if there is an active prescription for an ACE Inhibitor on the recipient's file. An incoming prescription for any ACE Inhibitor will deny at POS for a drug to drug interaction if there is an active prescription for sacubitril/valsartan (Entresto®) on the recipient's file.

Documentation Required
- The **reason for service code, professional service code and result of service code** must also be documented on the hard copy prescription.

Required NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code)- DD (Drug-Drug Interaction)
NCPDP 440-E5 field (Professional Service Code)- MO (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code)- 1G (Filled with Prescriber Approval)

Possible Denial EOB Code(s)
471- Drug to Drug Interaction

4.3.120 Sapropterin Dihydrochloride Oral (Kuvan®)

Pharmacy claims for sapropterin dihydrochloride oral **(**Kuvan®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.121 Schedule II (C-II Narcotic Agents)

Policy
- A diagnosis code indicating the reason for use must be written on the hard copy prescription for **ALL Schedule II narcotic agents (including Schedule II narcotic agents not subject to a quantity limit)** by the prescribing practitioner or by the pharmacist after consulting with the prescriber.

- Quantity limits for Schedule II narcotic agents:
  are listed in Appendix E-1.
  are cumulative and are based on a 30 rolling days.
  apply to all strengths of an agent unless otherwise specified.

- **EXCEPT for Fentanyl buccal and sublingual products,** recipients in one of the following cancer related diagnosis code ranges and receiving agents listed in **Appendix E-1 for the management of cancer pain are not subject to a quantity limit:**

ICD-10-CM Diagnosis Code Range	Description
C00.*-C96*	Cancer

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

- Special Cases

- **Methadone**
  - All prescriptions for methadone must have a diagnosis code for payment.
  - There are no provisions for an override when a diagnosis code is omitted.
  - Methadone prescriptions require an approved clinical authorization for reimbursement.

- Methadone products, when used for the treatment of opioid addiction in detoxification or maintenance programs shall only be dispensed by opioid treatment programs certified by the Substance Abuse and Mental Health Services Administration.

- **Fentanyl**
  - Claims for fentanyl buccal and sublingual agents must contain a cancer related diagnosis in order for the claim to process for payment through the Point of Sale (POS) System.
  - The buccal and sublingual agents are subject to quantity limits (see Appendix E-1).

Documentation Required
- After consultation with the prescriber, the pharmacist must document on the hard copy prescription the prescriber's reason the quantity limit needs to be exceeded.

- The **reason for service code, professional service code and result of service code** used in submitting the claim must also be documented on the hard copy prescription.

Accepted Values –Diagnosis Code(s) & Description
All Schedule II Narcotic Agents prescriptions require a diagnosis code for payment; see above for cancer related diagnosis codes exempt from quantity limits.

Required NCPDP Field(s)
424-DO – (Diagnosis Code)
418-DI Level of Services – **Enter "03" for Emergencies**
439-E4 Field (DUR Conflict) – Reason for Service Code – EX
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
575 - Missing/or Invalid Diagnosis Code
457 - Quantity and/or Days Supply exceed program maximum.

4.3.122 Selumetinib (Koselugo™)

Pharmacy claims for selumetinib (Koselugo®) have a clinical authorization requirement and quantity limit of 120 capsules/30 days.
Possible NCPDP Field(s)

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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
066- Clinical Authorization Required

4.3.123 Sedative Hypnotics

Pharmacy claims for select sedative hypnotics will be subject to the following quantity limits.

Medication	Naïve 7-day supply per rolling 30 days[1]	Chronic Use 15-day supply per 30 rolling days[2]
Doxepin Tablet (Silenor®)	7 tablets	15 tablets
Flurazepam Capsule	7 capsules	15 capsules
Estazolam Tablet	7 tablets	15 tablets
Eszopiclone Tablet (Lunesta®)	7 tablets	15 tablets
Ramelteon Tablet (Rozerem®)	7 tablets	15 tablets
Suvorexant Tablet (Belsomra®)	7 tablets	15 tablets
Triazolam Tablet (Halcion®)	7 tablets	15 tablets
Temazepam Capsule (Restoril®)	7 capsules	15 capsules
Zaleplon Capsule (Sonata®)	7 capsules	15 capsules
Zolpidem Tartrate (Ambien®; Ambien CR®)	7 tablets	15 tablets
Zolpidem Tartrate Sublingual (Edluar®; Intermezzo®)	7 tablets	15 tablets

[1] Oral sedative hypnotics for a naïve recipient have a 7 day supply per rolling 30 days. Naïve is defined as having no paid claims for a sedative hypnotic in the previous 60 days.

[2] Oral sedative hypnotics for chronic use have a 15 day supply per rolling 30 days. Chronic use is defined as having a paid claim for a sedative hypnotic in the previous 60 days.

Additional information for oral sedative hypnotics:

- Pharmacy claims for all sedative/hypnotic agents (except lemborexant, tasimelteon and zolpidem tartrate oral spray) are limited to:
  - A quantity of 7 per rolling 30 days for recipients who have no sedative/hypnotic pharmacy claims in the previous 60-day period.
  - A quantity of 15 per rolling 30 days for recipients who have any sedative/hypnotic pharmacy claim in the previous 60-day period.
- Pharmacy claims for Lemborexant (Dayvigo™) are subject to the quantity limits listed in the following chart.

Medication (Generic – Brand Example)	Quantity Limit
Lemborexant (Dayvigo®)	7 tablets per rolling 30 days (for recipients who are naïve to sedative/hypnotics)*; 15 tablets per rolling 30 days (for recipients who are non-naïve to sedative/hypnotics)**

*There is no pharmacy claim for a sedative/hypnotic agent in the previous 60-day period.
**There is at least one pharmacy claim for a sedative/hypnotic agent in the previous 60-day period.

Exclusions for quantity limit edits for oral sedative hypnotics:

- Pharmacy claims submitted with an ICD-10-CM diagnosis code of palliative care (Z51.5) in **NCPDP field 424-DO** will bypass the quantity limit.
- Pharmacy claims submitted for tasimelteon capsule (Hetlioz®) and zolpidem tartrate oral spray (ZolpiMist®) are excluded.

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.124 Semaglutide (Rybelsus®)

Pharmacy claims for semaglutide (Rybelsus®) will be subject to the following quantity limit.

Generic Name	Brand Name	Quantity Limit
Semaglutide	Rybelsus®	30 tablets/30 days

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.125 Short-acting Beta$_2$ Agonist Inhalers

Policy

- Prescriptions for short-acting beta$_2$ agonist inhalers (albuterol, levalbuterol, and pirbuterol)
  (1.) require an appropriate diagnosis code,
  (2.) will be subject to a maximum quantity of six (6) short-acting beta$_2$ agonist inhalers per calendar year.
- There are provisions to override this quantity limit with prescriber consultation.

Diagnosis Code
- The diagnosis code must be documented on the hardcopy prescription by either the prescriber or the pharmacist. The diagnosis code may be communicated to the pharmacist electronically or

via telephone or facsimile. Claims submitted with a diagnosis associated with chronic obstructive pulmonary disease, emphysema, or cystic fibrosis will bypass the edit.

- Diagnosis codes which bypass the 6-inhaler limit are noted below:

Generic – Brand Example	Diagnosis Description	ICD-10-CM Diagnosis Code(s)
Albuterol – ProAir HFA®, ProAir RespiClick®, ProAir Digihaler®, Proventil HFA®, Ventolin HFA® **YQ** Levalbuterol – Xopenex HFA® **YQ** *Yearly Quantity Limit (YQ)*	Bronchitis, not specified	J40
	Chronic Airway Obstruction	J44.9
	Cystic Fibrosis	E84.*
	Emphysema	J43.*
	Obstructive Chronic Bronchitis, Chronic Obstructive Asthma	J44.*

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

-Claims submitted without a diagnosis code will deny with:

NCPDP rejection code 39 (Missing or invalid diagnosis code) mapped to **EOB code 575** (Missing or invalid diagnosis code).

-When the prescriber does not indicate a diagnosis code on the prescription and the prescriber cannot be reached, a denial for a missing diagnosis code may be overridden by:

entering "**03**" in **NCPDP field 418-DI** (Level of Service) specifying an emergency.

Documentation Required

- An appropriate diagnosis code must be documented on the prescription by the prescriber or communicated to the pharmacist electronically, via telephone, or facsimile.

- If the prescriber chooses to exceed the limit, the prescriber must provide the reason why the limit needs to be exceeded. The pharmacist may override the limit after consultation with the prescriber. The pharmacist must document on the hardcopy prescription or in the pharmacy's electronic recordkeeping system (1) the prescriber's reason why the limit needs to be exceeded, and (2) the NCPDP DUR override codes used in submitting the claim.

-The **reason for service code**, **professional service code** and **result of service code** used in submitting the claim must also be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values – Diagnosis Code(s) & Description

-An appropriate diagnosis code must be documented on the hardcopy prescription by the prescriber or pharmacist (after prescriber consultation).

Possible NCPDP Field(s)
424-DO – (Diagnosis Code)
418-DI Level of Services – **Enter "03" for Emergencies**
439-E4 Field (DUR Conflict) – Reason for Service Code – EX
440-E5 Field (DUR Intervention) – Professional Service Code – MØ
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
575 - Missing/or Invalid Diagnosis Code
457 - Quantity and/or Days Supply Exceed Program Maximum

4.3.126 Sildenafil (Revatio®) and Tadalafil (Adcirca®)

Policy
- Prescriptions for Sildenafil (Revatio®) and Tadalafil (Adcirca®) are covered when prescribed for primary pulmonary hypertension.

- An appropriate diagnosis code must be documented on the prescription by the prescriber or communicated to the pharmacist electronically, via telephone or facsimile.

- Claims for nitrate prescriptions will deny when there is an active prescription for Sildenafil (Revatio®) or Tadalafil (Adcirca®) on the recipient's drug history file. Conversely, prescriptions for Sildenafil (Revatio®) Tadalafil (Adcirca®) will deny when there is an active prescription for nitrates in the recipient's drug history file.

Documentation Required
- An appropriate diagnosis code must be documented on prescriptions by either the prescriber or the pharmacist.

- After consultation with the prescriber, the pharmacist must document the reason the prescriber required the patient to receive a nitrate and Sildenafil (Revatio) or Tadalafil (Adcirca®).

- The **reason for service code, professional service code** and **result of service code** must also be documented on the hard copy prescription.

Accepted Values –Diagnosis Code(s) & Description(s)
I27.0, I27.2, I27.89, P29.3 = Primary pulmonary hypertension

Required NCPDP Field(s)
424-DO Diagnosis Code
439-E4 Field (DUR Conflict) – Reason for Service Code – DD

440-E5 Field (DUR Intervention) – Professional Service Code - MO
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
575 - M/I Diagnosis Code
471 - Drug to Drug Interaction

4.3.127 Skeletal Muscle Relaxants

Pharmacy claims for skeletal muscle relaxants are subject to an age limit and quantity limit.

Skeletal muscle relaxants that contain codeine (carisoprodol-aspirin-codeine) will deny at the POS if the recipient is less than 12 years of age.

Pharmacy claims for skeletal muscle relaxants are subject to a quantity limit. (See the following chart.)

Medication	Quantity Limit per 30 days
Baclofen 10mg	120 Units
Baclofen 20mg	120 Units
Cyclobenzaprine 5mg	90 Units
Cyclobenzaprine 7.5mg	90 Units
Cyclobenzaprine 10mg	90 Units
Cyclobenzaprine 15mg	30 Units
Cyclobenzaprine 30mg	30 Units
Tizanidine 2mg	90 Units
Tizanidine 4mg	90 Units
Tizanidine 6mg	180 Units

Possible NCPDP Field(s)
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)

NCPDP 439-E4 field (Reason for Service Code) **PA** (Drug-Age)
NCPDP 440-E5 field (Professional Service Code) **MØ** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) **1G** (Filled with Prescriber Approval)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
234- P/F Age Restriction

4.3.128 Sodium Zirconium Cyclosilicate Oral (Lokelma®)

Pharmacy claims for sodium zirconium cyclosilicate oral **(**Lokelma®) require a clinical authorization.

Required Form
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code
066- Clinical Authorization Required

4.3.129 Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

Policy

Prior Use of Metformin Required

An incoming pharmacy claim for a SGLT2 inhibitor will require evidence of previous use of metformin or a paid claim for the requested medication or another medication within the same therapeutic class.

An incoming claim for a SGLT2 inhibitor will deny if there is not a paid claim(s) for at least 90 days of metformin therapy OR there is no evidence of at least 60 days of paid claims for the requested medication (or another SGLT2 inhibitor).

Exception: Pharmacy claims submitted for dapagliflozin (Farxiga®) and empagliflozin (Jardiance®) will bypass the POS prior drug use requirement for metformin and SGLT2 when submitted with an appropriate bypass diagnosis code of heart failure (I50*) or chronic kidney disease (N18*).
(can be any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code)*

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – PP (Plan Protocol)
440-E5 Field (DUR Intervention) – Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) – Result of Service Code – 1G (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
563- Requires Prior Use of Metformin

4.3.130 Somatropin (Norditropin®, Nutropin®, Nutropin AQ ®, Saizen®, Genotropin®, Humatrope®, Omnitrope®, Serostim®, Tev-Tropin®, Zorbtive®)

Policy
-Somatropin growth hormone claims submitted with a valid diagnosis will be payable. There are no overrides for this edit. However, the pharmacist may contact the prescriber for a valid diagnosis code and resubmit the claim.

- An appropriate diagnosis code must be documented on the prescription by the prescriber or communicated to the pharmacist electronically, via telephone or facsimile.
- The following chart lists acceptable diagnosis code(s) which are in accordance with the reimbursement criteria for somatropin.

ICD-10-CM Diagnosis Code(s)	Diagnoses
N25.0	Growth failure in children associated with: • Renal insufficiency or chronic kidney disease
Q87.1	• Noonan Syndrome
Q87.1	• Prader-Willi Syndrome
Q96	• Turner Syndrome
P05.1	• Small for gestational age at birth (fetal growth retardation) who fail to manifest catch-up growth or with no catch-up growth
R62.52	Short Stature in children (idiopathic or SHOX deficiency) • Short stature • Lack of expected normal physiological development in childhood
E23.0	Pituitary dwarfism
E23.0	Panhypopituitarism
E23.1, E89.3	Iatrogenic pituitary disorders
K90.2, K91.2	Zorbitive® only) Short Bowel Syndrome in patients receiving specialized nutritional support: • Blind Loop Syndrome • Other Unspecified post-surgical nonabsorption
R64	(Serostim® only) HIV-associated cachexia or wasting

- Claims for Somatropin without a valid diagnosis will deny with:
NCPDP rejection code 39 "Missing or invalid diagnosis code" which is mapped to EOB code 575 "Missing or invalid diagnosis code."

Documentation Required
The prescriber must supply an appropriate diagnosis code. The pharmacist must supply the appropriate diagnosis code in the Point of Sale submission in NCPDP field 424-DO (Diagnosis Code).

Accepted Values –Diagnosis & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO Diagnosis Code

Possible Denial EOB Code(s)
575 - M/I Diagnosis Code

4.3.131 Sumatriptan Nasal Exhaler Powder (Onzetra Xsail®)

Policy

Prescriptions for sumatriptan nasal exhaler powder (Onzetra Xsail®) have a quantity limit of 1 kit (Package size =16) every rolling 30 days.

Pharmacy claims which exceed the quantity limit for sumatriptan nasal exhaler powder (Onzetra Xsail®) will deny with:

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

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
457- Quantity and/or days supply exceeds program maximum

4.3.132 Suvorexant (Belsomra®)

Policy
Suvorexant (Belsomra®) prescriptions are subject to a maximum daily dosage limit.

Maximum Daily Dosage
Pharmacy claims for suvorexant (Belsomra®) which exceed the maximum recommended dose of 20 mg/day will deny at Point of Sale (POS) with:

> **NCPDP rejection code 88 (DUR Reject Error) mapped to**
> **EOB code 529 (Exceeds Maximum Daily Dose)**

Documentation Required
N/A

Accepted Values – ICD-10-Diagnosis Code(s) & Description
N/A

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
529 – Exceeds Maximum Daily Dose

4.3.133 Tafamidis (Vyndaqel® and Vyndamax®)

Pharmacy claims for tafamidis (Vyndaqel®, Vyndamax®) have a quantity limit.

Generic Name	Brand Name	Quantity Limit
Tafamidis	Vyndaqel®	120 capsules/30 days
Tafamidis	Vyndamax®	30 capsules/30 days

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – EX (Excessive Quantity)
440-E5 Field (DUR Intervention) – Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) – Result of Service Code – 1G (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
457-Quantity and/or days' supply exceed program maximum

4.3.134 Tapentadol Products

Pharmacy claims for Tapentadol IR (Nucynta®) and Tapentadol ER (Nucynta ER®) are subject to the following:

- Quantity limits; and
- Maximum daily dose.

The maximum daily dose for tapentadol products is listed in the chart.

Medication (Generic – Brand Example)	Maximum Daily Dose
Tapentadol IR (Nucynta®)	700 mg
Tapentadol ER (Nucynta ER®)	500mg

Note: Refer to Section 4.9 Opioids for quantity limits for tapentadol products.

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
529 - Exceeds Maximum Daily Dose

Documentation Required
*** Opioid Agonists - (Tapentadol and Tramadol products)**
- After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the prescriber's reason the daily dosage limit needs to be exceeded.
- The reason for service code, professional service code and result of service code used in submitting the claim must also be documented on the hardcopy prescription.

Accepted Values –Diagnosis Code(s) & Description(s)
N/A

Required NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – HD
440-E5 Field (DUR Intervention) – Professional Service Code – M0
441-E6 Field (DUR Outcome) – Result of Service Code – 1G

Possible Denial EOB Code(s)
529 - Exceeds Maximum Daily Dose

4.3.135 Tasimelteon (Hetlioz®)

Policy
Pharmacy claims for tasimelteon (Hetlioz®) will have the following clinical edits:

- Clinical Authorization,
- Maximum Daily Dose, and
- Therapeutic Duplication

Clinical Authorization
Pharmacy claims for tasimelteon (Hetlioz®) will be reimbursed at POS when the prescriber has obtained an approved clinical authorization.

Pharmacy claims for tasimelteon (Hetlioz®) without an approved clinical authorization will deny at POS with:

> **NCPDP rejection code 88 (DUR Reject Error) mapped to**
> **EOB code 066 (Clinical Authorization Required).**

Override provisions should be addressed through the Clinical Authorization process.

Maximum Daily Dose
Pharmacy claims for tasimelteon (Hetlioz®) will have a maximum daily dose of 20mg/day.
Claims for tasimelteon (Hetlioz®) which exceed a maximum daily dose of 20mg/day will deny at 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 POS system using NCPDP service codes.

Therapeutic Duplication
Pharmacy claims for tasimelteon (Hetlioz®) will deny at POS with a therapeutic duplication if there is an active claim for another sedative-hypnotic agent.
This therapeutic duplication of tasimelteon (Hetlioz®) with an active claim for another sedative-hypnotic agent will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 482 (Therapeutic Duplication).

After consultation with the prescriber to verify the necessity of the therapeutic duplication, the pharmacist may override the therapeutic duplication denial by submitting in:

NCPDP 439-E4 field (Reason for Service Code) TD (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code) MO (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G (Filled with Prescriber Approval)

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

Documentation Required
Override codes must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code)- TD (Therapeutic Duplication)
NCPDP 440-E5 field (Professional Service Code)- MO (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code)- 1G (Filled with Prescriber Approval)

418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required
482 -Therapeutic Duplication
529 -Exceeds Maximum Daily Dose

4.3.136 Tazarotene (Tazorac®)

Policy
- Prescriptions for Tazarotene (Tazorac®) are covered when prescribed for psoriatic arthropathy or other psoriasis.

- An appropriate diagnosis code must be documented on the prescription by the prescriber or communicated to the pharmacist electronically, via telephone or facsimile.

Documentation Required
- An appropriate diagnosis code must be documented on prescriptions by either the prescriber or the pharmacist.

Accepted Values –Diagnosis Code(s) & Description(s)
L40*= Psoriatic Arthritis

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

Required NCPDP Field(s)
424-DO Diagnosis Code

Possible NCPDP Field(s)
418-DI Level of Service – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575 - M/I Diagnosis Code

4.3.137 Tedizolid Phospate (Sivextro®)

Prescriptions for tedizolid phosphate (Sivextro®) will be reimbursed when:

- The prescriber has completed in full and submitted a Louisiana Uniform Prescription Drug Prior Authorization Form; and
- The prescriber has obtained an approved clinical authorization.

Pharmacy claims submitted at Point of Sale (POS) without a clinical authorization will deny with:

> **NCPDP rejection code 88 (DUR Reject Error)** mapped to
> **EOB code 066 (Clinical Authorization Required).**

Override provisions should be addressed through the clinical authorization process.

Documentation Required
N/A

Forms Required
Louisiana Uniform Prescription Drug Prior Authorization Form

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
N/A

Possible Denial EOB Code(s)
066-Clinical Authorization Required

4.3.138 Tiotropium Bromide (Spiriva Respimat®)

Pharmacy claims for tiotropium bromide (Spiriva Respimat®) require a diagnosis code as listed in the following chart.

Medication	Description of Diagnosis	ICD-10-CM Diagnosis Code
Tiotropium bromide (Spiriva Respimat®) 1.25 mcg	Asthma	J45*
Tiotropium bromide (Spiriva Respimat®) 2.5 mcg	COPD	J44*

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

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
575- Missing or Invalid Diagnosis Code

4.3.139 Tobramycin/Nebulizer (Kitabis Pak®)

Pharmacy claims for tobramycin (Kitabis Pak®) will require a diagnosis code for payment.

Generic Name	Brand Name	Diagnosis	ICD-10-CM Diagnosis Code
Tobramycin Nebulizer	Kitabis Pak® 4%	Cystic Fibrosis with Pseudomonas	E84*

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

Required NCPDP Field(s)
424 - DO - Diagnosis Code

Possible Denial EOB Code(s)
575 - M/I Diagnosis Code

4.3.140 Tolvaptan (Samsca®)

Pharmacy claims for tolvaptan (Samsca®) have a clinical authorization requirement and quantity limit.

The quantity limits for tolvaptan (Samsca®) are listed in the chart.

Generic Name	Brand Name	Quantity Limit
Tolvaptan	Samsca® 15mg	30 tablets/30 days
	Samsca® 30 mg	60 tablets/30 days

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066- Clinical Authorization Required
457-Quantity and/or days' supply exceeds program maximum

4.3.141 Tramadol

Policy
Pharmacy claims for tramadol–containing products have the following edits:

- Age Limit
- Clinical Authorization
- Maximum Daily Dose

Age Limit

Description	Age (Y=Year)
Tramadol	>12 Y
Tramadol Combination Product	>12 Y

Pharmacy claims for **tramadol and tramadol combination products** will deny at POS if the recipient is less than 12 years of age.

Clinical Authorization
Pharmacy claims for tramadol-containing products submitted for recipients 12-17 years of age without an approved clinical authorization will deny.

Maximum Daily Dose

- The maximum daily dose for immediate-release tramadol-containing products is based on age.
- The maximum allowable daily dose for extended-release tramadol products is 300mg/day.
- The maximum daily allowance for tramadol/acetaminophen products is eight (8) tablets per day.

Generic Name	Maximum Dose per Day	Age
Tramadol Immediate Release	400mg/day	<76 years
Tramadol Immediate Release	300mg/day	>75 years
Tramadol Extended Release	300mg/day	
Tramadol/Acetaminophen	8 tablets/day	

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
NCPDP 439-E4 field (Reason for Service Code)- PA (Drug-Age)
NCPDP 440-E5 field (Professional Service Code)- M0 (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) 1G- (Filled with Prescriber Approval)

Possible Denial EOB Code(s)
234- P/F Age Restriction
66- Clinical Authorization
529- Exceeds Maximum Daily Dose

4.3.142 Triptans

Policy
Triptans are subject to the following edits:
-quantity limits, and
-diagnosis code requirement for recipients <18 years old.

Quantity Limits
Quantity limits for triptans are listed in Appendix E-1. The quantity limits are cumulative and are based on a rolling thirty (30) days. The limits apply to all strengths of an agent unless otherwise specified.
If the prescribing practitioner chooses to exceed the quantity limit, the prescriber must provide the reason why the quantity limit needs to be exceeded.

Diagnosis Code Requirement
Pharmacy claims for triptans for recipients < 18 years old will require a valid diagnosis code in NCPDP field 424-DO (Diagnosis Code) at Point of Sale (POS).

Triptans are identified in the following chart.

Generic Name	Representative Brand(s)
Almotriptan	Axert®
Eletriptan	Relpax®
Frovatriptan	Frova ®
Naratriptan	Amerge®
Rizatriptan	Maxalt®, Maxalt MLT®
Sumatriptan	Alsuma®, Imitrex®, Sumavel®, Zecuity®
Zolmitriptan	Zomig®, Zomig ZMT®

The acceptable ICD-10-CM diagnosis codes for triptans in recipients less than 18 years old are as follows:

Generic-Brand Example	Diagnosis	ICD-10-CM-Diagnosis Code
Almotriptan – Axert® Eletriptan – Relpax® Frovatriptan – Frova® Naratriptan – Amerge® Rizatriptan – Maxalt®, Maxalt MLT® Sumatriptan [Oral, Nasal] – Imitrex®, Onzetra Xsail®, Tosymra® Sumatriptan [Injection] – Zembrace SymTouch® Zolmitriptan – Zomig®, Zomig ZMT®	Migraine	G43.0*, G43.1*, G43.7*
Sumatriptan [Injection] – Imitrex®, Sumavel®	Migraine	G43.0*, G43.1*, G43.7*
	Cluster Headache, Acute	G44.009

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

Pharmacy claims submitted without a valid diagnosis code at POS will deny with:

NCPDP rejection code 39 (Missing or Invalid diagnosis code) mapped to
EOB code 575 (Missing or Invalid diagnosis code).

Documentation Required
The ICD-10-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.
After consultation with the prescriber, the pharmacist must document on the hardcopy prescription the prescriber's reason why the limit needed to be exceeded. The **reason for service code, professional service code**, and **result of service** code used for submitting the claim must also be documented on the hardcopy prescription.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict)- Reason for Service Code-EX
440-E5 Field (DUR Intervention)-Professional Service Code-M0
441-E6 Field (DUR Outcome)-Result of Service Code-1G
424-DO Diagnosis Code
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
457-Quantity and/or days supply exceed program maximum
575- Missing or Invalid Diagnosis Code

4.3.143 Ubrogepant (Ubrelvy®)

Pharmacy claims for ubrogepant (Ubrelvy®) will be subject to the following quantity limit.

Generic Name	Brand Name	Quantity Limit
Ubrogepant	Ubrelvy®	16 tablets/30 days

Possible NCPDP Field(s)
418-DI Level of Services – Enter "03" for Emergencies

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum

4.3.144 Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Policy
A clinical authorization is required for the following Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors:

- Deutetrabenazine (Austedo®);
- Tetrabenazine (Xenazine®); and
- Valbenazine (Ingrezza®).

Clinical Authorization
Pharmacy claims for VMAT2 Inhibitors without an approved clinical authorization will deny at POS with:

> **NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 066 (Clinical Authorization Required).**

Override provisions should be addressed through the Clinical Authorization process.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible Form(s)
Louisiana Uniform Prescription Drug Prior Authorization Form

Possible NCPDP Field(s)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
066 -Clinical Authorization Required

4.3.145 Voxekitir (Oxbryta®)

Pharmacy claims for voxekitir (Oxbryta®) have a clinical authorization requirement and quantity limit of 90 tablets/30 days.

Possible NCPDP Field(s)
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)

Possible Denial EOB Code
457- Quantity and/or days' supply exceeds program maximum
066- Clinical Authorization Required

4.3.146 Zoledronic Acid (Reclast®)

Pharmacy claims for zoledronic acid (Reclast®) have a quantity limit.

Generic Name	Brand Name	Quantity Limit
Zoledronic Acid	Reclast®	1 vial/365 days

Possible NCPDP Field(s)
439-E4 Field (DUR Conflict) – Reason for Service Code – EX (Excessive Quantity)
440-E5 Field (DUR Intervention) – Professional Service Code – M0 (Prescriber Consulted)
441-E6 Field (DUR Outcome) – Result of Service Code – 1G (Filled with Prescriber Approval)
418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
457-Quantity and/or days' supply exceed program maximum

4.4 Diagnosis Code Requirements for Select Medications

Prescriptions for select medications require a diagnosis code for reimbursement. The diagnosis code should be documented on the hardcopy prescription by the prescriber or pharmacist. The pharmacist may document the diagnosis code on the hardcopy prescription or in the pharmacy's electronic recordkeeping system after electronic or verbal consultation with the prescribing practitioner.

Note: Refer to the *Louisiana Medicaid Single PDL* for a complete listing of drugs with diagnosis code requirements at Point of Sale.

Documentation Required
A valid diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values –Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code.

Possible Denial EOB Code(s)
575-Missing or invalid diagnosis code.

4.5 Suspected Environmental Risk Treatment Claims

Medicaid providers' claims billing indicators are to be used to identify services provided to Louisiana Medicaid recipients when treated for an oil spill-related illness or injury. This information is necessary to track and evaluate health outcomes and costs related to the BP Oil Spill.

Pharmacy POS Transactions – Providers are asked to use the following indicator on applicable claims submitted for processing and payment.

Required NCPDP Field
439-E4 Field (DUR Conflict) – Reason for Service Code - **RE** - (Suspected Environmental Risk)

4.6 Medication Administration

Note: Refer to Chapter 37, *Pharmacy Benefits Management Services* of the Louisiana Medicaid Program Provider Manual, Section 37.14 Medication Administration By Pharmacists, for additional information.

4.6.1 Adult Immunizations Administered by Pharmacists

- Louisiana Medicaid will reimburse enrolled pharmacies for select immunizations administered by a pharmacist with the "Authority to Administer" authorized by the Louisiana Board of Pharmacy.
-The administration of the COVID-19 vaccine: initial dose(s), booster shot, and 3rd dose is covered by Louisiana Medicaid pharmacy program. Also, home administration of the COVID-19 vaccine is covered.
- Vaccine reimbursement includes reimbursement for the ingredient cost and administration fee except in the COVID-19 vaccine, which is reimbursed an administration fee only.

Age Requirements for COVID-19 Initial Vaccine Series
The FDA has authorized COVID-19 vaccine administration for:

- Pfizer in recipients 3 years and older;
- Johnson & Johnson (Janssen) in recipients 18 years and older;
- Moderna in recipients 3 years and older; and
- Novavax COVID-19 Vaccine, Adjuvanted in recipients 18 years and older.

COVID-19 Vaccine Requirements for 3rd Dose
Pharmacy claims will be reimbursed for the 3rd dose COVID-19 vaccine (Pfizer and Moderna only) in immunocompromised recipients. The 3rd dose must be the same manufacturer as the previously administered COVID-19 vaccine series.
Coverage for the 3rd dose (immunocompromised) includes:

- Pfizer in recipients 3 years and older given 28 days after the second dose; and
- Moderna in recipients 3 years and older given 28 days after the second dose.

COVID-19 Vaccine Requirements for Bivalent Booster

The FDA has authorized COVID-19 Bivalent Booster administration for:

- Pfizer COVID-19 Vaccine, Bivalent in recipients 5 years and older;
- Moderna COVID-19 Vaccine, Bivalent in recipients 3 years and older.

Pharmacist Requirements

For adult vaccine reimbursement, the pharmacist shall:

- be registered with the Louisiana Board of Pharmacy with the "Authority to Administer" vaccines.
- be registered as a Louisiana Medicaid provider.
- inform the individual that the administration of an immunization or vaccine is not to be construed as being in lieu of an annual preventive visit with the individual's primary care or family physician.
- access the Louisiana Immunization Network for Kids (LINKS) prior to immunization administration, if possible, to verify appropriate utilization according to the Advisory Committee on Immunization Practices (ACIP) to prevent duplication, unnecessary doses, inappropriate age, etc.
- report each immunization to the Louisiana Department of Health, Office of Public Health's LINKS at the time of the immunization or as soon as reasonably possible, thereafter.
- report all adverse events observed or which are reported to the pharmacist to the Vaccine Adverse Events Reporting System, or its successor program; and further, the pharmacist shall refer the patient with an adverse event to appropriate medical care.
- report certain data elements to the CDC for each COVID-19 dose administered within 24 hours of administration, as a vaccination provider.
- request the name of a patient's primary care provider prior to the administering of any immunization. The pharmacist shall notify the primary care provider, by written or electronic communication, as soon as reasonably possible that the immunization was administered.

All 340B pharmacies carved-in to Medicaid may bill vaccines and the administration fee for adults (19 years and older) at Point of Sale as a pharmacy benefit. Claim level indicators should not be included as vaccines are not 340B or rebate eligible.

There will be no copay assessed on adult vaccine claims. Third party billing policy will apply and Medicaid will be the payer of last resort.

Pharmacy claims for vaccines will bypass FFS Point of Sale edits for the four prescription monthly limit and pharmacy Lock-In.

Pharmacy claim rejections for non-typical settings of care situations (i.e. Patient Residence, Pharmacy Service Type, and Place of Service) will be bypassed for COVID-19 vaccine claims.

The following chart lists select adult vaccines administered by a pharmacist and payable as a FFS and MCO pharmacy claim.

Vaccines	Brand Name Examples	Age Limit
Hepatitis A Adult	Vaqta®, Havrix®	≥ 19 years
Hepatitis A – Hepatitis B Adult	Twinrix®	≥ 19 years
Hepatitis B Adult (recombinant adjuvanted)	Heplisav-B®	≥ 19 years
Hepatitis B Adult (recombinant)	Engerix-B®, Recombivax HB®	≥ 19 years
Hepatitis B vaccine [trivalent (recombinant)]	PreHevbrio®	≥ 19 years
HPV – Human Papillomavirus 9-valent	Gardasil®9	19-45 years
Influenza Vaccine	Various Brands	*
Measles, Mumps & Rubella	M-M-R®II, Priorix®	≥ 19 years
Meningococcal Conjugate (Groups A, C, Y and W-135)	Menveo®, Menactra®, MenQuadfi®	≥ 19 years
MENB – Meningococcal Group B	Trumenba®, Bexsero®	≥ 19 years
Pneumococcal – 13-valent	Prevnar 13™	≥ 19 years
Pneumococcal – 15-valent	Vaxneuvance™	≥ 19 years
Pneumococcal – 20-valent	Prevnar 20™	≥ 19 years
Pneumococcal Polysaccharide (23-valent)	Pneumovax®23	≥ 19 years
Rabies Vaccine	Imovax®, RabAvert®	≥ 19 years
Tetanus and Diphtheria Toxoids	TDVAX®, Tenivac®	≥ 19 years
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis	Adacel®, Boostrix®	≥ 19 years
Varicella	Varivax®	≥ 19 years
Zoster Vaccine Recombinant, adjuvanted	Shingrix®	≥ 18 years

*Age limits and age ranges for influenza vaccines are based on prescribing information.

Note: Only the administration fee for influenza vaccines in recipients <19 years of age will be reimbursed in the pharmacy program, as these are available in Louisiana Vaccines for Children (VFC) Program.

-Louisiana Medicaid will reimburse enrolled **pharmacies** when this immunization is administered by a pharmacist who has the Authority to Administer authorized by the Louisiana Board of Pharmacy.

Documentation Required

- Once administered, pharmacists shall document these immunizations in the Louisiana Immunization Network for Kids Statewide (LINKS) registry found at www.ldh.la.gov.

Accepted Values –Diagnosis & Description(s)
N/A

Required NCPDP Field(s)

NCPDP Field Number	NCPDP Field Name	Value	Comment
307-C7	Place of Service	12	A value of "12" for at home administration of the COVID-19 vaccine.
405-D5	Day Supply	1	A value of "1" for COVID-19 vaccines.
407-D7	Product/Service ID	11 Digit NDC	Vaccine NDC
409-D9	Ingredient Cost	$0.00 or $0.01	Bill a value of $0.00 with a Basis of Cost Determination of 15 or if field cannot accept a zero value, then bill $0.01 with a Basis of Cost Determination of 1.
420-DK	Submission Clarification Code	Initial Dose=2; Second Dose=6; Third Dose=7**;** Booster Shot=10.	Use "7" for 3rd dose in immunocompromised recipient. Use "10" for **any** booster shot 18 years and older (Moderna and Janssen) and 12 years and older Pfizer.
423-DN	Basis of Cost Determination	15 or 1	A value of "15" (free product or no associated cost) for the COVID-19 vaccine or if ingredient cost field cannot accept $0.00, then a value of "1" with an ingredient cost of $0.01.
411-DB	Prescriber ID	Prescriber/Pharmacist Medicaid Number or NPI	Enter the Prescriber's LA Medicaid Issued Number or NPI **OR** in the Absence of a Prescription, the Vaccinating Pharmacist's LA Medicaid Issued Number or NPI
419-DJ	Prescription Origin Code	5	Pharmacy
438-E3	Incentive Amount Submitted	Administration Fee	Amount Charged for Vaccine Administration
473-7E	DUR/PPS Code Counter	1	Number of Occurrences
440-E5	Professional Service Code	MA	Medication Administration

NCPDP Field Number	NCPDP Field Name	Value	Comment
442-E7	Quantity Dispensed	Value dependent on vaccine dose	Examples: Johnson & Johnson (Janssen)=0.5; Pfizer=0.3, children age 5-11=0.1; and Moderna=0.5; 0.25 booster
444-E9	Provider ID	Pharmacist Medicaid Number or NPI	The Vaccinating Pharmacist's LA Medicaid Issued Number or NPI
465-EY	Provider ID Qualifier	05 07	NPI State Issued

Possible Denial EOB Code(s)
089-Missing/Invalid Incentive Amount
111-Different Labeler Discrepancy for Vaccine
120-Metric Error Quantity
124-Rx Day Supply Error
210-Provider not Certified for This Procedure
233-Procedure/NDC Not Covered for Service Date Given
431-Missing/Invalid Professional Service Code
444-Missing/Invalid Service Provider
447-Compliance Monitoring/Early or Late Refill
457-Quantity and/or Days Supply Exceeds Program Maximum
509-Missing/Invalid Service Provider ID Qualifier

4.7 Prescription Claim Submission Required Fields

The following chart is a reference tool to assist in using the Point of Sale system to submit claims to the fiscal intermediary. These requirements are based on the NCPDP Telecommunications Standard D.0 and were followed by the chosen system vendor in setting up individual systems for Louisiana Medicaid. Qualifiers inherent to the NCPDP D.0 format are not included, but are specified in the vendor specifications which may be found at the www.lamedicaid.com link. If a field is "required" then information must entered on the Point of Sale device. Otherwise, the field is optional.

Prescription Claim Submission Required Fields	
POINT OF SALE	
DATA ELEMENT	REQUIRED OR OPTIONAL
HEADER SEGMENT - Mandatory	
Bin Number	Required
Version/Release Number	Required
Processor Control Number	Required
Transaction Count	Required
Service Provider ID Qualifier	Required

Prescription Claim Submission Required Fields	
POINT OF SALE	
DATA ELEMENT	**REQUIRED OR OPTIONAL**
Pharmacy Number	Required
Date of Service	Required
Vendor/Certification ID	Required
PATIENT SEGMENT - Optional	
Segment Identification	Required
Date of Birth	Required
Patient Gender Code	Required
Patient First Name	Required
Patient Last Name	Required
Patient Location	Optional
INSURANCE SEGMENT - Required	
Segment Identification	Required
Cardholder ID	Required
Eligibility Clarification Code	Required
Group ID	Optional
Person Code	Optional
Patient Relationship Code	Optional
CLAIM SEGMENT - Required	
Segment Identification	Required
Prescription Reference Number Qualifier	Required
Prescription/Service Reference Number	Required
Product/Service ID Qualifer	Required
Product/Service ID	Required
Quantity Dispensed	Required
Fill Number	Required
Days Supply	Required
Compound Code	Required
Dispense as Written (DAW)	Required
Date Prescription Written	Required
Other Coverage Code	Optional
Unit Dose Indicator	Optional
Level of Service	Optional
Prior Authorization Type Code	Optional
Prior Authorization Number Submitted	Optional
PHARMACY PROVIDER SEGMENT - Optional	
Segment Identification	Required
Provider ID Qualifier	Optional
Prescriber ID	Required
PRESCRIBER SEGMENT - Optional	
Segment Identification	Required
Prescriber ID Qualifier	Optional

Prescription Claim Submission Required Fields	
POINT OF SALE	
DATA ELEMENT	**REQUIRED OR OPTIONAL**
Prescriber ID	Required
COB/OTHER PAYMENTS SEGMENT - Optional	
Segment Identification	Required
Coordination of Benefits/Other Payment Count	Required
Other Payer Coverage Type	Required
Other Payer ID Qualifier	Optional
Other Payer ID	Optional
Other Payer Date	Optional
Other Payer Amount Paid Count	Optional
Other Payer Amount Paid Qualifier	Optional
Other Payer Amount Paid	Optional
Other Payer Reject Count	Optional
Other Payer Reject Code	Optional
DUR/PPS SEGMENT - Optional	
Segment Identification	Required
DUR/PPS Code Counter	Optional
Reason for Service Code	Optional
Professional Service Code	Optional
Result of Service Code	Optional
PRICING SEGMENT - Optional	
Segment Identification	Required
Ingredient Cost Submitted	Required
Patient Paid Amount Submitted	Optional
Incentive Amount Submitted	Optional
Usual and Customary Charge	Required
Gross Amount Due	Required
CLINICAL SEGMENT - Optional	
Segment Identification	Required
Diagnosis Code Count	Optional
Diagnosis Code Qualifier	Optional
Diagnosis Code	Optional

The claim section may be repeated for up to four prescriptions.

4.8 Claim Responses

This section describes the standard response formats for original, downtime, and reversal transactions. The transaction header response status codes are limited to:

A - Header Acceptable
R - Header Unacceptable

If the response status is an "A", each claim (prescription) will have a status code:

P - Claim Payable
D - Duplicate Claim
R - Claim Rejected

Each response status is explained in detail in the sections which follow. For multiple prescription claims, the Response Information Section is repeated for each prescription. There may be a combination of paid, captured, duplicate, and rejected prescriptions when an acceptable transaction is submitted for multiple prescriptions.

4.8.1 Claim Payable

When a claim adjudicates and has a 'P' (claim payable) status, the claim will appear on your next Remittance Advice in the "Paid" claims section. This response returns with an Internal Control Number (ICN), Billed Charges (displayed in the additional messages field), Total Amount Paid, and the Co-payment Amount.

For example, the full response for a payable claim will include:

Billed Charges	(in the additional messages area)
Co-payment Amount	(variable .50¢ to $ 3.00)
Amount Paid	the calculated payment minus applicable Co-payment amount

4.8.2 Duplicate Claim

The information returned on a duplicate claim response contains the same information displayed on the original "paid" claim response. The only difference is that the duplicate response will contain a duplicate claim EOB code. If an 843EOB code is present with a Response Status of “D”, then this indicates it is a duplicate claim and Medicaid has already paid another claim with the same provider identifier, recipient identifier, date of service, NDC, refill number, and prescription number. Please reference Appendix C for an explanation of the EOB codes.

Message Area will contain the following for duplicate reject reasons:

PPPPPPPPPP RRRRRRRRRRRRR 999999
PPPPPPPPPP = Medicaid Provider ID or NPI; RRRRRRRRRRRR = recipient id;
99999999 = adjudicated date

Additional Message Area will contain the duplicate EOB code 843. This message indicates to the pharmacist that an identical claim for that drug has already been paid on that date of service for that recipient. To facilitate the display of data, the telecommunication switch vendor may compress the message areas together.

4.8.3 Claim Rejected

Header Data Rejected
If an error occurs and the header information is rejected, a NCPDP rejection code will be received, which in turn is transformed by an individual's system or POS device into a short reject message. There will not be any additional information in the message areas. For multiple prescription claims, the claim information section is repeated for each prescription. When there is an error in the header information, a reject code will appear in the first prescription but will also apply to the second, third, and fourth prescription.

Claim Detail Rejected
When a claim is rejected, the message area will contain the EOB code for up to ten reasons why the prescription rejected. These codes are the same as those which appear on the Remittance Advice. For multiple prescription claims, the claim information section is repeated for each prescription. **Note**: Duplicate claims are rejected when the billing provider identifier, recipient identifier, date of service, and NDC match; although the refill number and/or prescription number do not. EOB's for these claims include 530, 843, and 893:

The Message Area contains:

PPPPPPPPPP RRRRRRRRRRRRR 999999

PPPPPPPPPP = Medicaid Provider ID or NPI; RRRRRRRRRRRRR = recipient id; 99999999 = adjudicated date

The additional messages area will contain EOB codes for each reject reason:

XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX
Example: 005 207

Rejected Claim Response: The following messages will accompany the Recipient Edits.

215 - "Recipient Not on File"
216 - "Recipient Not Eligible on DOS"
217 - "Name/Number Mismatch"
235 - "P/F Sex Restriction"

The rejected claim response will show the EOB code that correlates to claims denial. This three-digit code can be referenced in Section VII for the appropriate explanation. If additional information is required or there are questions, please call the Gainwell Help Desk at **1-800-648-0790 or 1-225-216-6381**.

4.8.4 Authorization Number to ICN Translation

The following is an explanation on how to translate your authorization number received from your POS terminal to an Internal Control Number (ICN). The authorization number is made up of the following information:

Year	Position 1
Julian Day	Positions 2-4
Media Code	Position 5
Batch Number	Positions 6-8
Sequence Number	Positions 9-11
Line Number	Positions 12-13

The authorization number is the Medicaid Internal Control Number (ICN) as it appears on the Remittance Advice. For example, an authorization number for a Point of Sale adjudicated claim would appear like this: 2032620010001. This indicates that the claim was submitted on February 1, 2002. The Julian Date is 032, the Batch Number is 200, the sequence Number is 100, and the Line Number is 01.

4.9 Opioids

Policy
Opioid prescription drugs have the following clinical edits:

- diagnosis code requirement for all Schedule II narcotics,
- prior drug use requirement for long-acting opioid prescriptions;
- 30-day quantity limit for long-acting opioids,
- 7-day quantity limit for select opioids for opioid naïve recipients,
- and a maximum of 90 Morphine Milligram Equivalent (MME) per day.

Diagnosis Code Requirement
All Schedule II narcotic prescriptions require a diagnosis code for payment.

Prior Drug Use Requirement
Pharmacy claims for an incoming prescription for a long-acting opioid will deny if there is not a paid claim for either a short-acting or long-acting opioid medication within the previous 90 days.

Long-Acting Opioid 30-Day Quantity Limit
Pharmacy claims for long-acting opioids will be subject to a 30-day quantity limit as listed in the following chart.

Description	Dosage Form	LIMITS Units / 30 Days	Representative Brand
Hydromorphone HCl	Tablet ER 24 hr	30 units	Exalgo®
Morphine Sulfate	CPMP 24 hr	30 units	Avinza®
Morphine Sulfate	Capsule SR Pellet	30 units	Kadian®
Morphine Sulfate	Tablet LA	60 units	MS Contin®

Morphine Sulfate	Tablet ER	60 Units	Arymo ER®
Morphine Sulfate/Naltrexone	Capsule SR Pellet	60 units	Embeda®
Oxycodone HCl	Tablet SR 12 hr	60 units	Oxycontin®
Oxycodone/Acetaminophen	Tablet ER 12 hr	60 units	Xartemis XR®
Oxymorphone HCl	Tablet SR 12 hr	60 units	Opana ER®
Tapentadol	Tablet ER 12 hr	60 units	Nucynta ER®
Hydrocodone Bitartrate	Capsule ER 12hr	60 units	Zohydro ER®
Hydrocodone Bitartrate	Tablet ER 24 hr	30 units	Hysingla ER®
Oxycodone Myristate	Capsule ER 12hr	60 units	Xtampza ER®
Tramadol ER	Tablet ER 24 hr	30 units	Conzip ®

Fentanyl Transdermal Patch Quantity Limits- Units per 30 Rolling Day Period					
Description	**Dosage Form**	**Route**	**Strength**	**Units/30 Rolling Days**	**Representative Brand**
Fentanyl	Patch	Transdermal	12, 25, 37.5, and 50 mcg/hr	10 units	Duragesic®
Fentanyl	Patch	Transdermal	62.5, 75, 87.5, and 100 mcg/hr	20 units	Duragesic®

Pharmacy claims exceeding the limits listed in the table above without approval to override will deny at Point of Sale (POS) with:

NCPDP rejection code 76 (Quantity and/or days' supply exceeds program maximum) mapped to
EOB code 153 (Quantity Exceeds Max-MD Fax Override Form to 866-797-2329)

Short-acting Opioid 7-Day Quantity Limit (Opioid Naïve Recipients)
Short-acting opioids will be limited to a 7-day supply for opioid-naïve recipients. For this edit, opioid-naïve recipients are defined as those who have not had an opioid claim paid within the last 90 days. The following chart lists short-acting opioids and corresponding quantity limits for opioid-naïve recipients.

Description	Dosage Form	Units/7 days	Representative Brand
Codeine/Acetaminophen	Tablet	28	Tylenol® with Codeine
Hydrocodone/Acetaminophen	Tablet	28	Lortab®, Vicodin®
Hydrocodone/Ibuprofen	Tablet	28	Vicoprofen®
Hydromorphone HCl	Tablet	28	Dilaudid®
Meperidine	Tablet	28	Demerol®
Morphine Sulfate	Tablet	28	
Oxycodone	Tablet/ Capsule	28	Roxicodone®
Oxycodone/Acetaminophen			Endocet®, Percocet®, Roxicet®
Oxycodone/Aspirin			

Oxycodone/Ibuprofen			
Oxymorphone HCl	Tablet	28	Opana®
Tapentadol	Tablet	28	Nucynta®
Tramadol	Tablet	28	Ultram®
Tramadol/Acetaminophen			Ultracet®

Pharmacy claims which exceed the quantity limit for short-acting opioids for opioid-naïve recipients will deny with:

NCPDP rejection code 76 (Quantity and/or days supply exceeds program maximum) mapped to **EOB code 062** (Quantity Exceeds Maximum – MD Fax LA Uniform PA Form to 1-866-797-2329.)

Morphine Milligram Equivalent (MME) Limit
The Morphine Milligram Equivalent (MME) per day for all active opioid prescriptions for a recipient will be calculated. For each recipient, the cumulative daily MME for all active opioid prescriptions will be limited to a maximum of 90 MME per day. Buprenorphine products for the treatment of Substance Use Disorder (SUD) will not be included in the MME limit.

Opioid pharmacy claims causing the recipient to exceed 90 MME per day will deny with:

> **NCPDP rejection code 88 (DUR Reject Error) mapped to**
> **EOB code 352 (Over 90 MME/day – MD Fax LA Uniform PA Form to 1-866-797-2329)**

If the prescriber deems that it is medically necessary for the recipient to exceed the maximum 90 MME per day limit, the prescriber must complete the *LA Uniform Prescription Drug Prior Authorization Form* and fax the completed signed form to the RXPA Unit. This is a request to increase the maximum prescribed MME limit for the recipient.

If the recipient presents a new prescription to the pharmacy that exceeds a previously approved MME limit > 90 MME/day, then this is an additional request to increase the MME limit again. Subsequent requests by a prescriber to increase a MME limit further will require resubmission.

Pharmacy claims for additional increases to the MME limit will deny at POS with:

> **NCPDP rejection code 88 (DUR reject error) mapped to**
> **EOB code 353 (MME Limit Exceeded-MD Fax MD Fax LA Uniform PA Form to 1-866-797-2329)**

Educational Alert for Opioid Prescriptions Exceeding 50 MME Per Day
Opioid pharmacy claims with a total daily Morphine Milligram Equivalent (MME) ≥ 50 MME per day will flag at Point of Sale (POS) as an educational alert for review by the pharmacist.

EXEMPTIONS: Opioid Quantity Limits and MME per Day Limit

There are exemptions to the edits for quantity limits and maximum daily MME limits for opioids. All Schedule II opioid prescriptions require a valid diagnosis code to process. Pharmacy claims for opioid products will not be subject to the opioid quantity limits or 90 MME per day limit when the recipient has a diagnosis of burn, sickle cell crisis, cancer and/or palliative care. The appropriate diagnosis code must be submitted at Point of Sale (POS) in NCPDP field 424-DO.

Diagnosis codes which will bypass the opioid quantity and MME per day limit(s) are listed in the chart.

ICD-10-CM Diagnosis Code	**Description**
T20.2*	Burn of second degree of head, face, and neck
T20.3*	Burn of third degree of head, face, and neck
T20.6*	Corrosion of second degree of head, face, and neck
T20.7*	Corrosion of third degree of head, face, and neck
T21.2*	Burn of second degree trunk
T21.3*	Burn of third degree trunk
T21.6*	Corrosion of second degree of trunk
T21.7*	Corrosion of third degree trunk
T22.2*	Burn of second degree of shoulder and upper limb, except wrist and hand
T22.3*	Burn of third degree of shoulder and upper limb, except wrist and hand
T22.6*	Corrosion of second degree of shoulder and upper limb, except wrist and hand
T22.7*	Corrosion of third degree of shoulder and upper limb, except wrist and hand
T23.2*	Burn of second degree of wrist and hand
T23.3*	Burn of third degree of wrist and hand
T23.6*	Corrosion of second degree of wrist and hand
T23.7*	Corrosion of third degree of wrist and hand
T24.2*	Burn of second degree of lower limb, except ankle and foot
T24.3*	Burn of third degree of lower limb, except ankle and foot
T24.6*	Corrosion of second degree of lower limb, except ankle and foot
T24.7*	Corrosion of third degree of lower limb, except ankle and foot
T25.2*	Burn of second degree of ankle and foot
T25.3*	Burn of third degree of ankle and foot
T25.6*	Corrosion of second degree of ankle and foot
T25.7*	Corrosion of third degree of ankle and foot
C00.*-C96.*	Cancer
D57.0	Hb-SS disease with crisis
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.21	Sickle-cell/Hb-C disease with crisis

ICD-10-CM Diagnosis Code	Description
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with splenic sequestration
D57.41	Sickle-cell thalassemia with crisis
D57.411	Sickle-cell thalassemia with acute chest syndrome
D57.412	Sickle-cell thalassemia with splenic sequestration
D57.419	Sickle-cell thalassemia with crisis, unspecified
D57.81	Other sickle-cell disorders with crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
Z51.5	Palliative Care
* - any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code	

Documentation Required
The ICD-10-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.
The pharmacist must document override codes on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
A valid diagnosis code must be submitted on the pharmacy claim.

Required NCPDP Field(s)
424-DO - Diagnosis Code

Possbile NCPDP Field(s)
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

418-DI Level of Services – **Enter "03" for Emergencies**
Possible Denial EOB Code(s)
062- Quantity Exceeds Maximum – MD Fax **LA Uniform PA Form** to 1-866-797-2329
153- Quantity Exceeds Max-MD Fax Override Form to 866-797-2329
427- Requires Prior Use of a Short or Long-Acting Agent in the Last 90 Days
321- Advise naloxone PRN usage; Daily MME > or = 50
352- Over 90 MME/day-MD Fax **LA Uniform PA Form** to 1-866-797-2329
353- MME Limit Exceeded- MD Fax **LA Uniform PA Form** to 1-866-797-2329
575 - M/I Diagnosis Code

4.10 Prior Drug Use Required

Policy
Pharmacy claims for select drugs will require prior drug use of other drug(s) for reimbursement.

Amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®) and olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®)

Pharmacy claims for amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®) and olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®) will require prior drug use of two drug therapies from these select drug classes: calcium channel blockers, angiotensin receptor blockers, and/or diuretics.

If previous claims for drugs in 2 of these 3 drug classes (calcium channel blockers, angiotensin receptor blockers, and/or diuretics) are not identified, the pharmacy claim will deny with:

NCPDP rejection code 88 (DUR Reject Error) mapped to
EOB Code 449 (Requires Prior Use of Drugs in 2 of these classes- CA BLKR, AR BLKR, and DIURETIC.

The pharmacist may override the claim denial after consultation with the prescriber by submitting:

NCPDP 439-E4 Field (Reason for Service Code) PP (Plan Protocol)
NCPDP 440-E5 Field (Professional Service Code) M0 (Prescriber Consulted)
NCPDP 441-E6 Field (Result of Service Code) 1G (Filled with Prescriber Approval)

Exception:
The prior drug use edit will be bypassed under the following conditions:

1) When a claim for olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®), is submitted AND a claim for olmesartan/amlodipine/hydrochlorothiazide (Tribenzor®) exists within the last 12 months.
2) When a claim for amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®), is submitted AND a claim for amlodipine/valsartan/hydrochlorothiazide (Exforge HCT®) exists within the last 12 months.

Documentation Required
N/A

Accepted Values – ICD-10-CM Diagnosis Code(s) & Description(s)
N/A

Possible NCPDP Field(s)
NCPDP 439-E4 Field - Reason for Service Code-PP
NCPDP 440-E5 Field - Professional Service Code- M0
NCPDP 441-E6 Field - Result of Service Code-1G

418-DI Level of Services – **Enter "03" for Emergencies**

Possible Denial EOB Code(s)
449- Requires Prior Use of Drugs in 2 of these classes- CA BLKR, AR BLKR, and DIURETIC

4.11 340B Pharmacy Billing

Policy
Only providers registered as 340B entities and listed on the HRSA Medicaid Exclusion File may bill drug stock purchased through 340B.

The AAC for this purpose is defined as the price paid to the wholesaler or manufacturer for the covered outpatient 340B drug with no mark-up.

Claims Submission
The modifiers listed below should be used by 340B entities when submitting claims for 340B. Pharmacy 340B drug claims are identified with the following modifiers:
• NCPDP: Bill value of "20" in the Submission Clarification Code field (420-DK.)
• NCPDP: Bill value of "08" in the Basis of Cost Determination field (423-DN.)

Incoming 340B pharmacy claims from non-340B pharmacies, will deny with:

NCPDP rejection code 05 (M/I Pharmacy Number) mapped to
EOB code 063 (Not a 340B pharmacy, rebill regular stock)

Possible NCPDP Field(s)
NCPDP 409-D9 field (Ingredient Cost Submitted)
NCPDP 412-DC field (Dispensing Fee Submitted)
NCPDP 481-HA field (Flat Sales Tax Amount Submitted)
NCPDP 420-DK field (Submission Clarification Code) - Bill Value of "20"
NCPDP 423-DN field (Basis of Cost Determination) - Bill Value of "08"

Possible Denial EOB Code(s)

063- Not a 340B pharmacy, rebill regular stock
970-Invalid 340B ingredient cost submitted

5.0 Reversal Submission and Processing

5.1 Basic Information

If a provider has submitted a claim and it was paid in error, they must transmit a reversal transaction through their POS device. The reversal transaction completely reverses the previously processed claim and appears as a credit on the next Remittance Advice. If the initial claim was entered incorrectly, a reversal transaction should be submitted, and then a new, corrected claim resubmitted. **NOTE**: The actual dispense date should be entered, not the current date. The difference between the original claim and the replacement claim is added to, or deducted from the payment amount on the next Remittance Advice. A reversal will create a credit of the original payment amount and will cause an automatic recoupment of this balance by the Medicaid system.

The data elements that must be entered for a claim reversal may vary somewhat depending on the provider's specific telecommunications switch vendor. In general, the required fields **are the NPI** or **provider number**, the **date the prescription was dispensed**, and the **prescription number**. If the provider receives a message stating NCPDP Code - 87, "Reversal Not Processed", a hardcopy paper void may be submitted to the Medicaid fiscal intermediary. Hardcopy paper void instructions can be found in Chapter Thirty-Seven, the Pharmacy Benefits Management chapter, of the Louisiana Medicaid Program Provider Manual.

Reversal transactions must also be done when a prescription has been filled, a claim has been submitted and paid, but the prescription has not been picked up by or dispensed to a recipient. When "returning the prescription to stock", transmit a reversal transaction. This quick and simple transaction allows providers to easily remain in compliance with Medicaid regulations prohibiting the submission of claims for services not actually provided.

CLAIM REVERSAL FORMAT

DATA ELEMENTS	REQUIRED OR OPTIONAL
Service Provider ID	Required
Date of Service	Required
Prescription/Service Reference Number	Required

5.2 Accepted Reversal Response

Only one reversal may be submitted per transaction. The message area will contain useful information as described below.

Message Area will contain:

REVERSED CLAIM ICN XXXXXXXXXXXXX
XXXXXXXXXXXXX = ICN

5.3 Rejected Reversals

If an error occurs and the reversal rejects, providers will receive an appropriate EOB code indicating that they must resubmit the reversal transaction. Please note that the rejected reversal will not appear on the Remittance Advice. The message area will contain useful information as described below.

Message Area will contain:

PPPPPPPPPP RRRRRRRRRRRRR 999999 888 888 888 888

PPPPPPPPPP = Medicaid Provider ID or NPI; RRRRRRRRRRRRR = recipient id; 99999999 = adjudicated date; 888 = EOB

6.0 Reject Code Message

Appendix D of the POS Vendor Specs document is a list of the National Council Prescription Drug Program (NCPDP) two-digit rejection codes. An explanation follows with the Medicaid fiscal intermediary corresponding three-digit Explanation of Benefits (EOB) code. The Medicaid fiscal intermediary's EOB codes are listed in Appendex E of the POS Vendor Specs. Claims generating these reject codes must be corrected and resubmitted by the pharmacy. For more information on these messages contact the **POS Help Desk at 1-800-648-0790**.

Please note that Appendix D only lists values for the fields required or used by LA. For values or fields not found in this document please refer to the NCPDP Telecommunication Standard Implementation Guide D.0 or the NCPDP External Code List.

The POS Vendor Specs Appendices can be accessed by following the link below:

POS Vendor Specs Appendices

7.0 Explanation of Benefits (EOB)

Appendix E of the POS Vendor Specs Appendices document at provides a numerical list of the EOB codes and their descriptions. EOB codes are listed in the message area of the Point of Sale response and only appear if the claim is rejected or captured (pended), with the exception of codes 650, 660, and 662 which when associated with a paid claim, denote a reduction in payment.

The POS Vendor Specs Appendices can be accessed by following the link below:

POS Vendor Specs Appendices

8.0 Glossary

1. Authorization Number - An authorization number is the Internal Control Number (ICN) returned with each adjudicated response.

2. DOB – Date of Birth.

3. Duplicate – A claim response of 'D' (duplicate claim) is returned when Medicaid has previously paid a claim that matches on billing provider identifier, recipient identifier, date of service, NDC, refill number, and prescription number.

4. Computer System "Software" Vendor – Company/entity who supports the pharmacy's claims submission/practice management software. May be the source from whom practice management software was purchased; or the Information Technology support department for a pharmacy chain store.

5. EOB Code - The Medicaid fiscal intermediary Explanation of Benefits (EOB) code indicates why a claim is captured or rejected, and will appear in the message area of your Point of Sale response.

6. National Provider ID (NPI) - A universally recognized, unique identifier assigned permanently to every provider of health care services or supplies by CMS.

7. Payable - When a claim adjudicates and has a 'P' (claim payable) status indicating that this claim was paid by Medicaid.

8. Point of Sale - POS claims processing provides on-line adjudication of Medicaid claims. With POS, a claim is electronically processed entirely through the claims processing cycle in real-time, and within seconds of submission, a response is returned to the pharmacy that the recipient is eligible or ineligible and that the claim is either payable, duplicated or rejected. Most pharmacies are already familiar with this type of processing as many other third party prescription processors use it.

9. Rejected - A claim response of 'R' (claim rejected) is returned when a prescription is rejected (denied). **Note**: Duplicate claims are rejected when the billing provider identifier, recipient identifier, date of service, and NDC match; although the refill number and/or prescription number do not.

10. Reversal - A reversal transaction completely reverses a previously processed claim and will appear as a credit on the next Remittance Advice.

11. Telecommunication Switch Vendor - A telecommunications services vendor who transfers via telephone lines, the prescription transaction from the pharmacy to the Medicaid fiscal intermediary.

12. UniDUR - As a part of POS, claims are subjected to editing for prospective drug utilization review. The UniDUR software is updated twice a month to reflect the most current UniDUR information available to the industry.